

HANDBOOK

Social Care Wales

Principles and Values Award (adults)



INTRODUCTION

The purpose of this handbook is to support social care workers who are undertaking the Social Care Wales Principles and Values Award (adults).

The handbook has been developed by social care practitioners for members of the Social Care Workforce Development Partnerships.

Each section of the handbook is aligned to each section of the award and contains the relevant knowledge and references required to undertake the award successfully.

The handbook is a supporting guide which may be used in conjunction with other materials managers have developed to support learning for social care staff.

1.1 LEGISLATION, NATIONAL POLICIES AND CODE OF CONDUCT AND PRACTICE

This section will help a social care worker, develop an awareness of the principles and values of health and social care that have been built into legislation, national policies, codes of conduct and professional practice.

The Social Services and Well-being (Wales) Act 2014 is a landmark piece of legislation for health and social care in Wales that will have implications for the work of a social care worker. It became law in 2014 and came into force in April 2016. It modernises and brings together different pieces of social care law. It is an important piece of legislation about how we should be providing and planning care and support services.

This new legal framework consists of three elements:

- The Act itself
- The regulations, which provide greater detail about the requirements of the Act
- The codes of practice, which give practical guidance about how it should be implemented.

The Act covers:

- Adults (people aged 18 or over)
- Children (people under the age of 18)

- Carers (adults or children who provide or intend to provide care and support).The Act consists of 11 parts, is built on five principles

The Act is built on the following core principles services they should underpin everything we do.

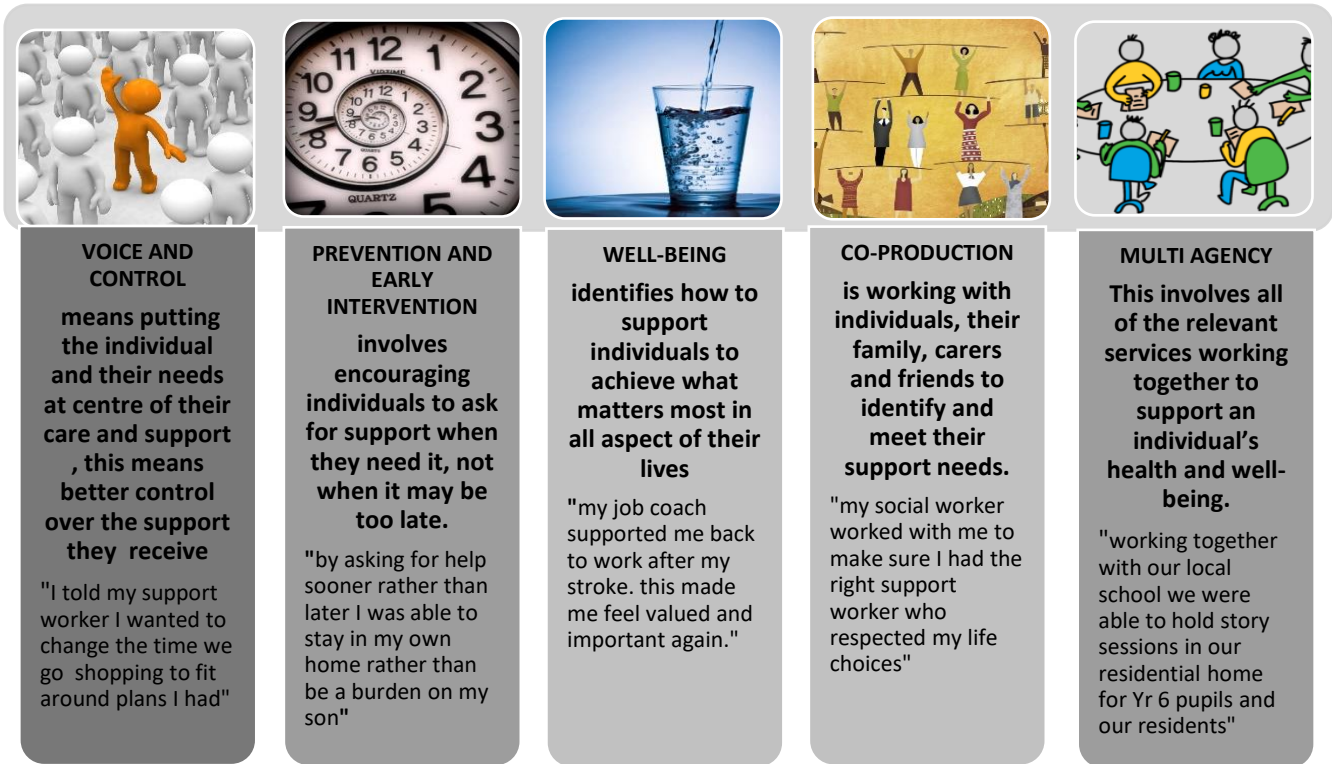


Fig 1

1.2 HOW RIGHTS-BASED APPROACHES RELATE TO HEALTH AND SOCIAL CARE

A social care worker, supports people who come from different backgrounds, religions and culture.

