



# Supporting Individuals with Additional Needs

# 12

## Getting to know your unit

### *Assessment*

*You will be assessed by a series of assignments set by your tutor.*

While working in health and social care, you may care for a full range of individuals who have additional needs. Individuals with these additional needs have a right to receive the best quality care and support. This unit aims to give you specialist knowledge that can be crucial to ensuring that those with additional needs meet their full potential.

### **How you will be assessed**

You will be assessed by a set of assignments set by your tutor to ensure you fully understand the topic of how individuals with additional needs are supported. There will also be role plays given to you by your tutor to help you with this unit and to assess your learning. Assignments will be set for each learning aim, with a pass, merit or distinction grade given. To obtain a distinction you must evaluate the support given to two individuals, one being a child the other an adult, and the effectiveness of their support and the effect the support has on their lives.

**Assessment criteria**

This table shows what you must do in order to achieve a **Pass**, **Merit** or **Distinction** grade, and where you can find activities to help you.

<b>Pass</b>	<b>Merit</b>	<b>Distinction</b>
<b>Learning aim A</b> Examine reasons why individuals may experience additional needs		
<b>A.P1</b> Explain diagnostic procedures to determine additional needs for one child and one adult with different additional needs. <b>Assessment practice 12.1</b>	<b>A.M1</b> Assess the requirements of one child and one adult with different additional needs. <b>Assessment practice 12.1</b>	<b>A.D1</b> Evaluate the significance to the individuals, their families and society of a diagnosis of additional needs. <b>Assessment practice 12.1</b>
<b>Learning aim B</b> Examine how to overcome the challenges to daily living faced by people with additional needs		
<b>B.P2</b> Explain how disability can be viewed as a social construct. <b>Assessment practice 12.2</b>	<b>B.M2</b> Assess the impact of challenges to daily living that may be experienced by one child and one adult with different additional needs, and how effectively these challenges are overcome. <b>Assessment practice 12.2</b>	
<b>B.P3</b> Describe how health or social care workers can help one child and one adult with different additional needs overcome challenges to daily living. <b>Assessment practice 12.2</b>		
<b>Learning aim C</b> Investigate current practice with respect to provision for individuals with additional needs		
<b>C.P4</b> Explain the benefits of adaptations and support provided to one child and one adult with different additional needs. <b>Assessment practice 12.3</b>	<b>C.M3</b> Analyse how the provision and support provided for one child and one adult with different additional needs have benefited them. <b>Assessment practice 12.3</b>	<b>BC.D2</b> Justify the support and adaptations provided for two individuals with different additional needs to help them overcome challenges to daily living, with reference to statutory provision. <b>Assessment practice 12.3</b>
<b>C.P5</b> Explain the impact of statutory provision on the support provided for one child and one adult with different additional needs. <b>Assessment practice 12.3</b>	<b>C.M4</b> Analyse how statutory provision has impacted on current practice in caring for one child and one adult with different additional needs. <b>Assessment practice 12.3</b>	
		<b>BC.D3</b> Evaluate the impact of providing support for two individuals diagnosed with different additional needs in improving their wellbeing and life chances. <b>Assessment practice 12.3</b>

## Getting started

Work in groups and list of what you think the term 'additional needs' means to a wheelchair user, a blind person, a person with a terminal illness, or to a deaf person. Each group could choose a different individual with additional needs and think about their needs when travelling, working, and in other daily situations. When studying this unit, see whether you were right or whether you need to make any amendments to your lists.



## A

## Examine reasons why individuals may experience additional needs



▶ A person with additional needs playing cricket

### Diagnosing or determining additional needs

#### Definitions of mild, moderate, severe and profound learning disabilities

Learning disabilities can be described as mild, moderate, severe or profound. However, these are terms to help understand the level of support an individual may need. They do not tell you anything about who the person really is, so be careful about using generic terms when describing an individual.

- ▶ Mild learning disabilities are considered to be when an individual is able to talk but maybe not understand or be able to explain new information easily. They may, for example, need more time to fully understand complex ideas.
- ▶ Moderate learning disabilities are considered to be when an individual finds daily living activities, such as dressing themselves, more complicated and they may have only basic language skills to explain how they are feeling or what they want.
- ▶ Severe and profound learning disabilities are considered to be when an individual may have only very basic language skills and will perhaps communicate through gestures rather than words. These individuals will need a high level of support and will usually have more than one disability that requires support.

Definitions of the range of learning disabilities can change, so it is always best to check them using a trustworthy source.

#### Key terms

**Diagnose** – identify the nature of an illness or other medical condition by examination of the **symptoms**.

**Symptoms** – physical or mental features of a medical condition, which can be seen or felt by the patient, for example a headache or redness of the skin. They are often subjective and may not be visible to other people.

#### Research

There are a number of sources where you can find out more about learning disabilities. You could access websites such as the British Institute of Learning Disabilities (BILD) and NHS Choices. Health centres, hospitals and social services departments provide leaflets and further information can be found in various government white papers, such as *Valuing People: A New Strategy for Learning Disability for the 21st Century* (2001).

#### Diagnostic procedures, tools and standards used to diagnose a disability

Now that you have a basic understanding of the different range of learning disabilities, you need to look at how individuals are **diagnosed**, the procedures taken by professionals, the tools they use and the standards they follow.

## Diagnostic procedures used to diagnose a disability

**Diagnostic procedures** to determine what type of disability an individual has will be different for each condition, so it is important to research various websites linked to a specific disability.

In the following case studies a young person and an adult explain what it has meant to them to live with dyslexia, which can be mild, moderate or severe.

### Key term

**Diagnostic procedures** – techniques used to identify a specific illness or medical condition.

### Case study

#### Justyna, a young person with dyslexia

Justyna was assessed as having dyslexia when she was eight years old. She is now 14 years old and has received support since her diagnosis. Justyna describes her experience.



'When I was assessed and found out I had dyslexia it felt like something made up, because no one had told me about it before.

It makes me sad sometimes and I cry when I think how I couldn't learn. I thought I was stupid or something, because my friends understood what was being taught in school and I didn't. I couldn't read, and I'd forget things, which made people laugh and tease me. It was just so frustrating because I knew I could do it. Most of

the time I understood what was being said but couldn't write it down or understand the words I was expected to read. I'm up there with the best now! And I don't forget stuff for school as it is all colour coded for each day, like everything with a purple stripe is for Tuesday. My advice to people is that if you feel like you're not coping with reading or don't understand stuff, then tell someone and find out what is wrong and get the right support. Try to be confident; there is nothing to be ashamed of.'

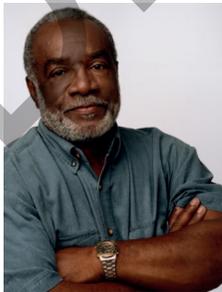
#### Check your knowledge

- 1 How would you feel if you were Justyna before getting support?
- 2 How did getting support help Justyna with her emotions and day-to-day living?

### Case study

#### Joe, a van driver living and working with dyslexia

Joe was recently diagnosed with dyslexia through a work initiative. He describes his experience.



'I've been a delivery driver for most of my life. People are startled to think I couldn't read or write and say, "how'd you get about?"', but once I'd learned as a young kid to ask for directions to places, I remembered how to get there. Most deliveries were to the same places, so it was all right. I had new places to deliver to, but I got there by asking people for directions. I left school with no qualifications and teachers used to call me thick, I couldn't wait to leave. I was 17 when I passed my driving test. I liked driving my uncle's car, and back then the driving test only needed me to identify pictures of road signs, which was easy as

my brother and uncle had helped me. Soon after, I got a job driving a delivery van.

Recently a work initiative, run by a properly trained person, diagnosed me with dyslexia. She couldn't believe I could do my job, but luckily for me my company kept me on as I'd been with them for nearly 40 years. The company supported me in being mentored by a specialist. I sometimes have embarrassing situations when I'm not driving and asking for info, say, if I am on my own at a station, but in a way I've gotten used to it. I sometimes think, what I could've done if I'd had the right support at school. But then I tell myself, "Joe, there's no use thinking back!"

#### Check your knowledge

- 1 How do you think Joe has coped in his life?
- 2 How would you describe Joe's disability – mild, moderate or severe and profound? Explain your answer.

As you have seen, dyslexia affects an individual's reading, writing, ability to organise and time management. It does not affect their overall intelligence in social situations, or their ability to understand real-life situations. They are able, for example, to go to the cinema or cook a meal.



## PAUSE POINT

What are the different types of learning disabilities?

Hint

There are three levels.

Extend

Write an explanation about each one.

Diagnostic assessment is used in health and social care settings to provide detailed information about an individual's need for support. Assessment may include:

- ▶ finding out about the individual's concerns
- ▶ establishing their experiences of home life, their education and whether they receive any social care
- ▶ looking at their medical history
- ▶ finding out whether they have had any specific assessment by a medical professional or team
- ▶ a physical examination.

Once an individual's profile has been created, the professionals can determine specific support needs.

### Diagnostic tools used to diagnose a disability

- ▶ **Dyslexia.** Diagnostic assessments for individuals with dyslexia are completed in different ways. If a child or young person needs an assessment in school, college or university, this is usually carried out by a qualified specialist teacher who has an Assessment Practising Certificate. If the individual has left education or is working, the assessment is usually carried out by a chartered psychologist, registered with the Health and Care Professions Council, who specialises in specific learning difficulties.

