

NEWSLETTER March & April 2015

The Care Act (2014) special

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In this issue

Norman Mark welcomes the Care Act (2014).

“Until now it’s been almost impossible for people who need care, carers, and even those who manage the care system, to understand how the previous law affecting them worked. Over nearly 70 years it has been added to again and again and is out of date and confusing. The Care Act has created a single, modern law that makes it clear what kind of care people should expect.”

-Norman Lamb (Care and Support Minister)

This issue features short articles relating to a variety of aspects of the Act (see contents). The newsletter also provides course profiles of events we run relating to the Act facilitated by our lead trainers for the Act, Donna Green and Franck Pertois.

All our trainers have received training in the Act and are fully conversant with the implications for all aspects of Care and Support. All of our courses are now set in the context of the Act. Our Centre staff are likewise fully conversant with the key elements and will be able to discuss how courses can be adapted to meet the learning needs of your teams.

For further details please call us on **01273 414000**

Want to know more about Norman Mark? See last page.

Our lead trainers in the Care Act



Donna Green has worked with Norman Mark for 15 years, delivering a wide range of training to the social care & health sectors including general management, personal development and HR.

She has more than 28 years’ experience of Human Resource Management and over twenty years experience of working in the voluntary sector as a senior manager and latterly as HR and Quality Director for a national charity. Donna is a Member of the Chartered Institute of Personnel and Development and in 2003 graduated with an MA in Employment Law. She is qualified as a Master Practitioner in NLP and in her ‘spare time’ works as a Cognitive Hypnotherapist & Coach.

BSc (Hons)
Psychology.
MA Employment
Law.
CMIPD.
NLP (MPrac).
HPD.
Dip. Cog. Hyp
EFT Prac.
Ptlls



Franck Pertois has worked with Norman Mark since 1998 after a long career in social care. He has developed and managed Learning Disabilities and Mental Health services. He has also worked with people with profound disabilities and complex physical needs, children and teenagers with special needs, adults with complex behaviour and adults with autism. Franck has also worked on a professional level with a variety of carer groups, has been an International translator in the field of HIV and Aids since 1998 and has served as Vice-Chair of the London Region Adult Placement

B.A.F.A
D.E.U.G.
Licence Lettres
Modernes (B.A.)
Moving & Handling
Accr. trainer
SOVA accr. trainer
PTLLS
CTLLS

Diversity Calendar March & April 2015



March

- 1st The Nineteen Day Fast (Bahai)
- St David's Day (Christian/Secular)
- 5th Purim (Jewish)
- 6th Holi (Hindu)
- Hola Mohalla (Sikh)
- 7th-13th Deaf Awareness week
- 8th International Women's Day
- 14th Nanakshahi New Year (Sikh)
- 15th Mothering Sunday (Secular)
- St Patrick's Day (Christian/Secular)
- 20th Spring Equinox (Pagan)
- 21st Noruz (Zoroastrian)
- International Day for the Elimination of Racial Discrimination
- 25th Annunciation (Christian)
- 28th Khordad Sal (Zoroastrian)
- 28th Rama Navami (Hindu)
- 29th Palm Sunday (Christian)

April

- 2nd Maunday Thursday (Christian)
- Mahavir Jayanti (Jain)
- 3rd Good Friday (Christian)
- Passover (Pesach 1st day) (Jewish)
- 4th Hanuman Jayanti (Hindu)
- 5th Easter Day (Christian)
- 12th Easter Day (Orthodox Christian)
- 14th Vaisakhi (Sikh)
- 21st Anniversary of Haile Selassie's visit to Jamaica (Rastafarian)
- Ridvan (1st day) (Bahai)
- 23rd St George's Day (Christian/Secular)

Noruz

Historically, Noruz is the traditional Iranian new year holiday, and is celebrated by more than one religious group. It marks the start of the Zoroastrian new year and is dedicated to fire. It was also adopted by the founder of the Bahá'í faith as the start of their new year. It coincides with the first day of spring.

Mothering Sunday

Mothering Sunday falls on the fourth Sunday in Lent. It is often called Mother's Day but has no connection with the American festival of that name.

