

# All Wales induction framework for health and social care:

## Workbook one

Principles and values of health and social care (adults)

Noddir gan
Lywodraeth Cymru
Sponsored by
Welsh Government

### Contact details

#### Social Care Wales

South Gate House Wood Street Cardiff CF10 1EW

Tel: 0300 3033 444 Fax: 029 2038 4764

Minicom: 029 2078 0680 Email: info@socialcare.wales

socialcare.wales







© @SocialCareWales

© 2017 Social Care Wales

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the Social Care Wales. Enquiries for reproduction outside the scope expressly permitted by law should be sent to the Chief Executive of Social Care Wales at the address given above.

#### Further copies and other formats:

This document is available in Easy Read, large text or other formats, if required. Copies also available in Welsh.

# All Wales Induction Framework for Health and Social Care workbook one:

# Principles and values of health and social care (adults)

This workbook will help you explore the principles and values that underpin the practice of health and social care **workers**. You can use the completed workbook activities as evidence towards achieving the All Wales Induction Framework for Health and Social Care (Induction Framework). It can also be counted towards the qualification that you will need to complete later for your practice.

## **Contents**

1.1	Legislation, national policies and codes of conduct and practice
1.2	How rights-based approaches relate to health and social care
1.3	How to use person-centred approaches
1.4	Equality, diversity and inclusion
1.5	Positive risk taking
1.6	Positive relationships and professionals boundaries
1.7	Communication
1.8	Welsh language and culture
1.9	Positive approaches to reduce restrictive practices in health and social care 29
1.10	Change and transitions in health and social care
1.11	Reflection
1.12	Workbook reflection
1.13	Policies and procedures
1.14	Practice placement reflection

# 1.1: Legislation, national policies and Codes of Conduct and Practice

This section will help you develop an awareness of the principles and values of health and social care that have been built into **legislation**, **national policies** and **codes of conduct and professional practice**. It will also help you think about how you can apply these in your day-to-day work.

For use by qualification assessors

#### **Learning activity**

The Social Services and Well-Being (Wales) Act 2014 is an important piece of legislation about how we should be providing care and support to those who need it throughout Wales. Look at the Social Services and Well-Being (Wales) Act workbook 'What the Act means to me' for health and social care workers as this will help you understand the principles and values of health and social care. It provides practical examples of how the principles and values can be carried out when working with **individuals.** 

The Act workbook is split into five sections, one for each principle. You should complete at least two learning activities for each principle – these are varied and range from case studies, to listening to sound bites, or watching short film clips.

The evidence you record in the Act workbook can then be used as evidence towards the learning outcomes in this section. Make sure you also complete the personal development action plan at the end as this will help you think about what you have learnt and how you can put this into practice.

Use the space below to make notes about any other important learning from the Act workbook.

Workbook notes

Manager feedback

# 1.2 How rights-based approaches relate to health and social care

In your role as a health and social care worker, you will be supporting individuals who come from different backgrounds, religions and cultures. This work is underpinned by the principles and values you learnt about in the last section, along with the rights:

For use by qualification assessors

- to be treated as an individual
- to be treated equally and not discriminated against
- to be respected
- to have privacy
- to be treated in a dignified way
- to be protected from danger and harm
- to be supported and cared for in a way that meets their needs, takes account of their choices and protects them
- to communicate using their preferred methods of communication and language
- to access information about themselves.

These rights will be explored throughout this workbook. This section will help you learn about how rights-based approaches relate to health and social care.

**Legislation and national policies** have developed over time to support the rights of all citizens. Look up the easy read versions of these to help you understand the main points and then select two of the pieces of legislation in the table below, identify the rights they support and promote, and write a short summary of how they do this.