The assessment for dyslexia normally covers literacy and numeracy, as well as memory and processing skills. Another sign of dyslexia is poor organisational skills, such as forgetting school work or not knowing what to take to school or college. Further tests may be needed, as dyslexia has a wide range of effects on a person and it can be difficult to determine the level of support that an individual may need. Using information from the specialists' assessments, strategies can be put into place to help people such as Justyna and Joe to live with dyslexia.

- ▶ **ADHD.** This is usually first noticed by parents or teachers. A Child Behaviour Checklist (CBCL/6-18) is used to confirm diagnosis. For diagnosing children between 6 and 18 years of age, parents and/or teachers are asked to use a marking scheme, with a rating scale for questions about the child's behaviour. The information from the allotted scores contributes to further assessment and diagnosis by specialist doctors and psychologists.
- ▶ **Dyspraxia.** This is a condition in which the individual has issues with coordination. This may first be observed by parents and/or teachers. Diagnosis is usually made by a multidisciplinary team consisting of a paediatrician, a paediatric neurologist, a physiotherapist, an occupational therapist and a speech and language therapist. In the UK, the assessment method most likely to be used is 'Motor ABC'. This tests a child's gross and fine motor skills. The child will be asked to perform simple movements to test gross motor skills such as moving around, jumping and balancing; and drawing and placing small pegs in holes to test fine motor skills. The

child's ability to perform these skills is rated and compared with the normal range for children in their age group. There will also be an assessment of their mental ability and a full medical history, to exclude other possible causes.

### Standards used to diagnose a disability

**Standards of practice** are given in the Children and Families Act (2014) as well as in the new SEND Code of Practice, which came into effect on 1 September 2014.

#### Key term

**Standards of practice** – conditions set by central government, local government and local health authorities that care providers must follow.

Several organisations supply important information about specific disabilities, including case studies, diagnostic tools to assess specific needs, the qualifications needed by the assessor, and the standards by which they have to abide.

For example, the following organisations support people with specific learning disabilities, as well as generally providing support and guidance to people with a learning disability, their families and carers.

- ▶ The Foundation for People with Learning Disabilities
- ▶ The National Autistic Society
- ▶ The Stroke Association
- ▶ The Royal Mencap Society
- ▶ The Epilepsy Society
- ▶ The British Dyslexia Association

### Professional background, qualifications and experience of those undertaking the diagnosis and assessment

**Specialists** who work in social services, medicine or nursing, or teaching have to be qualified at degree level. To diagnose and assess people with a learning disability in a specific area, they then have to undertake further study and specialise in that area of care. For example, dyslexia assessments can be carried out by an appropriately qualified specialist teacher who has both a postgraduate Diploma in Specific Learning Difficulties and an Assessment Practising Certificate. The Professional Association of Teachers of Students with Specific Learning Difficulties (Patoss) provides a list of qualifications that teaching professionals need before they can diagnose and assess students. An educational psychologist needs a degree in psychology, accredited by the British Psychological Society (BPS), before completing a BPS accredited doctorate programme.

### Parameters used to describe the diagnosed condition

#### Key terms

**Specialists** – people trained to a very high standard in a specialist subject, who have studied a curriculum set and recognised by a university or other accredited institution, and passed the relevant exams so that they can work in that specialism.

**Prognosis** – a practitioner's opinion or judgement about how an individual will recover from an illness or injury.

**Impairment** – mental or physical weakness. For example, a visual impairment means that an individual is unable to see clearly.

► **Table 12.1** Examples of conditions, their causes and prognosis

Type of condition	Cause	Severity	Stability over time	Prognosis
Stroke	A blood clot or a bleed that interrupts the blood supply to the brain. Can result from lifestyle choices such as smoking, high blood pressure, obesity, high cholesterol levels, diabetes and excessive alcohol intake. Increasing age and a family history of strokes increase a person's risk of having a stroke.	Life threatening when it happens, with muscle paralysis and speech impediment.	In the short term, there may be: <ul style="list-style-type: none"> <li>paralysis of one side of the body, depending which side of the brain is affected</li> <li>loss of mobility</li> <li>loss of speech</li> <li>memory loss</li> <li>depression, anxiety, frustration and anger.</li> </ul> Depending on severity of stroke and extent of damage, recovery and rehabilitation may be prolonged over several months or even years.	There may be long-term disability, including mobility and speech problems. Some individuals may never recover former abilities, affecting their ability to work or participate in daily living activities. They may have anxiety, panic attacks, inability to express emotions and apathy. Communication <b>impairments</b> may cause social isolation. Some individuals may develop seizures. Some individuals may develop dementia.
Coronary artery disease	Usually caused by a build-up of fatty deposits in the coronary arteries, making the arteries narrower and reducing the blood flow to the heart muscle. Increased risk of coronary artery disease is caused by: <ul style="list-style-type: none"> <li>smoking</li> <li>high blood pressure</li> <li>high blood cholesterol</li> <li>lack of regular exercise</li> <li>diabetes</li> <li>obesity, or being overweight</li> <li>family history of coronary artery disease.</li> </ul>	May cause angina (pain in the chest), especially during physical exertion. Life threatening if the arteries become completely blocked, causing a heart attack.	Can be managed with medication to relieve angina, and lifestyle changes to prevent further damage to the coronary arteries. For more serious cases, interventions may include: <ul style="list-style-type: none"> <li>angioplasty and insertion of stents</li> <li>insertion of a pacemaker</li> <li>coronary artery bypass surgery.</li> </ul>	Early detection greatly increases the individual's chances of surviving and living with coronary heart disease. Changing lifestyle to improve diet, maintaining a healthy weight for height, stopping smoking and taking regular exercise will also improve the individual's chances of survival.
Alzheimer's disease (AD)	Caused by parts of the brain shrinking, with structure and function of brain areas affected. Abnormal deposits of protein (amyloid plaques) and tangles of nerve fibres containing tau, along with imbalances of acetylcholine have been found in the brains of people with AD. Risks of developing AD are increased by: <ul style="list-style-type: none"> <li>age – doubles every five years after age 65, although about 5% will be under 65</li> <li>family history – in a few families, may be caused by the inheritance of a single gene</li> <li>Down's syndrome</li> <li>head injuries.</li> </ul>	Increasing loss of memory, confusion and change of personality. Ultimately life threatening.	There is currently no cure for this progressive condition. Treatments are available to slow progression but there is no evidence that dietary supplements can reverse the condition. However, research shows that risks of developing the condition can be reduced by eating a healthy diet, taking regular exercise and avoiding high blood pressure and blood cholesterol. Treatment does not prevent progression but may improve quality of life.	Individuals with AD have a life expectancy of about eight to ten years after their symptoms begin. This varies depending on their age at diagnosis and many other factors.

► **Table 12.1** – *continued*

Hearing impairment	<p>Types and causes may vary:</p> <ul style="list-style-type: none"> <li>• congenital, genetic or caused by maternal infection with rubella</li> <li>• following an illness or ear infection</li> <li>• tumour on acoustic nerve</li> <li>• age-related (presbycusis) – starts at about 40 years of age and increases until by the age of 80, most people have some hearing impairment</li> <li>• occupational damage – repeated exposure to loud noises over time damages the sensitive hair cells inside the cochlea, risk is increased when working with noisy equipment, working in environments with loud music and regularly listening to music at a high volume through headphones</li> <li>• following sudden accidental exposure to very loud noise, such as an explosion that damages the acoustic nerve</li> <li>• temporary – due to build-up of earwax or an infection.</li> </ul>	<p>Hearing loss may be total or partial and may be in one or both ears.</p> <p>The loss may be progressive, as with illness or infection, or sudden, as in an injury.</p> <p>If the individual previously had full hearing, they may become shocked, angry, frustrated and depressed about their hearing loss.</p> <p>They may have difficulty in adapting to changed or changing hearing status.</p> <p>They may feel isolated, especially in social situations.</p>	<p>Depending on the cause, hearing impairment may be temporary or permanent.</p> <p>Temporary losses usually completely resolve once the underlying cause has been removed, for example removing earwax or treating an infection.</p> <p>Depending on the cause and severity of hearing loss, permanent loss can be improved with:</p> <ul style="list-style-type: none"> <li>• hearing aids</li> <li>• cochlear implants</li> <li>• lip reading.</li> </ul>	Continually improving with new technological advances.
Visual impairment	<p>There are many causes, including:</p> <ul style="list-style-type: none"> <li>• inherited conditions – such as retinitis pigmentosa</li> <li>• infections – including maternal infection with rubella</li> <li>• injury – particularly injuries to the cornea</li> <li>• amblyopia – impaired vision in one eye due to lack of use in early childhood</li> <li>• cataracts – the leading cause of blindness in the world</li> <li>• diabetic retinopathy</li> <li>• glaucoma – raised pressure within the eyes, which damages the optic nerve</li> <li>• ageing process – people lose ability to focus on close objects or to see small print clearly</li> </ul>	<p>Vision may be missing or lost in one or both eyes.</p> <p>An individual may be born with visual impairment.</p> <p>The loss may be progressive, as with illness or infection, or sudden, as in an injury.</p> <p>If previously sighted, they may become shocked, angry, frustrated and depressed about their sight loss.</p> <p>They may have difficulty in adapting to changed or changing visual status.</p> <p>They may feel isolated.</p>	<p>Depending on cause, visual impairment may be temporary or permanent.</p> <p>Loss may be temporary, for example, following a head injury or eye injury, or when an individual has cataracts removed and a replacement lens implanted.</p> <p>Depending on cause and severity, treatment can be with:</p> <ul style="list-style-type: none"> <li>• corrective lenses (spectacles or contact lenses)</li> <li>• corrective surgery such as laser treatment</li> <li>• removal of cataracts and replacement with implanted lenses or spectacles.</li> </ul>	Continually improving with new technological advances. For example, cortical implants are small devices that can be implanted to partially restore vision by direct stimulation of the visual cortex.

