

Unit 5 Knowledge Organiser Learning Aim A

A1	Promoting equality, diversity and preventing discrimination.	<p>Equality – Everyone having equal access to services they need</p> <p>Diversity – variety of cultural differences</p> <p>Discrimination – prejudice against a group, unfair, direct, Positive Discrimination – Someone is treated more favourably because they are different.</p> <p>Advocacy services - someone, referred to as an advocate, can speak on behalf of someone else (who maybe can't speak for them self due to illness, disability or lack of confidence).</p> <p>Access - the environment can be adapted, for example by having wide corridors, ramps, disabled toilets, lifts, wide automatically opening doors, counters and signs at wheelchair level, no obstacles or clutter, hearing loops</p>
A2	Skills and personal attributes required for developing relationships with individuals	<p>Skill – the ability to do something well or to be expert in something.</p> <p>Personal attributes – the qualities or characteristics that make an individual who they are: ie their personality</p> <p>6 Cs –</p> <p>Care Looking after and providing for the needs of a person.</p> <p>Compassion The awareness of the needs of others and the desire to help them.</p> <p>Competence The ability to understand a person's needs, combined with the expertise and knowledge to deliver effective care to meet those needs.</p> <p>Communication The exchange of information between two or more people that helps to provide care and support.</p> <p>Courage The personal strength and vision to do the right thing for the people being cared for.</p> <p>Commitment The determination to improve care and meet the needs of people</p>
A3	Empathy and establishing trust with individuals	<p>Empathy is the ability to understand another person's condition from their point of view, by placing yourself 'in their shoes' and imagining what they are feeling or thinking. You need to have an overview of the different methods of establishing positive relationships using an empathetic approach with individuals in your care.</p>

Theorists and Philosophers

John Bowlby (1907-1990) German – Theory of Attachment

Johannes Vilkeit (1848-1930) German – Empathy theory

Robert Vischer (1847-1933) German Empathy theory of Imbuing

Max Scheler (1874-1928) German Linking facts and opinions

Martin Hoffman (Contemporary) American psychologist Social and emotional development inc morals and principles

Unit 5 Knowledge Organiser Learning Aim B Ethical Issues and Approaches

Consequentialism	the doctrine that the morality of an action is to be judged solely by its consequences Utilitarianism states that people should maximise human welfare or well-being. Hedonism states that people should maximise human pleasure	
Deontology	the study of the nature of duty and obligation – Kant theories – Opposite to Consequentialism and Utilitarianism	
Principlism**	a commonly used ethical approach in healthcare and biomedical sciences. It emphasises four key ethical principles Autonomy – A person’s right to choose how they live their life. Beneficence – when a person is unable to make choices for themselves, health professionals have a duty to act in the best interests of that person. Non-Maleficence – means not causing harm Justice – moral obligation to act fairly.	
Virtue Ethics	Ethical system based on defining the personal qualities that make a person moral. (good) Is it nature or can it be learned? Focus more on a person’s character than what they do.	
Utilitarianism	states that people should maximise human welfare or well-being.	Ethical dilemmas
Hedonism	states that people should maximise human pleasure	Right to independence
Assisted suicide, Medical error, Waiting lists, Access to needed health care resources		Right to choice
Shortage of family physicians, Research		Right to confidentiality
Innovation and Technologies, Life sustaining treatment		Right to respect
		Right to dignity

B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk

National Health Service (NHS)	1947 - Free universal care at the point of delivery
The Department of Health (DH)	A ministerial department of the government Leads, shapes and funds health and care in England by creating national policies and legislation
National Institute for Health and Care Excellence (NICE)	Set up in 1999 to help prevent ill health and promote healthier lifestyles Provides national guidance and advice
Health and Safety Executive (HSE)	<ul style="list-style-type: none">• Acts in the public interest to reduce work-related death and serious injury across the UK's workplaces• Shapes and reviews policies, reviews regulations, produces research and statistics and enforces the law

Conflict between carers and family	How to resolve issues with family – communication, empathy, understanding The DH Decision Support Tool, five-step framework, NICE and NHS guidance on Care Pathways and Care Plans, Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) (NHS), HSE guidance on risk assessments.
Conflict between professionals	Both parties act in a professional manner, submit case, third party intervention,
Service User rights	Independence, Choice, confidentiality, respect, dignity
Acts and Legislation	Legislation, e.g. Mental Health Act 2007, Human Rights Act 1998, Mental Capacity Act 2005, National Health Service Act 2006 Section 140, Equality Act 2010, Care Act 2014.

C1 Enabling individuals to overcome challenges

Identifying challenges	Observation, focus groups, questionnaires, informal chats
1.Awareness and Knowledge	Access to benefits, services and support
2.Practical challenges	Immediate care needs: washing, shopping, cleaning house and self, transport
3.Skills and challenges	Accessing online materials, using modern technology e.g. phones, TVs
4.Acceptance and belief	Unwilling to accept that illness has forced them to be more dependent
5.Motivation and mood	To exercise, diet, make dramatic life saving lifestyle changes
6.Communication	Blind or partially sighted, deaf, Additional Language needs,

Strategies used to overcome challenges

- 1.educational information materials
- 2.training courses,
- 3.opinion leaders
- 4.clinical audits
- 5.computer-aided advice systems
- 6.patient-mediated strategies.

C2 Promoting Personalisation

Methods of recognising preferences

- care plans,
- learning plans,
- behavioural plans,
- specialist support from health and social care professionals
- promoting choice and control
- personal goals

C3 Communication techniques

Approaches for effective communication	Humanistic Behavioural Cognitive Psychoanalytical Social
Types of communication examples,	verbal, body language, written, formal and informal.
Non-verbal and visual communication	Posture Facial Expression Eye Contact Use of touch Gestures Personal space
Alternative communications	Makaton, British Sign Language (BSL), braille, communication boards and symbol systems.
Theories of communication	Argyle (1925–2002), Tuckman "forming, storming, norming, and performing" in 1965. Berne - Transactional Analysis
New technologies	Mobile phones Text relay, speech recognition software, hearing aids, loop system, braille software