Legislation / national policy	Rights	How does the legislation or national policy support and promote these rights?
Social Services and Well- Being (Wales) Act 2014		
Equality Act 2010		
Human Rights Act 1998 and associated conventions and protocols such as the UN Convention on the Rights of Persons with Disabilities; the UN Principles for Older Persons 1991; and the Declaration of the Rights of Older People in Wales (2014)		
Mental Health Act (1989), Code of Practice for Wales (2008) and the Mental Health (Wales) Measure (2010)		
Mental Capacity Act 2005 and associated Code of Practice		
Deprivation of Liberty Safeguards		
Welsh Language Act 1993; Welsh language measure (2011) and Mwy na Geriau, Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2103		

**Advocacy** underpins all the principles of the Social Services and Well-Being (Wales) Act and is an important tool to support the voice and control, and well-being of individuals. Advocacy can help individuals access information about services, be involved in decisions about their lives, explore choices and options, and make their needs and wishes known.

In the space below, outline what you think is meant by the term 'advocacy' and describe how this can support a rights-based approach.

#### Workbook notes

**Learning activity** 

Talk to your manager about how you can apply rights based approaches in your daily work and record the main points in the space below. If you are not yet employed, leave this space blank and return to it later.

#### Workbook notes

# 1.3 How to use personcentred approaches

Person-centred approaches are at the heart of care and support for individuals. This section will build on what you have learnt so far and help you think about how these can be applied in your practice.

For use by qualification assessors

#### **Learning activity**

In the space below, describe what is meant by the term 'person-centred approaches' and why these are important.

#### Workbook notes

#### **Learning activity**

In the first section of this workbook, you learnt about the principles and values of the Social Services and Well-being (Wales) Act. In the space below, record what you think is meant by 'co-production' and 'voice, choice and control' and explain why these are important for person-centred approaches. You may want to watch the film produced by SCIE 'Co-production in social care: What it is and how to do it' to help you think about this.

Read the case study below and think about why it is important to know about an individual's preferences and background, and how you would find out about the preferences and backgrounds of individuals and what matters to them.

For use by qualification assessors

#### Case study - Mrs Desai

Towards the end of her life my mum was more or less bed-bound and unable to walk. She had carers who came three times a day (morning, lunchtime and evening). The biggest problem was language, as none of her carers spoke Gujarati, which is the only language my mum spoke. So there was total lack of communication and she felt completely isolated and started feeling more and more depressed. Luckily, they sent female carers so at least she was spared the humiliation of being tended to by a man. Hindu women (particularly the elderly) are very shy - I had never seen my mum's legs as she always wore a sari and no part of her was ever exposed, even to us as children.

One day I visited her in hospital and the nurse (female) was giving her a bed bath so I waited outside her room. Then for some reason the nurse was called away and she left the room, leaving the door open and my mum half dressed and exposed to anyone walking into ward to see. I quickly went in and closed the door. Mum was very, very upset and kept saying to me - she was crying and saying please take me home. She found the whole hospital experience very disturbing - she was - the only word I have is traumatised - not only the bathing incident but being unable to understand a word the nurses and doctors said to her. She couldn't understand what they are saying, unable to ask for help or request for a bed pan or anything.

Modesty is such a big part of Hindu culture. The home carers had no idea about dignity and modesty. When I visited mum at home I often found them giving mum a bed bath and leaving her exposed and talking to someone on their mobile phones. They had no idea how to put a sari on mum - in the end we had to buy kaftans as mum would not wear short nighties. Also, mum always wore sacred *tulsi* beads around her neck since my father died. The carers did not understand the significance of this and removed it without her permission.

Mum had a small shrine in her bedroom where for years she lit a candle and incense each day and prayed. None of us ever wore our shoes in mum's bedroom because though it was her bedroom it was also her prayer room. The carers had no understanding of this and because the carers changed so often you would inform one of them and the following week there would another carer.

Mum was a pure vegetarian so she would not even eat eggs. Some carers/ nurses had very poor knowledge of what Hindu vegetarians can eat or not eat. Mum would not even eat something which was cooked in utensils used to cook meat therefore she never ate hospital food and the family would take her food from home.

Therefore, the key thing is high quality cultural awareness training is most

essential for anyone who works with older Hindu patients. I felt really sorry for my mum because this dignified, proud lady who bore eight children and worked really hard to help my dad in his business and made many sacrifices to educate her children really well and had led an exemplary life, found her end of life so hard and undignified.