► **Table 12.1** Examples of conditions, their causes and prognosis – *continued*

Type of condition	Cause	Severity	Stability over time	Prognosis
	<ul style="list-style-type: none"> <li>• age-related macular degeneration causing progressive loss of the visual sharpness and inability to focus</li> <li>• cancer, such as retinoblastoma.</li> </ul>		<p>For conditions that are progressive or cannot be treated, support may be in the form of communication aids such as:</p> <ul style="list-style-type: none"> <li>• providing large print text for individuals with some vision</li> <li>• use of Braille to read by touch</li> <li>• software to convert computer text to audio</li> <li>• using a guide dog to aid mobility and alert user to dangers in their surroundings.</li> </ul>	
Type 1 diabetes	<p>Pancreas stops producing or does not produce insulin, which is most likely an autoimmune disorder.</p> <p>May be a family history of diabetes.</p>	<p>Life threatening if not properly controlled. Complications may include serious health problems, such as:</p> <ul style="list-style-type: none"> <li>• visual impairment and eventual blindness</li> <li>• skin infections, particularly feet</li> <li>• persistent ulcerating sores, combined with poor blood supply to lower limbs, which may require foot or leg amputation</li> <li>• difficulty controlling blood pressure and cholesterol levels, which may lead to heart attack or stroke</li> <li>• nerve damage, causing pain, itching, tingling, and numbness</li> <li>• erectile dysfunction</li> <li>• kidney damage and eventually kidney failure.</li> </ul>	<p>Lifelong – chronic disease, currently no cure.</p> <p>Can be stabilised by injection of insulin combined with controlled dietary intake of carbohydrate and sugars.</p>	<p>Maintaining strict control and balance of blood sugar levels provides a good quality of health and prevents or delays complications.</p> <p>Advances include the use of an insulin pump to avoid repeated injections. The pump is a battery-operated device that provides your body with regular insulin throughout the day.</p> <p>Insulin pens may make injection easier and equipment more portable, especially for adolescents.</p> <p>Research is investigating using stem cells to create insulin-producing cells.</p>
Type 2 diabetes	<p>Pancreas does not produce sufficient insulin for the body's needs.</p> <p>Associated with obesity and tends to be diagnosed in older people.</p> <p>More common than type 1 diabetes. Of the 3.9 million people living with diabetes in the UK, 90% have type 2 diabetes.</p>	<p>Life threatening, if not properly controlled. Complications are similar to those for type 1 diabetes. However, loss of sight is a particularly common problem.</p>	<p>Can be stabilised with proper dietary control. May require medication, such as metformin, to reduce the amount of glucose the liver releases into the bloodstream and to make cells more responsive to insulin. If medication is not effective, insulin injections may be required.</p>	<p>Reducing weight, taking more exercise and maintaining strict control and balance of blood sugar levels provides a good quality of health.</p> <p>Regular eye tests and taking care of feet are also important to avoid long-term complications.</p>

**Research**

Your tutor will give you a range of diagnosed conditions to research for: a baby, a small child, a person with dementia and a person with a brain injury. (You could extend Table 12.1 to include the conditions that you have researched.)

In small groups, discuss your findings and what you feel about them. Remember all points are valid, and all views are to be respected and remain confidential in the classroom.

**PAUSE POINT**

What are the different types of diagnostic investigations carried out on babies both before and after they are born?

**Hint**

Concentrate on investigations for brain or spinal cord damage.

**Extend**

List the reasons why these investigations may be carried out.

## Cognitive and learning needs

### Learning difficulties

#### Dyspraxia

According to the Dyspraxia Foundation, dyspraxia is a 'form of developmental coordination disorder' (DCD), which affects the individual throughout their life. It is a motor skills disorder that affects an individual's ability to do practical things such as riding a bike, playing games and, later on in life, will affect their ability to drive a car and to perform certain skills at work. Dyspraxia can also affect an individual's memory and processing, so it is sometimes referred to as DCD. It is unclear what causes dyspraxia but it is known that the condition interrupts signals from the brain to the body.

The first **signs** that a child has dyspraxia are often seen by their GP, or the special educational needs coordinator (SENCO) at school. The child will be referred to a specialist paediatrician for assessment and/or a paediatric occupational therapist for further checks and a diagnosis. If needed, other specialists may become involved; for example, a neurodevelopmental paediatrician, who specialises in the central nervous system.

**Key terms**

**Cognitive** – mental processes of the brain, that help you understand and comprehend; your memory and your reasoning.

**Signs** – observable physical features of a medical condition, which can be seen or felt by a medical practitioner or healthcare worker, for example a lump or a bruise; as opposed to symptoms, such as a headache, which are subjective and reported by an individual, and may or may not be observable.

---

Parents of children with dyspraxia can contact the Dyspraxia Foundation and the special educational needs (SEN) department at their child's school for support. The child needs to visit the school and become familiar with their surroundings. For example, like any child, they need to know where to find their classroom and the toilets. They will have two timetables, one to keep in their school bag and one for their bedroom wall, so that they can organise themselves for the day ahead at school. The parents need to communicate closely with the educational support team at school, college or university, so that everyone is communicating about the individual's needs. As the child grows older, they will want to be involved in decisions about their care and education, so they should attend any meetings where this is discussed.

Each child is unique and should never be compared to another child. The aim is for the child to learn strategies to cope with daily life and work so that these strategies become routine. For example, stickers can be used to help organise items and timetables, clothing needs to be easy to put on and cups should not be overfilled to help avoid spills. Teachers need to use different methods of presenting material as children with dyspraxia usually find it difficult, for example, to learn from material displayed on the classroom board. Children with dyspraxia should be taught in an environment with very few distractions and with carefully planned lessons. Care is needed when planning physical education schedules to ensure that children do not become confused and upset, as children with dyspraxia will find it difficult to catch a ball, for example.

### **Dyslexia**

As the case studies about Justyna and Joe (see Diagnostic procedures used to diagnose a disability) show, dyslexia is a specific learning difficulty that causes problems with reading, writing, spelling and organisation. Individuals with dyslexia are unable to process graphic images correctly. The individual is no less intelligent – they can still understand complex information delivered in other formats, such as orally. However, a person with dyslexia may find it difficult to cope, as in many cases they struggle to organise their lives. The individual may find it very difficult to cope with written work, either in their education or at work. This can lead to frustration as the world is full of written information, and the ability to organise oneself is vital to daily living. This can lead to low self-esteem, so it is important that there is early diagnosis and the individual is taught coping strategies.

### **Attention deficit hyperactivity disorder (ADHD)**

ADHD symptoms are usually diagnosed between the ages of three and six years old. Children with ADHD tend to have disorganised and chaotic behaviour, they are more temperamental and have high energy levels.

There is no simple diagnostic test for ADHD and a number of specialists, such as a psychiatrist, a paediatrician and a learning disability specialist may be involved. Assessment may include:

- ▶ physical examination, to exclude other causes for the symptoms
- ▶ a series of interviews with parents and/or the child
- ▶ interviews or reports from other significant people, such as teachers.

There are strict criteria for formally diagnosing ADHD and a child must have six or more symptoms of inattentiveness or hyperactivity and impulsiveness. They must also have these symptoms before they are 12 years old, the symptoms must have lasted for more than six months and must have been noticed in more than one setting, for example at home and at school. This is to make sure that the symptoms are not just a reaction to a particular individual in a setting. Symptoms should also make the child's life difficult on a social or academic level and not be part of a developmental disorder, a difficult phase or any another condition.

There is still no real understanding of the causes of ADHD, although many scientific studies indicate that a combination of circumstances such as poor nutrition from a very early age, brain injury or a hectic social environment may have significant implications. Genetics may also play a part. ADHD continues throughout a child's development into teenage life, which is often a hectic and disorganised phase and having ADHD may intensify the experience.

ADHD is treated by trying to reduce the symptoms. This may be with medication, psychological treatment or a combination of both; each child is unique and so each case needs to be treated differently to ensure the child receives appropriate support. For example, a specialist community paediatrician may prescribe medication to support the child's anxiety, alongside other interventions, such as treatment for psychological and behavioural needs and educational support.

Children and young people with ADHD can find life in school or college difficult. However, if the school or college has support systems in place, their condition should not lead to poor or challenging behaviour. Teachers and support workers involved with children with ADHD have to be specially trained to ensure that these children enjoy rather than struggle with their educational experience.

Positive nurturing is considered to be a way to help support a child's intellectual development. Positive relationships between family, peers, teachers and support workers usually lead to happy children who find it easier to learn. In turn, this helps children to develop resilience into adulthood.