Before the Reformation it was considered important for people to visit their mother church, or cathedral, once a year and it became the custom to do this on the fourth Sunday in Lent. Historians believe this was the origin of the tradition for those working as domestic servants to be given a day off on the fourth Sunday in Lent to visit their mothers and families and bring small gifts. It became known as Mothering Sunday.

Saga Dawa

Saga Dawa is the fourth month in the Tibetan calendar when Tibetan Buddhists celebrate the Buddha's birth, enlightenment and parinirvana (death).

The full moon day in the month Saga Dawa is the holiest day in the year for Tibetan Buddhists. On this day benevolent acts are believed to bring extra merit and it's a day of prayer, sacred rituals and almsgiving.

Vaisakhi

At Vaisakhi, Sikhs celebrate the founding of the Khalsa, the collective body of baptised Sikhs created in 1699. The word Khalsa means 'pure'. To join the Khalsa, Sikhs must undergo the Amrit ceremony (initiation ceremony) sanctioned by Guru Gobind Singh. Baptised Sikhs resolve not to remove or cut any bodily hair, not to use tobacco, alcohol or other intoxicants, not to eat meat and not to commit adultery. At Vaisakhi, those ready to join the Khalsa are baptised.

Ridvan

During the Festival of Ridván, Bahá'ís remember the 12 days that their founder, Bahá'u'lláh, spent in the Garden of Ridván.

During this period in 1863, Bahá'u'lláh publicly declared his mission as God's messenger for his age. The first (April 21), ninth (April 29) and 12th (May 2) days are celebrated as holy days when work is suspended.



Why do we need the Care Act, 2014?

“Until now it’s been almost impossible for people who need care, carers, and even those who manage the care system, to understand how the previous law affecting them worked. Over nearly 70 years it has been added to again and again and is out of date and confusing. The Care Act has created a single, modern law that makes it clear what kind of care people should expect.”

-Norman Lamb (Care and Support Minister)

The Act was formulated, in part, as a response to the findings of the Francis Inquiry into events at Mid Staffordshire hospital. It incorporates suggestions such as the need for increased transparency and openness with a view to raising the quality of care across the system. The statutory Duty of Candour which will be incorporated as part of the new Care Quality Commission fundamental requirements in April 2015 is an example of how legislation and regulation are working together to achieve this aim.

The current system of health and social care and support is unsustainable. In the UK we have a rapidly ageing population: it is expected that 600,000 more older people will have potential care needs in the next 20 years and the number of people with dementia will double to 1.4 million by 2030. Even now, according to Age UK’s fact sheet 'Later Life in the UK', there are more people in the UK aged 60 and above than there are aged under 18. This means that many more of us will require care and support in the future.

In response, at least in part, to the UK changing demographics the Act gives Carers equality with those who they support. Assisting Carers who are willing and able to provide care and support for their loved ones eases the burden on the State as well as being morally and ethically the right thing to do. Dame Philippa Russell, Chair of Standing Commission on Carers states that:

'The Care Bill in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers. At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own wellbeing have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care'.

The Act aims to provide clarity for those requiring care and support: it introduces a minimum eligibility threshold across the country, a set of criteria that makes it clear when local authorities will have to provide care and support to people. Until now, individuals have faced a 'postcode lottery' with local authorities being able to decide eligibility thresholds by themselves.

The Act aims to ensure that core social care values are, for the first time, enshrined in legislation. Values such as:

- Independence
- Citizenship
- Empowerment
- Social Inclusion
- Respect for Diversity
- Protection from abuse

Whilst many organisations work extremely hard to bring these values to life in the work that they do with their service users not everyone in receipt of care and support experiences these.

In their fact sheet on the Act The College of Social Work states that:

'At the heart of the Act are the principles of wellbeing and prevention and the recognition that an individual, their family, and/or carer must be enabled to make decisions regarding their own care. We recognise that implementation of these legislative changes will be challenging and demand significant cultural and attitudinal changes, both strategically and in professional practice'.

This is equally true for provider organisations.