For use by qualification assessors

#### **Learning activity**

#### Workbook notes

What would have helped in this situation?

How could the health and social care workers have acted differently?

#### **Learning activity**

The principle of dignity is at the centre of supporting and working with any individuals. It is important that health and social care workers understand what dignity means and how this can be built into practice.

Answer some questions on dignity and respect in the space below

- 1. What is meant by the term 'treating people with dignity and respect'?
- 2. Why is this central to the role of the health and social care sector?

3. Give a minimum of three examples of how you can treat people with dignity and respect in your day-to-day work.	For use by qualification assessors
4. Thinking about the case study for Mrs Desai, how could she have been treated with dignity and respect?	
5. What is meant by establishing consent with individuals when providing care and support, and why is this important?	
6. How could Mrs Desai have been helped to give her consent for the way her care and support was being provided?	
7. Give a minimum of three examples of how you would establish consent from individuals for their care and support.	

In the space below, outline what you think is meant by the term 'active participation' and why it is important for individuals to be supported to engage in activities and experiences that are important to them.

Workbook notes

For use by qualification assessors

#### **Learning activity**

In this section, you have learnt about the importance of using person centred approaches. Ask an individual that you are working with, another worker or your manager, to give you some feedback on how you are meeting needs and preferences in the way that you are working. Either ask them to write down the key points or record them yourself in the space below.

# 1.4 Equality, diversity and inclusion

You have thought about a rights based approach and some aspects of equality, diversity and inclusion in sections 1-3, this section will help you explore how to promote equality, diversity and inclusion in your day to day work.

For use by qualification assessors

#### **Learning activity**

In the space below answer the questions to show your understanding of equality, diversity and inclusion and discrimination.

- 1. What is meant by the following terms:
- equality
- diversity
- inclusion
- discrimination
- 2. Give an example of how working in a person-centred way promotes:
- equality
- diversity
- inclusion

3. Thinking about the case study on Mrs Desai, consider how her cultural, religious and linguistic background should have been valued.	For use by qualification assessors
4. How can you learn from this for your own practice?	
5. Look at the easy read version of the Equality Act (2010) and outline what is meant by the term 'protected characteristics'	
6. When you work in health and social care, there may be times when discrimination happens and you have to challenge it. Give an example of how an individual may be discriminated against and how you could challenge this.	

Read the following case study and think about actions that Sharon should take

For use by qualification assessors

#### **Case study**

George is a 73-year-old gay man. He recently moved into a care home. George didn't 'come out' until he was 40 years old. He was scared of anybody knowing he was gay, especially his mother for fear of upsetting her and being rejected. He eventually found the courage to tell his family and friends that he was gay and that he had a long-term partner called Jonathon.

George has had a series of strokes and needs support with eating and his personal care. He doesn't want to be a burden on Jonathon and has decided to pay to live in a care home.

Jonathon is worried about how George will be treated in the care home by the staff and other people living there, but agrees they cannot manage with George living at home any longer. They are both worried about the views of the care home's staff and residents when Jonathon visits and how they will be treated.

After living in the care home for a few weeks, George confides in one of the care workers Sharon. He tells Sharon that he is gay and that Jonathon is his long-term partner but they had not told anybody in the care home as they were afraid of how people would react.

Recently, Sharon has noticed some of the other people living in the care home commenting about Jonathon's visits, saying they are more than just friends. Some residents have become less friendly towards George, leaving him out of conversations and activities. Sharon has noticed George seems to becoming withdrawn and isolated and asks him what he would like them to do. George doesn't want anything to be said as he feels it would make the situation worse.

#### Workbook notes

What actions should Sharon take?

Talk to your manager about what equality and diversity means to you and ways that your practice respects and promotes this. Record the important points in the space below. If you are not yet employed, leave this blank and come back to it later.

Workbook notes

## 1.5 Positive risk taking

This section will focus on how positive risk taking can support well-being, voice, choice and control. However, while it is important to support people to make their own choices, there are times when this may place them at risk. It is therefore essential you know how to work with people to balance their rights, risks and responsibilities.