Parents will need to know about support groups in their local area, as well as national organisations such as UKAP (the UK ADHD Partnership). Once diagnosed and after the right treatment has been established, most children's ADHD symptoms will improve.

### Autism-spectrum disorders (ASD)

ASD is a condition that affects social interaction, communication, interests and behaviour. It includes Asperger syndrome and childhood autism. Signs of ASD start when a child is very young and, although there is no cure, much is now known about ASD. There are support programmes in schools and from specific organisations that work with children with ASD. There is no single specific treatment that meets all the support needs of a child with ASD. Each child is unique and must be treated differently. Treatment, or intervention, aims to support a child's communication, social and cognitive (thinking) skills, and academic skills. Treatment will always involve a range of specialists, known as a multidisciplinary team, working together with a child and their family. This team may include:

- ▶ a paediatrician
- ▶ a psychologist
- ▶ a psychiatrist
- ▶ a speech and language therapist
- ▶ an occupational therapist.

After a detailed assessment, an individual personalised support plan will be created, which will usually be coordinated by the child's **key worker**.

#### Key term

**Key worker** – a healthcare professional who is the main contact person for a team, an individual being cared for and their family.

---

The NHS Choices website pages about ASD contain a number of real-life stories from people with ASD. Eugen Bleuer first described the condition in 1908, but the term was not used until 1943, when Leo Kanner, a child psychiatrist, undertook a study of 11 children with autism.

There are adults with ASD who have not been diagnosed, but when a diagnosis is made, it often comes as a relief as it gives people an explanation for their different perceptions of the world. Diagnosis and support can help an individual to make adjustments in their life and enable them to lead a full and independent life.

### **Asperger syndrome**

Asperger syndrome is a form of autism. It is a lifelong condition that affects how a person relates to, and makes sense of, the world. For example, when you meet people you interpret and respond to their facial expressions, tone of voice and body language. Mostly, you can tell what that person's mood is – whether they are happy, angry or sad. An individual with Asperger syndrome will usually find it harder to understand these signals and will find it more difficult to communicate and interact with other people, causing them to feel anxious and confused. Some individuals with Asperger syndrome take literal meaning from metaphors so, for example, sayings such as 'I wear my heart on my sleeve' can be very confusing. Although individuals with Asperger syndrome are often of average or above average intelligence, they experience three main difficulties, which are usually called the 'the triad of impairments':

- ▶ social communication
- ▶ social interaction
- ▶ social imagination.

Knowing the individual with Asperger syndrome is important to help develop a more personal approach to their individual needs, and how they can best be supported. For example, what they are good at, what they like to do, their special interests, their friends and family, things that cause them anxiety, how they prefer to relax if they become stressed, the type of friends they like, what they like about themselves, what important routines they have, either daily or weekly, or any other times. Understanding how they learn, what makes them relax and what colours and sounds they like can also be useful when helping them to be calm and relaxed.

### **Pervasive developmental disorder not otherwise specified (PDD-NOS)**

This is a group of disorders that affect the development of communication and social skills. The symptoms are similar to autism and Asperger syndrome, but do not meet these exactly. Sometimes children show other symptoms that are not associated with the specifics of having autism or Asperger syndrome, and hence a spectrum of symptoms is associated with the child. Symptoms of PDD-NOS may include:

- ▶ problems with using and understanding language
- ▶ difficulty relating to people, objects and events
- ▶ playing in an unusual way with toys and objects, such as ordering, reordering or categorising toys instead of playing with them or just carrying toys around without playing with them
- ▶ difficulty with changes in routine or familiar surroundings
- ▶ repetitive body movements.

The diagnosis of PDD-NOS is relatively new, and the Autism Speaks website states that: 'This category should be used when there is severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or non-verbal communication skills.'

Studies on PDD-NOS suggest that people with this condition can be placed into one of three groups. These are:

- ▶ a high functioning group (about 25 per cent) where symptoms overlap with Asperger syndrome
- ▶ a second group (about 25 per cent) where there is closer resemblance to autistic symptoms
- ▶ a third group (about 50 per cent) that meets all diagnostic requirements of autistic disorder but where symptoms are mild.

### Childhood disintegrative disorder

Childhood disintegrative disorder is a regressive condition, similar to autism, which affects a child's language, social and motor skills development. The effects may be very obvious or may be less noticeable. It is usually diagnosed at around three or four years old when a child will suddenly regress in their development. For example, words that the child knew will suddenly become unknown, and they fall behind in their vocabulary development. Where a child has been socialising easily with other children, they suddenly find it difficult to join in. Regressing motor skills make holding items, playing physical games or using the computer difficult.

### II PAUSE POINT

What is ASD?

Hint

Difficulty with communication may be a symptom.

Extend

What information would you need about a person with ASD before putting a support plan into place?

### Inherited conditions

Inherited conditions are disorders caused by faulty genes and so are passed from parent to child. Each cell in the body contains 23 pairs of chromosomes, which a child inherits from their parents. Characteristics such as eye or hair colour, a person's height and build are passed on in this way. However, if the parent has a faulty gene this can also be passed on to their child. Inherited disorders include type 1 diabetes, sickle cell anaemia and cystic fibrosis.

#### Research

Undertake internet research to find out which medical conditions can be genetically inherited. Which conditions are inherited when only one parent passes on a faulty gene? Which conditions are inherited only when both parents pass on the same faulty gene?

### Down's syndrome

Down's syndrome is a genetic condition. The nucleus of each cell within the body contains 46 pairs of chromosomes, 23 from the mother and 23 from the father. An individual with Down's syndrome has an extra chromosome – chromosome 21 – making a total of 47 chromosomes. It is not fully understood how the extra chromosome happens and, in most cases, Down's syndrome is not inherited; it is simply an isolated genetic mistake occurring at conception. However, in some cases, a genetic mistake is passed from a parent to a child because of **translocation** of chromosome 21, even though the parent does not have Down's syndrome themselves. Down's syndrome occurs in all ethnic groups, in every country and across all social

#### Key term

**Translocation** – a chromosome abnormality caused by rearrangement of parts between chromosomes. In Down's syndrome, an extra piece of chromosome 21 attaches itself to another chromosome.



► People with Down's syndrome usually have distinctive features

classes. The chance of having a baby with Down's syndrome is higher for mothers who are older, although more babies with Down's syndrome are born to younger women.

Each child is unique and they will inherit individual characteristics, such as eye and hair colour, from their family. However, all children with Down's syndrome will have some degree of learning disability and the distinct facial characteristics of the condition.

The Down's Syndrome Association states that:

- around 1 in 1000 babies are born with Down's syndrome
- there are 40,000 people in the UK with this condition
- Down's syndrome is not a disease
- the average life expectancy of a person with Down's syndrome is between 50 and 60 years, with a small number living into their seventies.

Children and young people with Down's syndrome can achieve their full potential with effective health care and good parental support including activities with their family and at school, encouragement in sport and vocational work. About 10 per cent of children with Down's syndrome have additional needs, such as ASD or ADHD, and additional medical complications, and again good support from their family and healthcare professionals is essential.

### **Huntington's disease (HD)**

HD, which used to be called Huntingdon's chorea, is an inherited disorder of the central nervous system. The first sign of HD is normally when a person is between 30 and 50 years old, with changes in the individual's behaviour, thinking and emotions. There are a wide range of symptoms and every person with HD, including those in the same family, will show different signs of the disease. The early symptoms include: slight, uncontrollable muscular movements, stumbling and clumsiness, lack of concentration, short-term memory lapses, depression and changes of mood – sometimes including aggressive or antisocial behaviour. HD is an inherited condition and if someone else in the family has the condition, the diagnosis may be made early, and the correct support for the individual's medical needs can be arranged.

An individual with HD may become dependent on a carer such as their partner, a close family member or a friend, which may put the relationship at risk. A local specialist HD adviser should be able to help support the individual and their family. Social workers can also advise on what local support is available. Sometimes an individual with HD will require residential care. The Huntington's Disease Association is a source of information and support.

### **Dementia and Alzheimer's disease**

Dementia is a term that describes persistent disorder of mental processes, including memory loss, personality changes and difficulties with thinking, problem solving and language. This is mainly caused by Alzheimer's disease or problems with the blood supply to the brain, for instance caused by a series of mini strokes, generally described as vascular dementia.

There are many types of dementia, as the term describes the way the brain is affected by certain diseases, which include Alzheimer's disease, vascular dementia, dementia with Lewy bodies (DLB), frontotemporal dementia, Creutzfeldt-Jakob disease, Korsakoff's syndrome, HIV-related cognitive impairment and mild cognitive impairment. Each type of dementia has specific symptoms, depending on how they affect the brain. An individual may have more than one type of dementia, which is

known as 'mixed dementia'. Having dementia in the family does not necessarily mean it will be inherited, but the chances are slightly higher. The biggest risk for dementia is age. The Alzheimer's Society gives the risk of developing dementia for people aged between 65 and 70 years as 2 per cent, increasing to 20 per cent for those over 80 years of age.