The Care and Support Statutory Guidance Issued under the Care Act 2014 by the Department of Health describes Wellbeing as a 'broad concept' and whilst it is keen to reinforce that it is for the individual to determine what constitutes Wellbeing to them, states that it relates to the following areas in particular

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society

One of the key aims of the Act is independent living, to help individuals stay in their own homes for as long as possible through the prevention, reduction and delaying of care and support needs. This will require more flexible and creative services.

The Act aims to ensure the provision of truly person centred care and support: it places the individual at the heart of their care and empowers them by requiring that Local Authorities truly listen, not just to what the individual says that they need, but also to their wishes, desires and aspirations.

Everyone will receive a Personal Budget so that they are empowered to know what money is available to them and can make choices about how their needs are met. They are able to request this in the form of a Direct Payment subject to assessment by the Local Authority.

Through the Act more Service users will come to see themselves as 'Customers' and this must surely change the balance of power for the better.

We need to give each other the space to grow, to be ourselves, to exercise our diversity. We need to give each other space so that we may both give and receive such beautiful things as ideas, openness, dignity, joy, healing, and inclusion."

-Max de Pree

"I speak not for myself but for those without voice... those who have fought for their rights... their right to live in peace, their right to be treated with dignity, their right to equality of opportunity, their right to be educated."

-Malala Yousafzai

Course profile

An introduction to the Care Act 2014

(1 day)

Whilst much of the new Care Act draws together or modifies existing legislation and good practice, there are a number of new duties and responsibilities for Local Authorities and for Care & Support providers. There is a new emphasis on Wellbeing and individuals are placed at the very heart of their care/support. The first part of the course is designed to introduce the Act and focuses on what it means for those in receipt of care/support, for organisations and for their staff. The second part of the course focuses on Safeguarding Adults duties in the context of this new piece of legislation.

The new Act becomes effective, at least in part in April 2015 and the clock is ticking. This practical course informs and allows time for reflection so that organisations and their staff are ready for the changes that this new law requires of them.

The course provides some knowledge for:

Diploma in health & social care, level 2 &3, HSC 024

The course is designed for all staff operating within the Care Act 2014.

Learning outcomes:

By the end of this course learners should be able to:

- understand why the Act has been introduced
- define Wellbeing and recognise the role of this key principle within the Act
- describe what is meant by personalisation
- understand the 5 general responsibilities and key duties, including Prevention; Integration, partnerships and transitions; Information, advice and advocacy; Diversity of provision and market oversight; Safeguarding
- understand the key processes, including Assessment and eligibility; Charging and financial assessment; Care and support planning; Personal budgets and direct payments; Review
- recognise the impact of the Act on provider of services
- define what is adult safeguarding and the aims of adult safeguarding, including the principles underpinning adult safeguarding work
- know what is now considered to be abuse and the different forms it can take
- understand what constitutes an enquiry and when an enquiry might be required
- explain the main functions of a Safeguarding Adults Board (SAB)
- recognise when an individual might require advocacy and the different forms this can take
- explain the duty for all involved to cooperate with each of its relevant partners

Training methods will include: Ideas shower, Feedback, Discussion, Tutor presentations, PowerPoint, Flip chart work, Questions and answers, Group work, Handouts, Practice studies



What is Wellbeing?

The underpinning principle of the Care Act 2014 is the concept of wellbeing. Quite what wellbeing is can be hard to define and there are as many definitions as there are individuals!

The World Health Organisation state that wellbeing occurs when the individual:

- realises his or her own abilities
- can cope with the normal stresses of life
- can work productively and fruitfully
- is able to make a contribution to his or her community.

Coming from the field of positive psychology and the work of Martin Seligman wellbeing is defined as occurring when a person experiences:

- Positive emotions
- Engagement
- Relationships
- Meaning
- Accomplishment

In their fact sheet on the Care Act, the College of Social Work states that:

'At the heart of the Act are the principles of wellbeing and prevention and the recognition that an individual, their family, and/or carer must be enabled to make decisions regarding their own care. We recognise that implementation of these legislative changes will be challenging and demand significant cultural and attitudinal changes, both strategically and in professional practice'.

The Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health describes Wellbeing as a 'broad concept' and whilst it is keen to reinforce that it is for the individual to determine what constitutes Wellbeing to them, the Guidance states that it relates to the following areas in particular

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society

Many organisations will already be considering wellbeing through the provision of holistic needs assessments and support plans.

As the Care Act is outcome focused the challenge for organisations will be to evidence how their work with individuals is increasing their client's personal sense of wellbeing: what is 'a good life' to one person will be very different to another.

Course profile**An introduction to the Care Act 2014**

(1/2 day)

Whilst much of the new Care Act draws together or modifies existing legislation and good practice, there are a number of new duties and responsibilities for Local Authorities and for Care & Support providers. There is a new emphasis on wellbeing and individuals are placed at the very heart of their care/support.

This half day course is designed to introduce the Act so that staff can begin to consider how it will impact upon the provision of services and their approach. The new Act becomes effective, at least in part, in April 2015 and the clock is ticking.

The course provides some knowledge for:

Diploma in health & social care, level 2 &3, HSC 024

The course is designed for all staff operating within the Care Act 2014.

Learning outcomes:

By the end of this course learners should be able to:

- understand why the Act has been introduced
- define Wellbeing and recognise the role of this key principle within the Act
- describe what is meant by Personalisation
- understand the 5 general responsibilities and key duties, including Prevention; Integration, partnerships and transitions; Information, advice and advocacy; Diversity of provision and market oversight; Safeguarding
- understand the key processes, including Assessment and eligibility; Charging and financial assessment; Care and Support planning; Personal budgets and direct payments; Review
- recognise the impact of the Act on provider of services
- understand the key changes in safeguarding arising from the Act

Training methods will include: Ideas shower, Feedback, Discussion, Tutor presentations, PowerPoint, Flip chart work, Questions and answers, Group work, Handouts, Practice studies

**The Care Act
10 refreshed types of Abuse**

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14.2 will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Course profile

Safeguarding Adults and the Care Act 2014

(1/2-1 day)

Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect. It is an important part of what many public services do, but the key responsibility is with local authorities in partnership with the police and the NHS. The Care Act 2014 puts adult safeguarding on a legal footing and updates the scope of adult safeguarding. This course focuses on the safeguarding adults duties in the context of this new piece of legislation and looks at what it means for those in receipt of care/support, for organisations and for their staff. The new Act becomes effective, at least in part, in April 2015 and the clock is ticking. This practical course informs and allows time for reflection so that organisations and their staff are ready for the changes that this new law requires of them.

The half day course is largely information based. The full day course affords the opportunity for additional exploration of practice and organisational implications.

The course provides some knowledge for:

Diploma in health & social care, level 2 &3, HSC 024

The course is designed for all staff operating within the Care Act 2014.

Learning outcomes:

By the end of this course learners should be able to:

- define what is adult safeguarding and why it matters
- define the aims of adult safeguarding
- list the six key principles underpinning all adult safeguarding work
- explain what is meant by making safeguarding personal
- know what is now considered to be abuse and neglect
- list the different forms of abuse and neglect
- explain the main signs and symptoms of the different forms of abuse and neglect
- list the different patterns of abuse
- list who may abuse and neglect adults
- explain their responsibilities in relation to reporting and responding to abuse and neglect
- explain how to respond appropriately to a direct disclosure
- list the main systems contributing to the prevention of abuse and neglect
- understand what constitutes an enquiry and when an enquiry might be required
- explain the main functions of a Safeguarding Adults Board (SAB)
- recognise when an individual might require advocacy and the different forms this can take
- explain the duty for all involved to cooperate with each of its relevant partners
- list the main relevant statutes, including the principles of the Mental Capacity Act 2005 and the Equality Act 2010, particularly the duty to make reasonable adjustments

Training methods will include: Ideas shower, Feedback, Discussion, Tutor presentations, PowerPoint, Flip chart work, Questions and answers, Group work, Handouts, Practice studies

Person Centred Support

Person Centred philosophy underpins the training that Norman Mark provides. We aim to influence practice in social care and support so that Person Centred principles are integrated into all aspects of our work.