Workers must aim to ensure that they provide an inclusive and rights-based approach — in other words that their practice promotes equality and diversity, does not discriminate and shows respect for beliefs, choices, cultures, values and preferences. It is important that workers are aware of their own attitudes and how it may affect their work

Workers must keep prejudices to themselves and maintain a positive attitude towards everyone, regardless of their differences. Workers should be respectful in their approach and show individuals that they value them for who they are. Workers need to build a rapport with individuals through a

positive working relationship. This will ensure that all workers who are working with an individual are fully aware of their beliefs, preferences, needs and values. This co-productive approach will ensure that the individual is receiving a consistent approach to their care.

Advocacy can support individuals without the capacity to make their own voice heard. For example, they may be frightened or lack the confidence to speak up for themselves; they may be ill, confused and not able to communicate effectively; and many individuals are just simply not aware of their rights.

Advocacy contributes to supporting a rights-based approach by ensuring an individual's voice is heard, irrespective of their communication needs or abilities.

People have a Right

- 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 are supported by law and policies, which underpin the work of a social care worker

Social Services and Well-Being (Wales) Act 2014 (See Section 1.1)

Equality Act 2010

Discrimination means being treated unfairly because of who you are.

The Equality Act 2010 protects from discrimination by:

- *businesses and organizations that provide goods or services such as banks, stores and utility companies*
- *health care providers such as hospitals and care homes*
- *someone you rent or buy property from such as housing associations housing employers,*
- *colleges and schools and other education providers*
- *transport buses, trains and taxis*
- *public bodies such as government departments*

These characteristics are protected by the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Gender
- Sexual orientation



Fig 2.

Human Rights Act 1998 Sets out the fundamental rights and freedoms that everyone in the UK is entitled to. Governments were encouraged to incorporate them into their national programmes whenever possible. *Declaration of rights of older people in Wales (2014)* sets out the rights of older individuals in Wales.

Mental Health Act (1989) Code of Practice for Wales (2008) Mental Health (Wales) Measure (2010) place legal duties on local health boards and local authorities about the assessment and treatment of mental health problems and ensures an individual's rights are upheld throughout access to services.

The Mental Capacity Act 2005 and associated Code of Practice are designed to protect and give back power to vulnerable individuals who may lack capacity to make certain decisions, because of the way their mental health is affected by illness or disability, or the effects of drugs or alcohol.

The best interest decision principle in the *Mental Capacity Act 2005* states that any act or decision made on behalf of an adult lacking capacity must be in the individual's best interests. This can cover financial, health and social care decisions. It is still important to involve the individual in the decision as much as possible, and try to find out what their views and wishes are, including those they had before they lost capacity to make the decision, and try to involve the individual in all meetings where decisions are being made about them.

Deprivation of Liberty Safeguards are an amendment to the *Mental Capacity Act 2005*. They apply in England and Wales only. DOLS can only be used if the individual will be deprived of their liberty, or freedom and rights, in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty. Care homes or hospitals must ask a local authority if they can deprive an individual of their liberty.

Welsh Language Acts 1993 Welsh Language Measure (2011) "More than just Words" 2013 gives the Welsh Language official status in Wales, introduces standards to explain how organisations are expected to use the Welsh Language.

"More than just Words" requires health and social care providers to ensure that they have staff with the necessary language skills to care for and support Welsh speaking individuals who may often be vulnerable.

The Active Offer means a service is provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides health and social care services for individuals and their families across Wales to deliver the Active Offer.

1.3 HOW TO USE PERSON-CENTRED APPROACHES

Person centred approaches are at the heart of care and support for individuals, and the foundation of care and support planning it is about their body, their discomfort, their life their care and support. Person centred care is a way of thinking and doing things that sees the individual using health and social care services as equal partners in planning, developing and monitoring their care and support to make you sure it meets their needs.

The care and support plan is written by a social worker and describes in an easy, accessible way the services and support being provided, it should be put together and agreed with the individual.