Alzheimer's disease is the most commonly known form of dementia. The Alzheimer's Society reports that there are currently more than 520,000 people in the UK with it. Symptoms can be mild at the beginning and worsen as the brain deteriorates and the condition starts to interfere with daily life. Memory loss is the most obvious symptom, where the individual forgets recent events or is unable to learn new information. This is caused by damage to the hippocampus, the part of the brain responsible for memory.

Memory loss affects individuals in various ways, for example:

- ▶ losing items around the house
- ▶ struggling in a conversation to find the right word
- ▶ forgetting recent events
- ▶ forgetting a familiar person's name
- ▶ getting lost in familiar places
- ▶ forgetting events such as appointments or anniversaries.

A partner or close family member or friend can help an individual with early symptoms to use coping mechanisms, such as notes and alarms to remind people to take pills or send birthday cards, for example. However, when the disease progresses and the symptoms become more severe, the individual's behaviour may change, they may become quickly agitated and react aggressively, constantly repeat the same question and have disturbed sleep patterns. This can be a burden on their carer and close family and additional support may be required. In the later stages of Alzheimer's disease, the individual may forget to eat or walk, become frail and require help with personal hygiene and other daily needs. Depending on their age at diagnosis, people with Alzheimer's disease may live from eight to ten years following the onset of the disease.

Early onset Alzheimer's disease, where people develop symptoms as early as in their thirties or forties, tends to happen in families, sometimes with several generations affected. Early onset Alzheimer's is caused by genetic mutations.

## Needs of older people

### Memory loss and slower cognitive speed

Cognitive abilities usually deteriorate with age. Some mental capabilities decline from middle age, including memory, processing speed, reasoning, and multi-tasking. Slower cognitive speed produces much of the age-related decline. While slowing of the ability to process ideas is a normal part of ageing, some people experience a severe deterioration in cognitive skills, leading to dementia.

Some older people need 24-hour care; for example, if they need to take regular medication and will not be able to remember to take it, or if they wander off and are in danger of becoming lost or injured, or they may need help with preparing food and eating.

If an elderly person is in the early stages of dementia, a carer may be able to cope with the level of support required. However, as the individual ages and/or their condition worsens the carer may not have the skills or physical strength to continue the support.



- ▶ Alarms can remind people with early symptoms of dementia to take pills

For example, if an individual becomes aggressive or requires help with mobility, the carer may not have the physical strength or skills to cope. Specialised care from health professionals will be needed. If a higher level of care or supervision is required, the individual may need residential or nursing care.

### Life-long learning

Some older people may want to learn and 'silver surfers' is a term now widely used for people over 50 years old who use the internet on a frequent basis for research, learning opportunities (such as FutureLearn and U3A), shopping and social networking. Some sources report that older people use the internet an average of four hours more per month than 18 to 24 year olds. Far from being isolating, it is considered that for older age groups, particularly for those with mobility issues, the internet has allowed them to stay in contact with friends and relatives, and has opened up learning opportunities.

It is vital for older people to be included in community activities to maintain their health and wellbeing. When older people do not have these opportunities, they are at greater risk of becoming isolated and depressed. Local libraries provide a good meeting place, along with support and courses. Voluntary transport services can assist individuals with mobility issues, or learning disabilities, which prevent them travelling independently. The health and social care system plays a vital part in making sure communication between care provision services is effective and works for an individual.

According to BILD, people with learning disabilities are living longer. Life-long learning can have a huge impact on their self-esteem and self-confidence, and support should be put in place to help support them with this. Older people with a learning disability are a diverse group and may face the 'double jeopardy' of age and disability discrimination.

## Physical and health needs

### Needs of older people

As people get older their health needs may change, depending on their previous and current lifestyle, their mental health and where they live. An older person is usually considered to be someone over 65 years of age. These individuals have seen many changes in their lives, including many advances in health care, which include people living longer than ever before, resulting in more people with health needs due to ageing. Older people tend to experience loneliness, especially if they have reduced mobility and a reduced income. Older people tend to have more healthcare needs than younger people. In turn, this requires more healthcare professionals, and more health and social care services and resources.

### Arthritis

Arthritis, inflammation of the joints, is a term for more than a hundred different conditions that cause joint pain or joint disease. Inflammation is the body's response to injury, infection or disease. Extreme inflammation in the joints causes pain, stiffness and swelling.

The commonest type of arthritis is osteoarthritis, often called 'wear and tear' or degenerative arthritis. It mainly affects older people. Another common type of arthritis is inflammatory arthritis, including rheumatoid arthritis, where the immune system attacks the joints, and gout, caused by uric acid crystals forming in the joints. There are many other types of inflammatory arthritis such as psoriatic arthritis and **ankylosing spondylitis**.

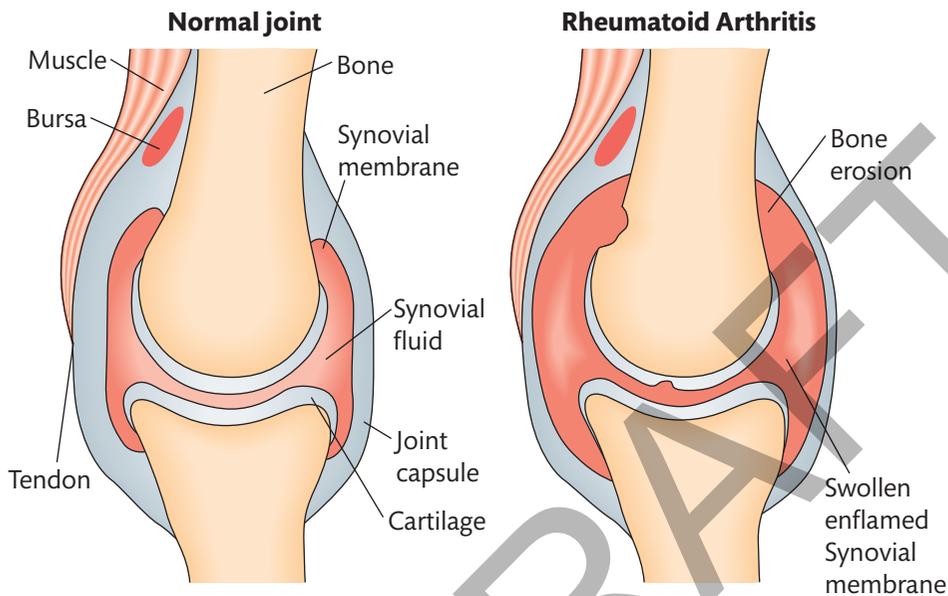
#### Key term

#### **Ankylosing spondylitis**

– a form of spinal arthritis, seen mostly in young males, causing immobility and fusion of the vertebral and sacroiliac joints.

A joint, for example the knee or elbow, is where two bones are connected by ligaments. The joint muscles and tendons surrounding the joint allow movement to take place. Synovial fluid inside the joint lubricates it and assists movement, while cartilage inside the joint provides shock absorption. In osteoarthritis the characteristic pain, swelling and disability is caused by thinning of the cartilage and bony outgrowths from the sides of the joint; along with increased amounts of fluid and worn cartilage inside the joint.

The pain and sometimes deformities caused to a joint, particularly the weight-bearing joints such as the hip and knee, not only cause pain but can restrict an individual's mobility. Initially, support for the individual may include provision of aids for daily living activities; however, eventually, surgical intervention, such as joint replacement, may be required.



► **Figure 12.1** Rheumatoid arthritis in knee joint

Other conditions affecting the musculoskeletal system include soft tissue pain (including **fibromyalgia**), back pain and connective tissue diseases (CTD). These may cause a range of symptoms and disabilities as well as painful, swollen joints.

Back pain is very common and has a number of causes, such as a slipped disc. The areas of the back most affected are muscles, discs, bones, joints or ligaments. The spine is a complicated structure so GPs and specialists may find it difficult to pinpoint the exact cause of pain.

CTD affects ligaments, tendons and cartilage. This type of tissue connects parts of the body, such as joints, but is also found in the lungs, kidneys and skin. Therefore, as with back pain, it can be difficult to find the exact cause of the problem and may require several visits to specialists to pinpoint it. The treatment and support required for individuals with back pain or CTD will depend on their symptoms.

### Diabetes

There are two main types of diabetes. Type 1 is where the pancreas does not produce any insulin or insufficient insulin for the body's needs, or where insulin does not work properly, known as insulin resistance. Type 1 diabetes usually occurs in people under forty years old, and is the main type of diabetes in children. Individuals with type 1 diabetes require frequent blood glucose monitoring and insulin injections for the rest of their lives. Some people with type 1 diabetes experience hypos (hypoglycaemia), a

#### Key term

**Fibromyalgia** – a condition in which there is widespread pain as a joint, part of the body or the entire body becomes extra sensitive to pain. There is no cure and treatment aims to ease some of the symptoms.

potentially life-threatening condition where the individual's blood sugar levels are too low for their body's needs, either through not eating after insulin injection, or caused by the onset of an illness, such as flu. Common symptoms include sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, tearfulness, irritability and occasionally, if severe, collapse and unconsciousness. If the person is awake, taking glucose, such as a sugary drink, should quickly raise blood glucose levels. If the person is unconscious, it is vital to get medical help as soon as possible.