Person Centred philosophy & practice have had a major influence in social care provision; the three core elements underpinning Person Centred work within all areas of care & support. It has promoted a positive shift from task centred work (the needs of the organisation) to focussing on the core needs of service users i.e. to be valued and respected in an empathic environment that supports the psychological needs of attachment, comfort, identity, inclusion and belonging.

In order for this shift to occur workers need to, through reflective practice, acknowledge how their own agendas may influence the care/support offered and adjust accordingly. They need to resist subscribing to support and care that reinforces the negative attitudes and actions that are particular to a 'task centred' approach.

The three core elements identified through the work of the Humanist psychologist Carl Rogers are:

Empathy - working to gain an experience of the service users issues from their own perspective – 'putting yourself in their shoes' and demonstrating that you have at least to some extent touched their world.

Congruence - authenticity or genuineness in your support for them; your words, actions and thoughts all 'adding up' – the service users will see through you if you are false or not transparent in your role.

Unconditional Positive Regard - the prizing or valuing of a person – an accepting and deeply respectful approach that sees the person behind the behaviour or situation and does not judge.

A pure Person Centred model would be impossible to achieve within the current Legislative and Practice context, however, an adapted model is perfectly viable. Indeed, these three core elements are essential if we are to achieve 'Person Centred' work and resisting subscribing to a culture or working practice that reinforces a malignant social psychology.

Malignant Social Psychology has been identified in many care and support settings and these include:

- Treachery – to set out to deceive
- Disempowerment – not allowing someone to use their abilities; removing choices
- Infantilisation – treating someone in a patronising or childlike manner
- Labelling – using negative words to describe someone e.g. screamer, wheelie
- Stigmatisation – to treat someone like an outcast, alien or object
- Outpacing – deliberate provision of information beyond a persons ability
- Invalidation – Demeaning a persons experiences as being of relevance
- Objectification – Treating someone as a 'deadweight'
- Banishment – psychological or physical exclusion
- Ignoring – Ignoring someone as if not present
- Intimidation – using power threats that cause anxiety or fear
- Imposition – forcing, overriding or denying choice
- Withholding – not providing requested attention or meet evident demand
- Accusation – blaming a person for their own situation
- Disruption – intruding on physical or psychological privacy
- Mockery – Making fun of someone's speech, behaviour, or actions at their expense
- Disparagement – Telling someone they are useless, worthless or incompetent

-Kitwood 1997

Person Centred work can help to formulate a positive culture in care and support settings. Norman Mark Training aims to support this aspiration through the learning experience.

Course profile**Person Centred Planning**

(1 day)

PCP is largely misunderstood. The term is often confused with Rogerian Counseling principles and application reveals that the approach is being misused by many as a technique to camouflage staff/service centred approaches.

This course aims to ensure that staff gain clarity about the PCP approach and planning methods and how these can be applied in an ethical and authentic way. Learners will explore a variety of PCP methods and tools. The course is delivered in the context of the Care Act 2014.

The course provides knowledge for

Ofqual level 2

CIS: Standard 7.4; 7.5

QCF: HSC 026

2010,CQC

The course is designed for support and care workers. The course would also be suitable for others involved, e.g. family members, advocates, volunteers and for more senior staff without previous training in the subject or who need to refresh their learning. This course will help organisations to deliver CQC Outcome 1

Learning outcomes *By the end of the course learners should understand:*

- What is meant by a Person Centred Approach (PCA) and Person Centred Planning (PCP) and how these relate to the Care Act 2014
- Terminology and abbreviations used
- The key characteristics of PCP- the shift from traditional approaches
- What is meant by 'Circles of Support' and who should be involved
- Some ethical tensions arising from Circles of Support
- How inappropriate inclusion could counter the PCP principles
- Making Action Plans (MAPS), moving away from nightmares to dreams using a pictorial map
- PATHS and other tools
- Putting PCPs into practice:
Initial work, Information gathering, Plan formulating, Keeping the plan relevant & alive, Review and updates (Helen Sanderson approach)
- Barriers to be overcome for successful implementation
- How PCP should be the foundation of the service and all else be built on this
- Listening & Questioning Skills (exploring total communication & active listening skills)
- Adaptation for supporting people with profound disabilities
- How PCP can be misused and be abusive