Personal plans are developed by social care workers involved with the day to day care of the individual.

It is important that individuals are at the centre of the care planning process, so they feel that they are actively involved in their own care. Detailed and effective care planning can ensure all of their needs, wishes and preferences are met, and care packages should not be made without the involvement of the individual concerned. In relation to health needs and preferences, holistic means seeing the whole individual, not just their physical health, but also their emotional, sexual, social, intellectual, mental and spiritual health needs and preferences.

Person-centred care involves tailoring a person's care to their interests, abilities, history and personality.

Person-centred care and support helps to ensure people can take part in the things they enjoy.

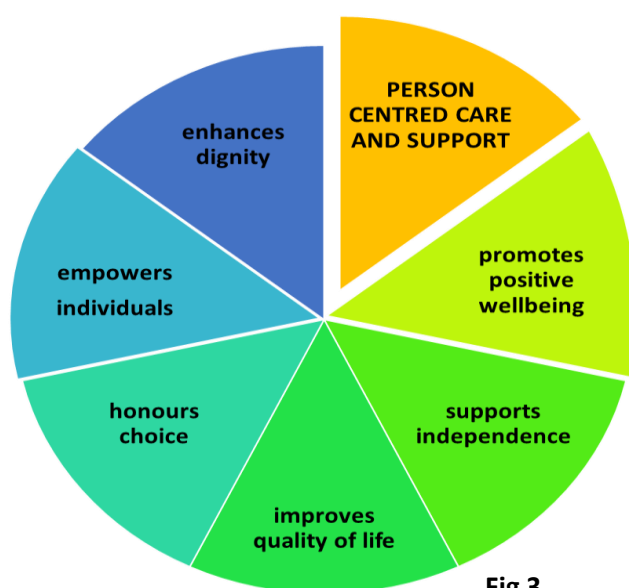


Fig 3.
Key elements of person centred care and support

Person centred planning should be in a format the individual understands e.g. pictures, video, or written, jargon, acronym and terminology free but avoiding patronising individuals by using language that is too simple. Workers need to ensure the individual understands their plan and are given the opportunity to ask questions.

An individual's wellbeing includes their sense of hope, confidence and self-esteem, their ability to communicate wants and needs, to socialise and to experience and show pleasure or enjoyment.

The person's experience, history, culture, beliefs, preferences, family, relationships, informal networks and community are all key to establishing a way forward and meeting their needs and enabling progress. Family, friends, professionals and services need to work together with the individual to make this happen

Establishing consent is important in the planning process it's one way in which the health and social care worker can show they respect the individual.

Consent involves one individual giving permission to another to do something, this often means that the individual gives consent to take part in an activity, or to be given care. It is a legal requirement that consent is established before any intervention or care-giving activity takes place.

Consent can be given in a number of ways, verbally, in writing or through actions. The individual might also allow another individual to do something with or to them, perhaps by raising an arm to be supported when dressing, therefore indicating consent. Informed consent is given when the individual understands what they are consenting to.

Active participation involves enabling individuals to be included in planning their own care and in having a greater say in how they live their lives, in ways that matter to them.

Active participation recognises an individual's right to participate in the activities and functions of everyday life as independently as possible. In doing this, the individual is an active partner in their own care and support, rather than receiving the care and support others think they need and want.

Person centred thinking and planning tools enable social care workers to take a creative approach to problem-solving, ensuring the best possible support and care is given on a consistent and appropriate level.

1.4 EQUALITY, DIVERSITY AND INCLUSION

We are all different; no two individuals are the same. As an example, it is not correct to say that because two individuals have dementia, they both have the same care and support needs.

Legally, and morally, everyone is entitled access to services which do not discriminate on the grounds of religion, ethnic origin, linguistic background, culture, gender, disability or sexual orientation. This means that services will recognise and respect particular differences and meet their particular needs rather than individuals all receiving the same service

In the health and social care sector an understanding of the terms equality, diversity, inclusion and discrimination is vital to ensure service delivery is inclusive and non-discriminatory.

Promoting equality and diversity is about identifying the practical steps social care workers can take in daily activities to ensure individuals are able to make decisions about their own lives.

Through promoting equality and diversity, social care workers must ensure an inclusive approach, adapting their approach to meet the needs of individuals and treating each with fairness and dignity.

Practices that do not does not reinforce this approach should be challenged



Fig 4.