Type 2 diabetes is more common in older people, usually over forty years of age. Insulin is necessary for the body to absorb food and use it for energy. The early symptoms of this type of diabetes include tiredness and inability to focus or concentrate. Later symptoms, which can lead to irreparable damage, include:

- ▶ personality change
- ▶ unsteadiness
- ▶ losing consciousness, which could lead to cognitive damage
- ▶ stroke
- ▶ recurrent infections, particularly of the feet and lower limbs, sometimes leading to gangrene requiring surgical amputation of the affected limb(s)
- ▶ blindness.

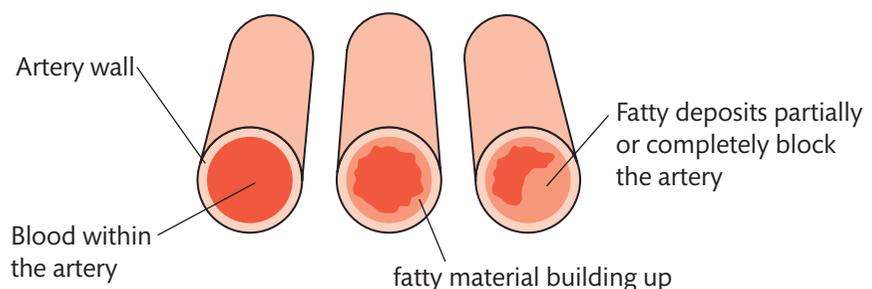
Type 2 diabetes may be picked up through a urine test, done as part of a routine health check or prior to medical treatment. Diagnosis will require blood glucose levels to be measured, which is usually done at a GP surgery. If the blood glucose level is above a certain range further checks will be made, normally a fasting blood test. Most hospitals now have diabetic clinics with specialist care including a nutritionist. Once diagnosed, the individual will usually be prescribed medication, or in severe cases insulin. In less severe and borderline cases, a nutritionist works with the person to see if the glucose levels can be controlled by dietary changes alone. Type 2 diabetes is increasingly diagnosed in older people due to unhealthy lifestyles and diet.

Diabetes is a life-long condition. People with diabetes will either have to inject insulin (type 1 and some type 2) or take medication for the rest of their life. Everyone who has diabetes should also monitor their diet as the consequences of too much glucose in the blood can lead to complications and irreparable damage.

Older people with diabetes should be taught to care for their feet properly to avoid damage that could lead to infections. If an individual cannot do this, due to other conditions such as poor eyesight, immobility or dementia, then they will need early referral to a chiropodist.

### Cardiovascular disease (CVD)

CVD includes all the diseases of the heart and circulation such as coronary heart disease, angina, heart attack, congenital heart disease and stroke.



▶ **Figure 12.2** Fatty deposits (atheroma) building up in an artery

**Palpitations** may be the first sign of CVD, although in most cases they are harmless. However, when palpitations are followed by dizziness or tightness of the chest, they can be a sign of a heart attack.

CVD is caused by a build-up of fatty substances in the arteries. Eating an unhealthy fatty diet and lack of exercise can contribute to this condition. If an individual is overweight, or has diabetes, they are more likely to develop CVD. If the GP suspects that an individual has CVD they will refer them to a specialist and further tests may be carried out, which may include:

- ▶ electrocardiogram
- ▶ X-rays
- ▶ echocardiogram
- ▶ coronary angiography
- ▶ magnetic resonance imaging (MRI).

### Research

Research the above tests. You should gain an understanding of them and how they can help diagnose the problem. You should also be able to describe what will happen to help prepare someone having these tests.

Once a diagnosis has been made the specialist will prescribe the appropriate treatment. This may involve medication, dietary advice and advice from a physiotherapist about an exercise plan. The individual's GP will monitor their progress. To remain well, they will need to follow a healthy diet and take regular exercise. If they are a smoker, they will be advised to stop and given appropriate support to do so.



### PAUSE POINT

What are the different types of diabetes? What causes diabetes and how is it treated?

#### Hint

Think about the individual's age and lifestyle.

#### Extend

What might be the consequences of not treating type 2 diabetes? Describe the complications, how they can be avoided and what support an individual may need if they develop complications.

## Health needs

### Physical needs

An individual's physical needs and requirements for support will depend on their disability, injury or illness. For example, someone with a broken leg will need short-term support with mobility. However, if an individual has been paralysed through illness or injury they are likely to need long-term support with mobility, such as using a wheelchair, being supplied with aids and taught how to use them, to help with their daily living activities. Their home may have to be adapted to enable them to live independently, for example, fitting a downstairs shower room and toilet, or installing ramps in place of stairs.

### Cystic fibrosis

Cystic fibrosis (CF) is an **inherited** condition where the lungs and digestive system become clogged up with a thick, sticky mucus. This can cause many problems for the individual, from coughing constantly to frequent chest and lung infections as well as difficulty in putting on weight. Currently there is no cure for CF so the treatment is to make life as easy as possible for the person. Symptoms usually start when a person is young, so they have the rest of their lives with it. Physiotherapy and medication are used to support a person with cystic fibrosis.

### Key term

**Palpitations** – rapid, strong, or irregular heartbeat that may be caused by agitation, exertion, or illness, usually only lasting for a few seconds.

### Key term

**Inherited** – people inherit things from their parents through genes as the baby is growing in the womb. Eye and hair colour, height and build are a few examples of things a person inherits.

In the 1960s, children with CF were lucky to survive beyond five years old. There are more effective treatments and, for some individuals, there is the option of a lung and heart transplant. Individuals can now expect to live at least until middle age, or even longer. This means that there are now more adults with CF than children. However, they are encountering new challenges and issues associated with living with CF and partners or family members may have to take on more caring roles.

Some of the issues related to living longer with CF include:

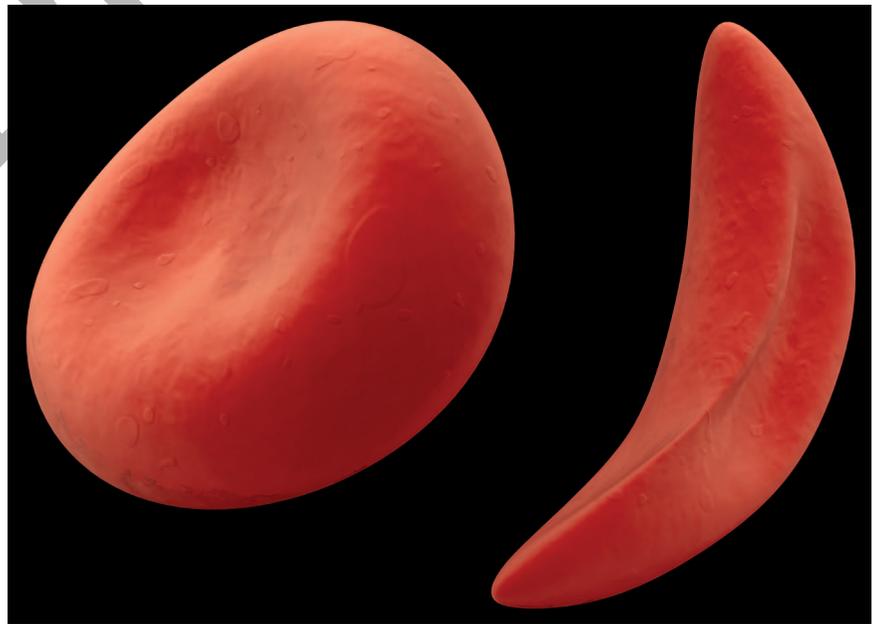
- ▶ **Nutrition.** Some people with CF may need extra nutrition, either via a tube through the nose, or directly into the stomach as there seems to be a link between having a higher bodyweight and good lung function.
- ▶ **Medication and treatment.** Individuals may need to take more and/or different medication. Physiotherapy may need to change if, for example, osteoporosis develops. Chest and upper body percussion may not be suitable where bones are less dense and prone to fracture.
- ▶ **Finance and pensions.** The condition may cause prolonged illness and absence from work. People with CF may have expected to die young, and so pensions are becoming more of a concern for many as they survive longer.

#### Research

The singer Bianca Nicholas has CF. Access the NHS Choices page for CF to find out how Bianca copes with living with the disease.

#### Sickle cell disorders

Sickle cell disorders are inherited conditions that mainly affect people with an African ethnic background. This disorder affects the person's red blood cells, making them die off earlier than they should, which causes anaemia and in turn makes the person feel fatigued. The treatment for this is for the person to not get dehydrated, to rest when needed, and to get medical treatment in an emergency when they are feeling extreme pain, and having breathing problems among other symptoms.



- ▶ Micrograph of normal red blood cells (erythrocytes, round) and red blood cells affected by sickle cell anaemia (crescent-shaped)

## Stroke

When a person has a stroke and/or **transient ischaemic attack** (TIA) they may be paralysed or their speech may be impaired, which may make understanding their needs difficult. The effects on the individual will depend on which part of the brain is affected. Strokes are caused either by a clot blocking an artery supplying blood to the brain, or a blood vessel bleeding into the brain. You may hear a stroke referred to as a cerebrovascular accident.

TIAs and minor strokes may cause temporary or little, if any, disability. However, major strokes can leave the individual paralysed on one side of their body, with visual and speech impairments. When caring for people following a stroke you will need to be aware, particularly when offering food and drinks, that they may not be able to see them if they are not in the range of vision of their unaffected eye, and that they may not be able to reach them if you place them on their paralysed side.