For use by qualification assessors

#### **Learning activity**

Read the case study below about Stephen and answer the questions:

Stephen lives with two other people in a supported living setting, he likes to go to the local café every day. Stephen would usually sit there for at least two hours but would never buy any food or drink. He would often hassle other customers to buy him a cup of tea. Whenever the café owner asked him to leave he would become **aggressive**. As a result he has been banned from the café. Stephen keeps trying to go there and each time the café owner calls the police as his behaviour is getting more aggressive and he is upsetting the other customers.

The staff have been trying to prevent Stephen from going out. This has led to Stephen becoming physically violent with them and discussions are taking place about Stephen being sectioned.

The workers know that it is really important for Stephen to be able to go and sit in the café. They understand that his aggressive behaviour is a result of him being prevented from doing this. They suggest that they talk to the café owner to see if he would be prepared to let Stephen sit in the café with a flask of tea and his own sandwiches. With some persuasion, the café owner agrees to try this. Stephen now goes to the café every day with his flask and sandwiches. He no longer hassles customers and he does not get aggressive towards either the café owner or the café workers.

#### Workbook notes

1. What were the risks that workers were trying to manage in preventing Stephen from going to the café?

2. What was the impact upon him and others of preventing him from going out?

3. What were Stephen's rights here?	For use by qualification assessors
4. Which of the pieces of legislation that you looked at in section 1.2 would be relevant here?	
5. Who might have been involved in making the decision to support Stephen to carry on going to the café in a way that minimised the risks?	
6. Explain the importance of being able to take risks on people's well-being	
7. Give three other examples of positive risk taking	

Workbook notes

Have a discussion with your manager about positive risk taking and then ask your manager to record how they have witnessed you using risk assessments to help people take positive risks in the space below. If you are not yet employed, leave this blank and come back to it later.

# 1.6 Positive relationships and professional boundaries

You will need to work in partnership with the individuals you support and their families and carers in your role. Part of a successful working relationship is maintaining professional boundaries whilst developing a caring relationship.

For use by qualification assessors

#### **Learning activity**

What is 'relationship-centred' working and why is this important?

Workbook notes

#### **Learning activity**

Read pages 1 and 2 of the Social Care Wales publication 'Professional boundaries: a resource for managers' and answer the questions in the space below.

Workbook notes

1. Explain what is meant by 'professional boundaries' and why these are important for health and social care workers.

- 2. Look at the list below and tick which of these would be **unacceptable practices**.
- A. Watching an individual undress before bathing even though they don't need any help with this, just getting in and out of the bath
- B. Asking a young adult if they would like a hug because they are very upset and crying following the death of a friend
- C. Accepting a birthday card with £20 in it from someone that you support
- D. Staying in the room whilst an individual is undressing as they need help with some of this before bathing
- E. Lying on the sofa to have a cwtch with a young adult while watching TV
- F. Refusing to take an individual to church on Sunday because you don't believe in God
- G. Accepting a Christmas card from a family member that thanks you for all of your care for their mother
- H. Persuading an individual to go to the Salvation Army church because this is the one that you go to even though they would normally go to chapel

Professional boundaries are not always clear and very often, workers may cross these even though they may have the best interests of the person at heart. Read the case study below and answer the questions:

#### **Case study**

Jenny lived in a residential care setting for 45 years. She has learning disabilities and mental health issues. She moved into her own home 4 years ago. She shares her home with Francis and they receive 24 hour support. Jenny gets upset and angry when staff members move on, only a very few have stayed in contact with her as she can be very demanding and verbally abusive. Jenny takes this as a personal rejection and the team are trying to help her build relationships with her family and friends.

Francis goes home for Christmas every year and Jenny stays at the house. Although Jenny has re-established links with her family, relationships are strained and she does not see them over the Christmas holidays.

Jenny gets very distressed at this time of year. The deputy manager, Sian thinks that it would be a good idea for Jenny to spend Christmas day with her and her family. Sian would officially be on duty on Christmas day.