EQUALITY

Means you are not treated differently, or less favourably, on the basis of specific protected characteristics (see unit 1.2)

Equality involves treating individuals fairly, regardless of their differences, by ensuring that they have access to the same life opportunities such as housing, warmth and shelter are basic human needs, education and employment, transport, health and social care, the ability to purchase goods and services, as everyone else, meaning that they have equal opportunities.

INCLUSION

Having our individual differences acknowledged and understood helps us to develop a sense of belonging, or inclusion; and that disadvantaging individuals because they are different in some way leads to their becoming excluded. Organisations or institutions, including local authorities, health and social care service providers, educational establishments, the police service, voluntary organisations and workplaces must support and promote inclusion and demonstrate that it values everything about the individuals involved within it.

DISCRIMINATION

Discrimination means treating individuals differently or negatively without having a good reason for doing so. The law states that everyone should be treated as favourably as everyone else and that an individual must not be discriminated against because of a personal characteristic such as religion, gender, age or race. Discrimination occurs when someone is intentionally treated unfairly, for example harassment on the basis of skin colour or religion. Discrimination can occur when rules or guidelines meant to apply to everyone unintentionally affect some more than others. For example, menus that fail to offer a selection of food indirectly discriminates against individuals with dietary needs or preferences.

DIVERSITY

Diversity means understanding we are all unique and recognising our individual differences race, religion, age, gender.

Diversity means variety, every high street or shopping centre has a diverse selection of shops, restaurants, banks and bars. These diversities can be age, sex, sexual orientation, physical characteristics such as height, weight and skin colour, ability, personal experiences and personal attributes, such as beliefs, values and preferences.

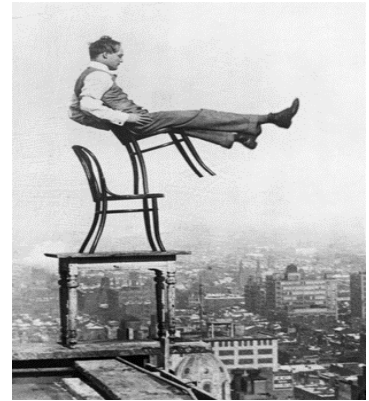
1.5 POSITIVE RISK TAKING

Positive risk taking can support wellbeing, voice, choice and control.

Supporting people to make choices at times may place them at risk. We need to work in a way that balances rights risks and responsibilities

The idea that measuring risk involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether.

Supporting positive risk-taking is key to individual-centred planning and approaches, which are aimed at increasing inclusion and promoting people's participation in their care and service delivery.



Positive risk-taking is about individuals taking control of their own lives by weighing up the potential benefits and harms of exercising one choice of action over another. Positive risk-taking is not ignoring any potential risks. Risk is a part of everyone's everyday life, and everyone has the right to take risks. Sometimes individuals with a disability, mental health illness and older individuals for example, are not always encouraged to take risks.

Individuals must be given the support they need to take the risks they want and to make informed choices. New experiences and greater community involvement potentially involve individuals taking risks that offer opportunities for the development of independence, confidence and well-being.

When we look at risks, we should do so in relation to individuals' strengths, abilities and support networks rather than concentrating on their disabilities and the things they cannot do. Everyone should have the right to make choices about their lives, so it is important to work out whether a risk is significant, and whether it is likely to happen. Health and social care settings must be able to demonstrate that a risk-assessing process, a process of thinking things through properly, involving the individuals and others who know them, has taken place.

Everyone is able to be involved in decision-making, whether they are deemed to have capacity or not. Everyone is assumed to have capacity unless proven otherwise (Mental Capacity Act, April 2005).

The following are examples of when risk assessments should be completed: when planning activities, outings and events, when new work practices are introduced or where there is a change to existing needs. In addition, there should be a system for regularly reviewing the risk assessments. Risk assessments should be written with a review date, monthly, quarterly, six monthly or annually, depending upon the need.

Risk is often linked to danger, loss, threat, damage or injury. However, regardless of these potentially negative characteristics, risk-taking can have positive benefits for individuals.

Risk can be reduced by the support of others, but, in promoting independence, responsibility for taking risks must be a balance between safeguarding an individual from harm and enabling them to lead a more independent life. A balance has to be achieved between the wishes of individuals to do everyday activities between the duty of care of services and to individuals accessing services, and the legal duties of statutory services. As well as thinking about the dangers associated with risk, the benefits of risk-taking have to be identified. This should involve everyone affected, individuals accessing services, their families and carers.

1.6 POSITIVE RELATIONSHIPS AND PROFESSIONAL BOUNDARIES

Part of a successful working relationship is maintaining professional boundaries whilst developing a caring relationship

Professional boundaries are not always clear and very often staff may cross them though they have the best interest of the person at heart.