A range of care professionals may be involved in the care of someone who has had a stroke, including:

- ▶ medical and nursing professionals, who will oversee the care of the individual and prescribe the necessary medication and treatments
- ▶ physiotherapists and occupational therapists, who will assist the individual with mobility and rehabilitation of daily living needs, such as eating and drinking independently, dressing and other basic tasks
- ▶ speech therapists, who will assist the individual to regain speech, or find alternative ways of communicating.

## Mental illnesses

Mental illness or mental health problems cover a vast range of conditions, including anxiety, depression and bipolar disorder. The Health and Social Care Information Centre estimate that around a quarter (23 per cent) of people in Britain will have a mental illness at some point in their lives, impacting their ability to carry out daily activities and routines. Most of us can recognise the symptoms of mental illness in ourselves, such as feelings of unease, worry or fear – especially if associated with a specific event, such as taking an exam. However, mental illness is when these feelings are severe, long lasting and completely take over an individual's thoughts.

Due to the vast range of mental health problems and their causes, it can be difficult for a person to find the right support; GPs can arrange for further specialist help.

### Research

Access the Mind website to find out about different types of mental health problems. What additional needs do you think people with mental health problems have? How do you think carers and healthcare professionals can best support individuals with these conditions?

NHS Choices reports that about half of people returning to work following a long-term absence have been absent due to mental health issues including depression, anxiety and bipolar disorder. Although the majority of people with a mental illness can still carry out normal daily activities such as working, shopping and cooking, they often find these activities harder to do. When suffering from severe depression, a person may feel suicidal and it is important that carers, family, friends and healthcare professionals are aware of the support that organisations such as the Samaritans can provide.

### Key term

**Transient ischaemic attack (TIA)** – sometimes called a mini stroke, and is caused by a temporary disruption to the blood supply to part of the brain. Symptoms are similar to those of a stroke, but a TIA only lasts for a few minutes or hours, and is usually over within 24 hours.



► Does this person have a mental illness? It is hard to tell.

Mental illness can affect a person's physical health; for example, people with depression often have cardiovascular diseases or diabetes. This may be because their mental illness means that they neglect their health and personal care.

It may be much harder for people with mental illnesses to get care and support for their physical disorders. It is, therefore, important that carers, family and health professionals look out for signs of physical disorders and help the individual to get the care that they need.

### **Sensory disabilities**

A sensory disability is a disability of sight, hearing, smell, touch or taste. Your sight and hearing provide most of your sense of the world around you. Impairment or loss of one of these senses will have a great impact on lifestyle and how an individual functions. As people age, their senses tend to become less sharp and loss or impairment of hearing or sight can lead to isolation.

Glasses and hearing aids, and some lifestyle changes, can improve an individual's ability to hear and see.

### **Deafness and hearing impairment**

Some people are born deaf or become deaf due to an illness or an accident. Some people have a hearing impairment where they can only hear a certain amount of sound.

Individuals with tinnitus hear a persistent noise from inside their body. It is often described as a ringing, buzzing, humming or whistling noise. While for some people this may only be intermittent and a minor irritation, for others it can be continuous and can have serious effects on their everyday life. In severe cases it can affect concentration, and cause problems with sleeping and depression. Sometimes a cause can be found and treated, but in other cases the individual can be taught ways of coping with it.

Communication can be improved with hearing aids for those with hearing impairment, and by teaching sign language and lip reading to those who have little or no hearing. Additionally, for some people there is the possibility of an electronic implant (cochlear implant) that works by providing sound signals to the brain, replacing the damaged part. Hearing loss can be very isolating and may lead to mental health problems, so it is essential to ensure that the correct support is in place.

### **Visual impairment**

Some people are born without sight or lose their sight due to an illness or an accident. Some people have a visual impairment where they only have limited vision, or can only see shadows or shapes. Although they may have no other physical disability, this can have a severe impact on their lifestyle. For example, while mobility may not be an issue, navigating around obstacles and avoiding danger may be difficult. Many people with visual impairments move around with confidence using aids such as a guide dog or a white stick. Reading is made possible by using Braille, using the accessibility option on a computer, using video magnifiers or speaking software.

Currently, research is being undertaken into retinal implants, which stimulate retinal cells to provide the individual with light perception and object recognition. A retinal implant may partially restore sight for people who have degenerative disorders, such as retinitis pigmentosa or macular degeneration. As soon as someone is diagnosed with a visual impairment, they will be referred to a specialist, who will assess their individual needs, so that they can access the correct support for their daily living activities.

## Accidents

Accidents can change a person's life, or end it. In 2014/15, according to a work related survey, there were 611,000 accidents at work; and of these accidents, 142 people were killed. People can sustain minor injuries at work, during sport or from domestic activities, that can be dealt with in an accident and emergency/urgent care department. However, more serious accidents may cause loss of a limb, brain damage from a head injury or paralysis from a spinal cord injury, and the individual may need care for the rest of their lives.

## Paraplegia

While paralysis can be temporary or even momentary, injuries that sever the spinal cord cause irreparable damage. Paraplegia is caused by damage to the spinal cord at or below chest level, affecting the person's ability to use their legs (paraplegia). If the damage is above chest level, it will affect their ability to use their arms and legs (quadriplegia/tetraplegia). When an individual sustains an injury causing paraplegia or tetraplegia, it will be devastating for them, their family and their friends, and providing the right support and information will be vital. They will need emotional as well as practical support to help them cope with the changes. They may require financial support and will need a rehabilitation programme specific to their needs. Communication between the various support services will be important, especially in the early days, to ensure that longer-term as well as short-term needs are considered.

## Loss of a limb

People with diabetes are at particular risk of lower limb infections, particularly of the toes and feet, which may become gangrenous and require surgical amputation. Amputation of a limb or part of a limb, either accidental or through surgical removal will result in many physical and emotional needs, both during recovery and when the individual resumes their usual life activities. Adjusting to life after loss of a limb will involve emotional readjustment, rehabilitation, physiotherapy and occupational therapy. Losing a limb, or part of a limb, will not only affect a person's **body image**, but will also cause altered **proprioception**. It will take much time and energy from the person to use their body without the limb, and they may have to learn to use a **prosthesis**. Initially, loss of a lower limb, or part of it, may require the individual to learn to walk with crutches until their **stump** heals sufficiently for them to use a prosthesis. For many very elderly people, this may not be possible and they will have to adapt to using a wheelchair for mobility for the rest of their lives.

## Infectious diseases

Most infectious diseases, especially common childhood complaints such as measles or chickenpox, have no lasting effects. When the individual has the infection, they will require care to control a high temperature and soothing lotion to be applied to any rashes. However, individuals may have additional needs following a severe infection, such as meningitis, poliomyelitis or necrotising fasciitis (galloping gangrene).

Currently, all babies born or moving into the UK are eligible for a schedule of vaccinations against the more common infections that occur in childhood, such as polio and meningitis. These can leave a child with lifelong disabilities such as hearing loss, visual disturbances, muscle shrinking, limb deformities and breathing disorders. Although polio has largely been controlled in the UK since the early 1980s, some older people will have long-term disabilities caused by outbreaks in the early 1950s and may have mobility issues and poor health associated with this.

### Key terms

**Body image** – how a person sees their physical self, including their thoughts and feelings about their body.

**Proprioception** – unconscious awareness of movement and spatial orientation that comes from within the body, which informs the individual, for example, whether they are upright or prone.

**Prosthesis** – an artificial part that is used to replace a missing or diseased body part – could be external (eg replacing a missing limb) or internal (eg a pacemaker, used to stimulate heart beat).

**Stump (residual limb)** – the part of a limb that is left beyond a healthy joint following amputation.

---

## Pregnancy and birth

Women can experience problems during pregnancy and birth, which can lead to them having specific additional needs. Pregnancy and birth puts a huge amount of physical and emotional strain on the mother's body, and she may need additional support during the pregnancy, birth and afterwards.

Some examples of complications for the mother during pregnancy and birth are:

- ▶ backache
- ▶ vaginal bleeding, sometimes leading to severe haemorrhage and miscarriage
- ▶ constipation
- ▶ deep vein thrombosis (DVT)
- ▶ high blood pressure and pre-eclampsia
- ▶ pregnancy induced diabetes
- ▶ prolapse of uterus during childbirth, or shortly after
- ▶ damage to the bladder and/or bowel, which may be caused by instruments (such as forceps) used during delivery and can lead to incontinence later in life.

Some examples of complications for the baby during pregnancy and birth are:

- ▶ various defects caused by the mother's lifestyle, such as smoking and drinking alcohol during pregnancy
- ▶ brain damage due to lack of oxygen during a difficult birth, sometimes caused by the umbilical cord wrapping around the baby's neck or a breech birth (where the baby presents bottom or legs first)
- ▶ damage from forceps used to assist in a difficult delivery, which may cause palsy and facial injuries, bruising and swelling on the head, skull fractures, seizures and brain damage.

The mother and baby will need to be treated according to their specific needs. Obstetricians and midwives will be involved in the mother's care and some specialists, for example paediatricians, nutritionists, physiotherapists and mental health experts may also be involved. Additionally, the mother may have an existing health problem such as asthma, diabetes, a mental health problem or a heart defect, meaning she will have a wider range of support needs during pregnancy and birth, and following the birth.