Training methods utilised include: Presentations, Role-play, Trust exercises, Word-storming, Feedback, Discussion, Tutor presentations, PowerPoint, Group work, Handouts



Who Noticed My Brother's Disability

by Christiana Redman

Theoretical principles of Good Practice often distract us from the 'real' human experience of people with personal challenges. This letter demonstrates how someone, unlikely to have had social care training, makes such a difference through their inherent humanity and respect for others.

Dear Waiter at the Brewery,

When my family visited your restaurant a few weeks ago, you greeted us with a big smile and introduced yourself. No staring, despite the fact that my brother, who has cerebral palsy and several other disabilities, obviously ignored you. You didn't seem to mind that our family was painfully slow as we tried to corral Phillip while we followed you to our table. You didn't seem to mind that my brother practically bowled you over in his trek around the restaurant in search of a broom. As you took our order, you were kind and courteous, even as Phillip continued to get up to go after the broom, then the dust pan, then the manual vacuum. You didn't think twice when we told you Phillip wouldn't be placing an order because he doesn't eat in restaurants. When we decided it would be best for Phillip to sit at another table so he had more room to play with the broom and vacuum you so kindly let him borrow, you welcomed Phillip to pick any table he liked.

Because of your openness to allow Phillip to do what made his heart content, the rest of my family – myself, my parents and my cousins – enjoyed a wonderful meal and some much-needed catch-up time. Your normalizing of our situation allowed us to converse uninterrupted and even stick around long enough to enjoy dessert and take a family photo.

Thank you for your kindness and acceptance. Next time we dine with you, I'm sure Phillip would be happy to sweep your section of the restaurant again.

Sincerely,

An appreciative sister

“..... as persons are accepted and prized, they tend to develop a more caring attitude toward themselves. As persons are empathetically heard, it becomes possible for them to listen more accurately to the flow of inner experiencings. But as a person understands and prizes self, the self becomes more congruent with the experiencings. The person thus becomes more real, more genuine. These tendencies, the reciprocal of the therapist's attitudes, enable the person to be a more effective growth-enhancer for himself or herself. There is a greater freedom to be the true, whole person.”

-Carl Rogers

Course profile**Dignity in Care Awareness**

(1 day)

The aim of this Dignity in Care training event is to raise awareness of the workforce in understanding Dignity in Care and how to support this in a care environment. This half-day training session will give participants knowledge of Dignity in Care and how to incorporate this into the workplace and the care plan.

This course is suitable for any healthcare and adult social care practitioners working at all levels in a variety of services e.g. learning disability, mental health or older people's services. The course material is set within the current legal and regulatory framework and is set in the context of the Care Act 2014.

The course provides some knowledge for:

CIS: 1, 3, 4, 5, 6 & 7

QCF: HSC024, 025, 026; SHC 023, 024

The course is designed for Health & Support staff working at all levels in a variety of services.

The course will help organisations to deliver CQC Outcome 1,2,4,5,7,12,17

Learning outcomes:*By the end of this course learners should understand*

- What is meant by the term 'Dignity'
- The 10 Dignity Do's and how to incorporate them into day to day practice
- The Dignity in Care Campaign
- The 8 Dignity Fact Sheets: an overview
- Dignity in relation to the care of service users
- Dignity in relation to each other
- The need to apply the theory in every day practice in order to ensure that the support provided promotes dignity and respect
- How person centred care plans promote dignity and respect
- The characteristics of a respectful and compassionate practitioner, with reference to advocacy, communication skills, equality and diversity principles, person centred values
- The factors that may affect an individual's dignity
- The barriers to meeting the dignity standards
- Dignity and Legislation: an overview with particular reference to the Care Act 2014
- Examples of good practice
- How dignity in care integrates with safeguarding

Training methods utilised include: small group work and pair work, practice studies, questions and answers, chalk and talk, word shower method, questionnaire, PowerPoint, trainer presentation, facilitated discussion, handouts, Video, Audio material



The Care Act The implications of the Law for carers

For the first time, carers will be recognised in the law in the same way as those they care for.