Relationships are probably the most complicated area of our lives. We start to form relationships when we are born. Effective work relationships are based on professional boundaries, which means that when carers support individuals with health and care needs, they must:

- show respect for their beliefs, opinions, life experiences and social, cultural and ethnic backgrounds deliver services based around their wishes, expectations and preferences ·
- support their rights to dignity, choice, privacy, independence, confidentiality, equality and fair treatment
- protect them from harm whilst supporting their right to take risks communicate using the individual's preferred method
- support them in such a way that meets their specific needs
- remember they are professionals not 'friends' so must act in a professional manner at all times.

Balancing these boundaries with the need for relationship-centred working is important.

Principles for maintaining professional Boundaries

The relationship between a worker and an individual using the service may appear to have much in common with friendship or other relationships. However it is a professional relationship with a defined purpose to promote the wellbeing of the person using the service.

The social care worker is responsible for establishing and maintaining a meaningful and effective professional relationship with the individual, based upon an understanding of their individual needs and preferences in relating to others.



Professional boundaries apply to all forms of communication between social care professionals and individuals, this includes any use of social media.

The social care worker is responsible for seeking support and taking sensitive action where an individual misreads or becomes confused about their relationship.

Where it is not appropriate for a social care worker to provide, or continue to provide, care and support due to blurring or crossing of professional boundaries, alternative care and support must be provided.

The social care worker should be supported to reflect on and understand the impact of caring on their own emotional well-being.

Unacceptable practices

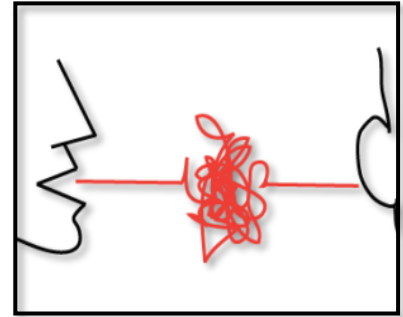
Whilst we cannot provide a complete and detailed list, unacceptable practices include:

- Sexual contact with an individual using the service
- Causing physical harm or injury to individuals
- Making aggressive or insulting comments, gestures or suggestions
- Seeking information on personal history where it is neither necessary nor relevant
- Watching an individual undress where it is unnecessary
- Sharing your own private or intimate information where it is unnecessary
- Inappropriate touching, hugging or caressing
- Concealing information about individuals from colleagues, for example, not reporting incidents and concerns, safeguarding issues, not completing records, colluding with criminal acts
- Acceptance of gifts and hospitality in return for better treatment
- Spreading rumours or hearsay about an individual or others close to them
- Misusing an individual's money or property
- Encouraging individuals to become dependent or reliant for the worker's own gain
- Giving special privileges to 'favourite' individuals, for example spending excessive time with someone, becoming over-involved, or using influence to benefit one individual more than others
- Providing forms of care that will not achieve the planned outcome
- Providing specialist advice or counselling where the worker is not qualified to do this
- Failing to provide agreed care and support for or rejecting an individual, for example, due to negative feelings about an individual
- Trying to impose own religious, moral or political beliefs on an individual
- Failing to promote dignity and respect
- Any practices specifically prohibited in relevant legislation, statutory regulations, standards and guidance.

The consent of the individual is never a defence for any of these practices.

1.7 COMMUNICATION

It is important that social care workers have good communication skills. Effective communication can make sure that carers have a detailed understanding of individual's needs, so they can provide a high quality and effective service to individuals. Communicating in the individual's language of choice is an important factor to consider when planning and providing care and support.



Getting to know individuals by talking and listening to them will enable carers to develop an understanding and awareness which will lead to stronger relationships in the long term. Positive relationships are developed between workers and individuals when they communicate effectively, and trust is established.

Key features of effective communication

Listening carefully

Speaking clearly

Effective communication means more than just passing on information, it means involving or engaging the other individual or individuals with whom you are interacting.

Successful communication is dependent on how well we listen and respond to others.

How to communicate effectively

Communicating is a two-way process where each person is trying to understand and interpret, or make sense of, what the other person is saying.

Within social care practice we sometimes need to adapt our method of communication to meet the needs of the individual we support. We need to ensure we speak clearly and prevent using jargon or terminology that may be difficult to understand. It is important to show that workers are actively listening to the individual, and that they have heard and understood what has been said. Using reassuring smiles and eye contact ensures that individuals understand that workers are interested in what is being said, using gestures can also be helpful. Showing interest in what is being said encourages individuals to communicate. Communication should not be rushed, as this may make an individual feel that they are not important, or that there is little respect for them.