For use by qualification assessors

#### Workbook notes

1. How may Sian be crossing professional boundaries here?

2. Why may her suggestion to take Jenny home for Christmas be inappropriate?

3. What would a more appropriate course of action be?

4. Who else may be involved in these discussions?

### 1.7 Communication

You will need good communication skills to develop positive relationships and share information with individuals using services as a health and social care workers.

For use by qualification assessors

#### **Learning activity**

Complete the questions below to show your understanding of the importance of good communication.

#### Workbook notes

1. What is meant by the term 'effective communication' and what are the key features? e.g. listening carefully and not interrupting someone.

2. What skills will you need as a health and social care worker to support effective communication? e.g. speaking clearly and not too quickly

3. Why is effective communication important for positive relationships with:• families and carers

4. Outline three barriers to effective communication and ways to address these.

Barrier e.g. Noisy environment

Ways to address e.g. Find a quiet space

Read the case study about Dafydd and answer the questions.

#### **Case study**

Dafydd has limited verbal communication skills it is difficult to understand his speech and he does not have a wide vocabulary. You often take Dafydd to a café for tea and he likes to order and pay for his own meal. This has always worked well as there is usually the same member of staff in the café who has got to understand Dafydd over time. On this occasion, the usual member of staff is not working and there is a new person serving. When Dafydd tries to order his food they cannot understand him. Dafydd gets frustrated and upset and the café assistant tries to talk to you rather than him.

Workbook notes

1. What could you do to help Dafydd and the café assistant to communicate effectively?

2. Why is it important to do this?

#### **Learning activity**

Ask your manager to observe your communication with an individual that you are working with and give you some feedback on your practice. Ask your manger to record this feedback and insert in the space below. If you are not yet employed, leave this blank and come back to it later.

#### Workbook notes

How has this observation and feedback helped you to think about your practice? What did you learn about the way that you communicate?

Workbook notes

## 1.8 Welsh language and culture

The individuals that you work with will come from many different backgrounds. Recognising and meeting their language needs is connected to good quality care and support outcomes. There are a range of resources available to help you develop your knowledge and understanding of this in relation to Welsh language and culture.

For use by qualification assessors

#### **Learning activity**

Watch the film clips 'delivering the active offer videos' on the working in Welsh pages on the Social Care Wales website and look at some of the other resources that we have there before answering the questions in the space below

- 1. Why is it important to recognise and support Welsh language and culture in health and social care?
- 2. What legislation and national strategies aim to support this?
- 3. Outline the principles of Mwy na Geiriau / More than just words.
- 4. Outline the meaning of the 'Active Offer'.

<sup>3</sup> https://socialcare.wales/learning-and-development/more-than-just-words-and-the-active-offer

Talk to your manager about how you can use the principles of Mwy na Geriau / More than just words in your work and record the important points in the space below. If you are not yet employed, leave this blank and come back to it later.

For use by qualification assessors

# 1.9 Positive approaches to reduce restrictive practices in social care

Working in health and social care can be very rewarding. However, like any job, at times, it can be difficult and demanding too. Offering care and support to vulnerable people, who may be distressed, frightened, angry, stressed, confused and who can display behaviours that challenge us, can leave us feeling powerless, frightened, angry, anxious and out of our depth. It is important to reflect on what is happening around you at these times, how you are feeling and what support you need.

For use by qualification assessors

Feeling that what you say has been heard and understood, and being in control of your life will have a massive impact on your behaviour. It is when this is not the case, you are more likely to feel powerless and distressed and engage in behaviour that challenges others.

This will mirror the feelings of those that you offer care and support to. Because of their individual circumstances, they too, may at times feel powerless to make changes in their lives. It is therefore important, to always treat individuals with the same compassion, dignity, kindness and understanding that you would expect for your own family and yourself.

This section will help you develop an awareness of how **positive approaches** can reduce **restrictive practices** in health and social care.

#### **Learning activity**

Read section 1.3 and 1.4 of '<u>Positive approaches: Reducing Restrictive Practices in Social Care</u>' and answer the questions in the space below.