“The Care Bill in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers. At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own well-being have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care”

-Dame Philippa Russell, Chair of Standing Commission on Carers

Who is a carer?

A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.

The Care Act relates mostly to adult carers – people over 18 who are caring for another adult. This is because young carers (aged under 18) and adults who care for disabled children can be assessed and supported under children’s law.

However, the regulations under the Act allow us to make rules about looking at family circumstances when assessing an adult’s need for care, which means, for example, making sure that the position of a young carer within a family would not be overlooked. The Act also makes new rules about working with young carers, or adult carers of disabled children, to plan an effective and timely move to adult care and support.

Why do we need to change the law?

The existing law treats carers differently from the people they care for. It has been developed bit by bit and mixes up rights for carers of different ages. It is complicated, and makes it difficult for carers to understand how to get support themselves.

Currently, carers do not have a legal right to receive support, although local authorities can provide support at their discretion. This means that access to assessment and the range of support on offer can vary considerably.

What does the Care Act do?

Assessments

The Act gives local authorities a responsibility to assess a carer’s needs for support, where the carer appears to have such needs. This replaces the existing law, which says that the carer must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.

The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

Eligibility

When the assessment is complete, the local authority must decide whether the carer's needs are 'eligible' for support from the local authority. This approach is similar to that used for adults with care and support needs. In the case of carers, eligibility depends on the carer's situation. The carer will be entitled to support if:

- they are assessed as having needs that meet the eligibility criteria;
- the person they care for lives in the local authority area (which means their established home is in that local authority area);
- if there is a charge (as there sometimes may be, as explained below) such charge must be accepted by the carer (or the adult being cared for if it falls to them).

Support planning

The local authority and the carer will agree a support plan, which sets out how the carer's needs will be met. This might include help with housework, buying a laptop to keep in touch with family and friends, or becoming a member of a gym so that the carer can look after their own health.

It may be that the best way to meet a carer's needs is to provide care and support directly to the person that they care for, for example, by providing replacement care to allow the carer to take a break. It is possible to do this as long as the person needing care agrees.

Charging and financial assessment

In most cases local authorities do not charge for providing support to carers, in recognition of the valuable contribution that carers make to their local community. However, this is something that the local authority can decide. If the local authority does decide to charge a carer for providing them with support, it must carry out a financial assessment to decide whether the carer can afford to pay. If supporting a carer involves providing care to the person being cared for, and the local authority chooses to charge for that type of care, then the authority must carry out a financial assessment of the person who is being cared for. This is because the care would be provided directly to that adult, and not to the carer. The Act makes it clear that in such cases, the carer cannot be charged.

Personal budgets

Carers should receive a personal budget, which is a statement showing the cost of meeting their needs, as part of their support plan. It will include the amount the carer will pay, if any, and the amount the local authority is going to pay. Carers have a right to request that the local authority meets some or all of such needs by giving them a direct payment, which will give them control over how their support is provided.

Young carers

The Care Act does not deal with assessment of people under the age of 18 who care for others. However, they can be supported under the law relating to children. The Children and Families Act gives young carers (and parent carers) similar rights to assessment as other carers have under the Care Act.

Regulations under the Care Act set out how assessments of adults must be carried out to ensure the need of the whole family are considered. This could include assessing what an adult needs to enable them to fulfil their parental responsibilities towards their children, or to ensure that young people do not undertake inappropriate caring responsibilities.

Adults caring for disabled children

An adult caring for a disabled child can get support through children's services. This is usually the best way to meet their needs and so they are not covered by this Act. However, there is provision in the Act for an adult carer of a disabled child to ask for an assessment of their caring needs in advance of the child reaching 18. Where a local authority carries out such an assessment, it has the power to provide support to the carer even though they are caring for a child, not an adult. This would, for example, enable a local authority to provide support that is available through an adult carers' centre.