Communication and language needs, wishes and preferences

Social care workers need to adapt their communication styles and techniques in order to ascertain information without putting the individuals under stress. When aiming to discover how an individual wishes to communicate, it is important to choose the right moment and the right place. Communication breakdown may contribute to challenging behaviour, so it is important to understand individual's approach to communication and work to better understand what they are trying to say or indicate.

Barriers to good communication

Whichever way we choose to communicate, we must try to ensure that individuals who are receiving information can fully understand it and respond. But there may be times when a message

is misinterpreted because barriers to the communication process have not been addressed. These barriers might include: environmental, language, sensory loss or culture.

At times, communication barriers can be created when individuals misunderstand messages. For example, it can be easy to misinterpret a letter, telephone call, text message or email, because these types of communication don't contain any body language to support and reinforce them. Being able to communicate face to face can provide visual clues of what information is being communicated.

Environmental barriers

A social care environment can be noisy and distracting sometimes. Arrangements should be made to have quieter spaces to promote effective communication when necessary. It is also important that the worker ensures that the environment is freely accessible. This will not only encourage conversation between individuals but will also enable them to socialise.

Language and cultural barriers

An individual may dominate the communication process, communicating becomes a one-way process. Swearing may be powerful at times, but it does not usually appeal to others. People often use jargon, words that belong exclusively to their area of expertise. Using patronising or condescending words, tone or behaviour will make individuals and their families feel angry and defensive. Using threats, implied or explicit to persuade an individual into doing something they don't want to do, being callous, insensitive or unaware of own feelings and the feelings of others is not acceptable practice. They need to ensure that they are well-informed of cultural practices and also how to support an individual to communicate in their preferred language.

Sensory impairment

Social care workers can support individuals who have visual impairment by making sure that their eyesight is tested regularly, that their spectacles are clean and worn properly, their possessions are kept in the same, familiar place. Carers can support individuals with hearing impairment by making sure their hearing is tested regularly, that their hearing aid is clean and worn properly, and that the battery is not flat.

Advocacy offers independent support to individuals who might not be heard, to ensure they are taken seriously and that their rights are respected. Advocates also help individuals to access and understand appropriate information and services.

Individuals can use an independent professional advocate to help them participate fully in the assessment, care and support planning, review and safeguarding processes. Individuals also have a right to an independent professional advocate provided free of charge if they have difficulties in expressing their views, needs, wishes and preferences.

Advocacy underpins all the principles of the Social Services and Well-Being (Wales) Act 2014 it can give people voice and control when deciding the support they need, and in relation to making decisions about their care and support they are viewed as an equal partner.

1.8 WELSH LANGUAGE AND CULTURE

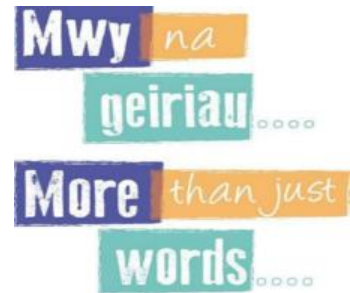
To deliver a service which meets people’s individual needs and respects their diversity, services must be able to support Welsh language and culture and able to communicate with people whose first language is Welsh. Recent legislation regarding the Welsh language and developments in language policy in Wales required health and social care providers to ensure that they have appropriate and adequate staffing arrangements in place to provide bilingual Welsh and English services for people who use their services.

Recognising that the ability to speak Welsh is a skill of its own, which should be valued and used in a positive manner in the workplace will ensure that it is seen as a professional skill.

The Welsh Language (Wales) Measure 2011 established the post of Welsh Language Commissioner. Two principles underpin the Welsh Language Commissioner’s work:

- in Wales, the Welsh language should be treated no less favourably than the English language
- individuals in Wales should be able to live their lives through the medium of the Welsh language if they wish to.

The Welsh Language Act 1993, Welsh Language measure (2011) and Mwy na Geiriau/More Than Just Words introduced standards to explain how organisations are expected to use the Welsh Language.



‘More than just words’ is the Welsh Government’s Strategic Framework for the Welsh Language in Health and Social Care (2013) its aim is

- to ensure that the language needs of Welsh speakers are met
- to provide Welsh language services for those who need it
- to demonstrate that language plays an important part in the quality of care and isn’t seen as an “add-on”.