Talk to your manager about how you use positive approaches in your practice. Ask your manager to give you some feedback and record the important points in the space below. If you are not yet employed, leave this blank and come back to it later.

For use by qualification assessors

# 1.10 Change and transitions in health and social care

This section will help you think about how change and **transitions** impact on individuals.

For use by qualification assessors

#### **Learning activity**

Thinking about the case study of George and Jonathon in section 1.4. Reflect on how the changes that they were experiencing may have been impacting upon them and record some important points in the space below.

Outline the types of change that may happen in an individual's life as a result of **significant life events** or transitions in the space below. Give three examples of factors that would make these changes, either positive or negative.

For use by qualification assessors

Changes	Positive factors	Negative factors
e.g. Mrs. Jones breaks her hip and is taken to hospital		The hospital is 40 miles away from her home. Her husband does not drive any more and cannot get there by public transport, she is becoming depressed and her recovery is taking longer than it should
Mrs. Jones breaks her hip and is taken into hospital	She is transferred from hospital which is 40 miles away to a nursing home which is 3 miles from her home. Her husband is able to visit twice a day and her friends from church pop in regularly, she is recovering well	

### 1.11 Reflection

This section will help you think about how your own beliefs, values and life experiences can affect your attitude and behaviour towards individuals and carers.

For use by qualification assessors

#### **Learning activity**

It is human nature to react to the way that people behave towards us, for example, if someone smiles at us, we usually smile back but if someone is rude to us, we can become cross or angry. What do you think the impact of your own attitude and behaviour might be on individuals? Reflect on this and record your thoughts in the space below.

### 1.12 Workbook reflection

#### **Learning activity**

Watch the film 'Home from home' either <u>via Dropbox</u> or ask your manager to give you a copy of the DVD. You may find it helpful to complete the learning activities that are on the DVD. After watching the film, write a sentence about each of the sections in this workbook that reflects what you have learnt in the space below.

For use by qualification assessors

### Legislation, national policies and codes of conduct and professional practice

1. What legislation would underpin Betsan having voice and control over her situation?

#### How rights based approaches relate to health and social care

2. How were Betsan's rights not being met in version one?

#### How to use person centred approaches

3. Give three examples of person centred approaches from version two

#### **Equality, diversity and inclusion**

4. In version one, what discrimination was Betsan experiencing?

#### Positive risk taking

5. How could Betsan be supported to continue engaging in the activities that are important to her, such as baking, whilst living in the care home? How could risk assessments help with this?

For use by qualification assessors

#### Positive relationships and professionals boundaries

6. In version two, how did the worker develop a positive relationship with Betsan?

#### **Communication**

7. Give three examples of poor communication from version one

#### Welsh language and culture

8. In version two, the worker spoke Welsh to Betsan, what else would have helped with Welsh language in the home?

### Positive approaches to reduce restrictive practices in health and social Care.

9. What restrictive practices could you see in version one?

For use by qualification assessors

#### Change and transitions in health and social care

10. What would have helped Betsan have a smoother transition into the home?

# 1.13 Policies and procedures

If you are already working for an organisation, your employer will have some **policies and procedures** that are relevant to this section. Make a list of these in the space below.

Workbook notes

# 1.14 Practice placement reflection

Talk to a manager in your work placement about how you have put the values and principles of health and social care into practice. Write a short reflective account and ask the manager to record a summary in the space below.

For use by qualification assessors

Manager feedback

Use the space below to record any discussions between you and your qualifications assessor.

Qualification assessor discussion notes

If evidence from the workbook is being used towards the qualification the assessor must complete the declaration below.

For use by qualification assessors

#### **New worker declaration**

I confirm that the evidence listed for the workbook is authentic and a true representation of my own work.

Learner signature			
Date			

#### **Manager declaration**

Date

I confirm that the new worker has achieved all the requirements of the workbook with the evidence submitted

Manager signature		
Date		

#### **Qualification assessor declaration**

I confirm that the learner has achieved all the requirements of the workbook with the evidence submitted. Assessment was conducted under the specified conditions and is valid, authentic, reliable, current and sufficient.

Qualification assessor signature		