Transition to adult services

The Act says that adult care and support needs to be involved in planning the support a young carer may need once they reach 18. This also applies to adult carers of children where it appears likely that the adult carer will have needs for support after the child turns 18.

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."

-Leo Buscaglia

"A smile is the light in your window that tells others that there is a caring, sharing person inside."

-Denis Waitley

"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have."

-Margaret Mead

"Happiness is having a large, loving, caring, close-knit family in another city."

-George Burns

Course profile

Care Planning

(Half day)

This introductory* course aims to provide the knowledge and awareness of skills required to enable them to construct effective, progressive and systematic Support/Care Plans. The course focuses on the five stage model and each stage is explored in terms of Good Practice, essential skills for workers, potential challenges and Person Centred work. Throughout the course participants are invited to consider the Care Planning process from a variety of perspectives, especially that of the service user. The course is informed by the 'Code of Practice for Social Care Workers' and Anti-Discriminatory Principles and is set in the context of The Care Act 2014.

The course provides some knowledge for
NHS KSF: HWB1.1; HWB2.1
CIS: 5.1; 7.1; 7.2; 7.4; 7.5
QCF: HSC026; 2031; 3020; SHC024; LD202;
DEM 202; 204

The course is designed for staff working with service users in a range of settings. The course will help organisations to deliver CQC requirement Outcomes: 1, 2, 4

Learning outcomes

By the end of this course learners should understand:

- What a Care Plan is and what Care Planning is
- Why Care Plans are necessary (To include reference to the Care Act 2014)
- How Care Planning can lead to a better quality of life for the service user & more rewarding work
- What is meant by the 5 stage model and what the components are
- The advantages and disadvantages of Care Planning and overcoming the disadvantages
- How Care Plans could be experienced as being oppressive by service users-staff domination
- The safety measures that can protect service users from undermining and inappropriate Care Plans; To include: Supervision, Team input, Organisational policies, Advocacy etc.
- The need to integrate Social Care values into the process
- What is meant by Assessment & the different ways that we can make an Assessment
- What the skills are that a worker needs to make an effective Assessment & 1-1 interactions
- How to integrate positive risk taking
- How to maximise service user input and control-a Person Centred approach
- What is meant by 'Goal setting' and the SMARTER goal model
- How to plan effectively and common problems that tend to emerge e.g. Team resistance
- Good practice when Implementing a Plan incl. Team work and collaboration with others
- The different ways we evaluate the Care Plan
- Getting away from success and failure – the fluidity of the 5 stage model

Training methods utilised include Ideas shower, small and larger Group Work, Feedback, Tutor Presentations, PowerPoint, Chalk & Talk, Handouts, Practice Work, Practice studies.

* The depth of learning may be limited by the time constraints of this half day course.

About Norman Mark Services

What we do

We provide training and consultancy nationwide aimed at enhancing the lives of service users. Our work is informed by prevailing good practice, legislation and a range of professional theories and models.

Our strong team draws upon excellent customer services and our robust ethical base ensures we provide training which is lively, interactive and reflective & which reflect clients' policies & practices

Who we do it for

We work with the statutory, voluntary and independent sectors that provide Social Care, Health Care and Education.

Our training includes subjects related to Mental Health, Learning Disabilities, Older People, Physical and Sensory Impairment, Children and Younger People, HIV, Substance Use, Homelessness, Management and general Health & Safety.

Our values

We have a strong ethical base with influences arising from Person Centred (Rogerian) and Equality & Diversity theory and practice.

Our Code of Practice outlines how our underpinning philosophy translates into our services; the key element being that our professional concern will always override other interests. Service users' experience is always at the heart of training delivery.

What you can be assured of getting

Cutting edge training tailored to your organisation's learning needs, delivered by committed, enthusiastic and compassionate trainers utilising formal and experiential training methods.

Our guarantee

We are so confident of being able to deliver our services to the highest standard that we guarantee our courses.

Subject to our terms, should you be dissatisfied with our service there would be no charge made for the event.

Our founder-Norman Mark

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