Following legislation and developments in language policy, service providers need to take reasonable steps to ensure that they have proportionate, appropriate and adequate staffing arrangements in place to provide a bilingual care service.

It is no longer correct for organisations to assume that English is the chosen language when providing services. This reflects the principle of the ‘Active Offer’ now advocated in health, social services and social care, as outlined in the Welsh Government’s strategic framework for the Welsh Language.

I provide an ‘Active Offer’ by using simple Welsh phrases with residents/service users to make them feel more at ease with the service

“I make an ‘Active Offer’ by greeting people bilingually. Knowing who speaks Welsh in my team means I’m able to ask them for help if a service user needs to speak Welsh.”

Active offer simply means providing a service in Welsh without someone having to ask for it. Welsh speakers should not be required to ask for a service in Welsh. Implementing a key worker system ensures ‘named’ staff members are ‘matched’ to individuals who are Welsh-speaking or signage in the service setting supports the orientation of Welsh speaking users. In addition, Welsh language

books, newspapers and other resources are, or can be made, available in a health and social care settings

1.9 POSITIVE APPROACHES TO REDUCE RESTRICTIVE PRACTICES IN SOCIAL CARE

Working in social care can be very rewarding, offering care and support to vulnerable people, who may be distressed, frightened, angry, stressed, confused and who can display behaviours that challenge can leave us feeling can leave us feeling frightened, angry, anxious and out of our depth.

It is important to think about what is happening around you at these times, how you are feeling and what support you need.

Behaviours which challenge services mostly happen for a reason and might be the only way an individual is able to communicate. This behaviour can happen for different reasons, which are specific to the individual. Individuals who display or are at risk of displaying behaviours which could be challenging might need care and support which involves positive behavioural support and some form of restrictive practice or intervention. It is important that it is person-centred, meeting individual needs with dignity and respect, which minimises the risks to the individual being cared for and the individual carrying out the physical intervention.

There are many factors which help to explain why individuals behave differently even when apparently in the same situation and seem to be having the same experiences, for example personal or environmental factors.

Underlying causes could include, pain, sensory loss, an acquired brain injury or other neurological condition, communication difficulties, environment, fear and anxiety, unhappiness, boredom, loneliness, unmet needs, change, recent significant events such as death of a family member, past events or experiences, abuse or trauma, bullying, over-controlling care or being ignored.

Positive approaches are based upon the principles of person-centred care:

- getting to know an individual
- respecting and valuing their histories and backgrounds
- understanding their likes and dislikes their skills and abilities their preferred communication style and support structures
- understanding the impact of their environment upon them and using this to identify ways to support individuals consistently in every aspect of the care they receive.

Positive approaches involve working with an individual and their support systems to try to understand what they are feeling and why they are responding in the way they are.

Positive approaches that can be used to reduce restrictive practices and promote positive behaviour

Understanding and working in a way that promotes positive and proactive approaches essentially requires social care workers:

- to have a positive attitude towards the people they support
- to have the right skills and knowledge
- who are well trained and supported through regular supervision

Restrictive practices are a wide range of activities that restrict an individual's ability to do what they want to do without some form of intervention or encourages them to do things that they don't want to do. They can be very obvious or very subtle.

Restrictive practices are things that limit the rights of a person, like being able to move around freely such as

- Chemical restraint - inappropriate use of medication
- Physical restraint -
- Seclusion -
- Environmental restraint
- Coercion



1.10 CHANGE AND TRANSITIONS IN HEALTH AND SOCIAL CARE

Transition is a gradual process of change, which gives everyone time to ensure that individuals and their families are prepared and feel ready to make the change.

Changes that take place as a result of significant life events can include improved health and well-being.

Significant life events include important changes in an individual's life such as death of a loved one, life changing illness/accident, divorce, or redundancy. For individuals with some conditions there may be changes and disruption to their routine; for others they may be onset of a deteriorating condition such as sensory loss or dementia; for others they may be a crisis affecting them. Transitions or change could include individuals moving into or out of the service provision, births, deaths, marriage, employment, redundancy, retirement, transferring between years in schools or colleges, transferring between education establishments, physical changes such as onset of puberty, moving into adulthood or becoming a carer.



Change brought about by significant life events or transitions can be both positive and negative. For example, an individual may move into a residential setting in order to meet their changing care support needs. This can be positive as the individual will get the appropriate support, but these changes can also be seen as negative due to a potential loss of independence, loss of their home and some of their belongings in order to meet certain regulatory requirements e.g. fire regulations.

Transition can be a time of celebration, or a time of great anxiety and worry, change and challenges for individuals. It is a time when individuals are considering and making decisions about their career, their continuing education, their social life and where they will live. The support available during the change can vary greatly, individual's understanding of the reasons for change can support them throughout.

1.11 REFLECTION

Our own beliefs, values and life experiences can affect our attitude and behaviour towards others, it is human nature to react to the way that people behave towards us

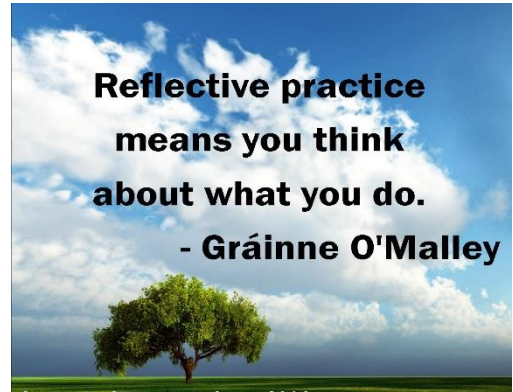
“Smile and the world smiles with you”

When supporting individuals in social care sector, it is important that these factors do not impact on your practice through personal attitude and behaviour.

Throughout life, beliefs, values and life experiences develop as a result of new experiences and influencing factors such as role models, peer groups, education, religious institutions and the media. Personal attributes developed throughout life promote the development of identity and the way individuals want themselves to be seen. Working with and getting to know a diverse range of individuals such as those accessing services, their friends and family, colleagues and other professionals, enables social care workers to develop their knowledge and understanding of different ways of thinking and living and the reasons for different beliefs, values and behaviours. As a consequence, tolerance of and respect for others develop, both which are important when meeting individual needs and preferences. Having their differences acknowledged and understood helps individuals to develop a sense of belonging, increasing their self-esteem and improving their well-being. As a result, workers can become more open minded to new experiences, opportunities and challenges. While a social care worker might not agree with the attitudes and behaviours of the individuals they work with, nor share their preferences, inclusive work practice involves respecting and promoting: ·

- the right to freedom of thought and religion
- the right to freedom to express their beliefs as they wish
- the right to freedom of conscience, i.e. to personal values and a sense of right and wrong ·

Practice which doesn't demonstrate inclusive practice, for example, denying someone the opportunity to worship in the way that their religion dictates or to choose what to eat or wear, is oppression. Oppressive behaviour denies individuals their freedoms and is a form of abuse



1.12 WORK BOOK REFLECTION

This short film aims to illustrate what good practice looks like. It's set in a residential care home for older people but its message would be the same for other care settings. This includes adults, children or young people. It's designed for managers and others to supporting learning and training.



1.13 POLICIES AND PROCEDURES

There are policies and procedures in place to support a social care worker to work in a way which truly values people in a principled manner.

Policies and procedures are in place regarding health and safety and care provision which support the work of a social care worker to maintain safe working practices.

Employers will have specific policies practices and procedures in place which every employee is expected to comply with.

The ***Code of Professional Practice for Social Care*** underpins the practice of all social care workers

The code consist of a list of statements describing the standards of professional conduct and practice necessary for employees in health and social care professions in Wales

The Code will make the individuals aware of how care workers should behave towards them, and also the role of employers in supporting care workers to do their jobs well. · Employers of care workers are expected to promote the use of the Code and take account of them in making any decisions about the conduct and practice of staff.

Social care workers have to ensure that their conduct and practice does not fall below the standard expected of them, and that no action or omission on their part harms the well-being of individuals.

You are encouraged to use the Code to examine your own conduct and practice and to look for areas in which you can improve.

The Code states that workers must:

- Respect the views and wishes, and promote the rights and interests, of individuals and carers.
- Strive to establish and maintain the trust and confidence of individuals and carers.
- Promote the well-being, voice and control of individuals and carers while supporting them to stay safe.
- Respect the rights of individuals while seeking to ensure that their behaviour does not harm themselves or other people.
- Act with integrity and uphold public trust and confidence in the social care profession.
- Be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills.
- In addition to sections 1 – 6, if you are responsible for managing or leading staff, you must embed the Code in their work.

We all expect to be treated with dignity and respect, and individuals accessing social care services are no different. Behaving with dignity and respect towards individuals involves respecting their views, their choices and decisions, not making assumptions about how they want to be treated and working with care and compassion. Behaving towards individuals with dignity and respect ensures individuals who receive care and support are able to make choices about the care they receive.