## Social and emotional needs

### Needs generated by family circumstances

#### Specific needs of looked-after children

The NSPCC defines 'looked-after children' as children cared for by the local authority for more than a 24-hour period. Children may become looked-after for a variety of reasons including if their family situation becomes abusive, or their parents cannot cope with looking after them due to mental health disorders or addictions, or their parents simply cannot care for them. The decision to remove a child may have devastating effects on the child and the rest of the family. Even where a child is being abused, they may still love their parent(s) and feel a sense of loss at the separation. The child will need sensitive care from the people around them.

It may be possible for social services to place the child with a close family member, when there is confidence that the child will be safe and well cared for. This will be a high priority as the child may feel more secure in an environment with close relatives caring for them. This placement will be monitored.

However, sometimes fostering may be a short- or a long-term solution. This involves placing the child with foster parents who are trained to look after the needs of children removed from their own parent(s). Foster parents will provide a stable and nurturing environment until the child is able to return to living with their parent(s). However, in some circumstances this may not be the right decision or the parent(s) may have died. In this case a permanent solution will be for the child to be adopted.

It is important to determine the child's individual needs in order to provide a stable and nurturing environment, and to maintain and develop the child's sense of identity with their birth culture. Meeting the child's educational needs and trying to maintain a sense of stability and continuity is also important, and where possible the child will remain at the same school they have been attending. Depending on the situation that required the child to be taken into care, they may keep contact with their family or family members. Sometimes this will be through supervised meetings with a parent or parents. Looked-after children may be bullied about being in care, or they may not be able to focus on their education and so not achieve their full potential. Social services and other individuals involved in the child's care will monitor the situation to ensure a child's emotional security and wellbeing is at the heart of the care provided.

A few children are so emotionally damaged by their abuse that they may not be able to live with a family; in these cases, social services will place them in a hostel or, if they are old enough, in their own flat. These children will be closely monitored and supported by a paediatric psychologist.

Once a child is 18, they are seen as an adult and considered to be independent. Even if living with a foster family, they will be moved and placed in a shared house or flat. They will receive less monitoring and support from social services, although these are available if needed. A looked-after child who has a learning difficulty may not be considered able to live independently until they are 25, although this depends on the specific needs of the person, who may require lifelong care.

### **Bereavement**

The death of someone close to you is always a traumatic experience. The older a person becomes the more likely they are to experience close family and friends dying. Most people will need emotional support during and after a bereavement, often just someone listening to them or doing something small, such as helping with shopping or cooking.

For some people, however, the experience is so intense that they will need support from an experienced bereavement counsellor. Losing a child, or a child losing a parent, can be especially traumatic and properly trained staff may need to offer support. There are bereavement counselling services such as 'Cruse' who provide individual or group support from trained counsellors. Healthcare professionals will be aware of these services and contact details are usually available at most GP surgeries and health centres.

### **School refuser and bullying**

A child might refuse to go to school because they are being bullied, or there may be other causes. School refusal is different from truancy, as a school refuser experiences anxiety or fear about attending school and a sense of isolation. Schools and social services can provide emotional support, advice and counselling for children experiencing these feelings. Where a school is unable to provide this level of support, the child might be referred to a mental health child counsellor. If a child becomes school phobic, an educational psychologist may become involved. The child will require understanding and sympathy, and support with school attendance during this difficult time.

In 2013, ChildLine reported that around 45,000 children talked to them about bullying, and other organisations suggest that nearly half of children and young people have been bullied at school at some point in their lives.

Bullying can range from teasing and spreading rumours, to physical harm. It includes name-calling, taking (and sometimes spoiling) people's belongings, excluding people from groups and threatening them. Children and young people may be bullied about their appearance, sexual orientation, having a disability, their race or religion or because of their social circumstances. Sometimes there does not appear to be any reason why a child is picked on.

Bullying is a serious situation. It can cause long-term damage to an individual and will need to be properly managed. It can be difficult for schools to do this, but with careful support by properly trained health or teaching professionals it can be resolved. Parents and carers may also require support for their experiences, which may include a sense of isolation, worry, anger and anxiety.



► An upset child being comforted by a teacher

### **Needs generated by being elderly**

When working in health and social care, it is important to recognise and manage service users' social and emotional care. Health and social care professionals should be aware of the range of support networks and specialists available to support an older person's care needs, and how these services can be accessed.

#### **Loss of loved ones**

Elderly people are more likely to experience the death of friends or family, which can be very traumatic for them. A healthcare worker will need to be sensitive about how a service user is feeling, and support them where necessary. Listening will usually help, and may give you a sense of the support they need, if any. Sometimes just talking about the person who has died will be enough for the person to deal with their grief. However, a volunteer or a bereavement counsellor may need to provide longer-term support.

#### **Fear of dying**

When someone close to them dies, this may make an individual start to fear their own death, particularly an older person. This is a natural reaction. The older a person

becomes, the more the thought of their own death is likely to be in their mind. This may make the individual feel depressed or anxious. Listening to a service user's concerns is part of a carer's work, particularly when looking after elderly people, and training in listening skills will help.

### Family far away

Sometimes a person's close family lives far away and visits to or from them are infrequent or rare. This is especially so where people have migrated to Britain and left family in their own country. For older people, this may mean that they have little or no support from their family when they are no longer fully able to care for themselves. Health and social care professionals will need to manage this situation carefully to ensure that the person is supported emotionally, physically and financially.

### Isolation

Being away from family, or not seeing or having regular contact with another person on a daily basis, can bring on a sense of isolation. Not having anyone to talk to can have a devastating effect on a person's mental health. Some elderly people enjoy their own company, but if several days go by without any contact with family or friends, neighbours or carers, they may feel lonely and depressed. It is difficult for home help carers to spend much time with people as they will have many people to see in a day. However, their visit may be highly valued by the service user, especially if a good relationship exists between them. Talking and listening may help alleviate negative feelings about being lonely. Showing an interest in the service user's life, their family and friends, can have positive effects on their mental health. The internet can be used to communicate with family and friends around the world. If an older person is unsure or not confident about using the internet, there may be local instructors who will offer free computer courses. Local charities or religious centres usually offer many types of support, including with transport and providing day centres where older people can meet and enjoy a meal.

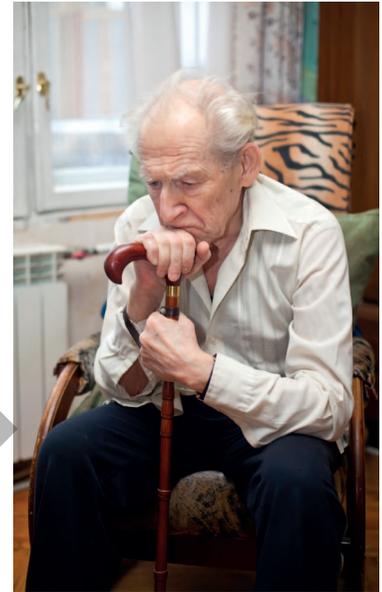
### Lack of money

If an elderly person only has a state pension to live on, they may not be able to afford the lifestyle they used to have. However, they will still have to pay for heating, lighting, cooking and food, and may still be paying rent or a mortgage, which may not leave much money for social activities. One of the biggest concerns for many older people and their families is having to pay for care, particularly residential care.

The government, and many charities, offer free financial advice for elderly people. Some charities will help with outings and clubs for elderly people with a limited income.

### Needs affected by the learning environment

A learning environment is the physical location, context and culture in which learning takes place. This may, or may not, be in a school or training centre. Individuals are always learning and learning can take place in many different situations. A person's ability to learn can be affected by several factors. For example, if learning is taking place in a building, it has to be fully accessible and designed to be inclusive. People with a disability, older people with mobility problems, families with children under five years old, and carers and friends accompanying them should all be able to access the building. Planning must consider adequate lighting, air quality and ability to use communication aids, such as hearing loops. A useful document to read is on the government website titled *Building Regulations 2010 Approved document M – Access to and use of buildings, Vol.2, Buildings other than dwellings*.



► Older people may feel isolated from family and friends



## PAUSE POINT

Why is it important to know about a person's family circumstances when treating them?

Hint

Development and relationships.

Extend

Why would looked-after children have different needs to children in a nuclear family?

### Assessment practice 12.1

A.P1

A.M1

A.D1

#### Scenario 1

Marion is aged 79 and lives with her husband, Sean, in a 4-bedroom house where they run a small lodgings. The house has three levels and they both have to clean rooms every day which keeps them fit but it is tiring. Marion has fallen down a few times and while she has not suffered any serious injury, Sean is very worried about her. Unknown to him, Marion knows she is losing her sight but doesn't want to worry Sean, or her family, as the small business helps with their holidays and money for their children and grandchildren. Sean speaks to his oldest son for help.

#### Scenario 2

Bronwyn is at primary school when, during the lunch period while playing with friends on the school's artificial turf, she has an epileptic fit. This is the first time she has experienced it and when she recovers, is confused and upset as her head hurts where she banged it on the ground during the seizure. A trained member of staff looks after her while they wait for an ambulance and for her mum to arrive. Bronwyn does not have another seizure during this time.

Using your research and notes to help you, explain the diagnostic procedures involved in assessing the additional needs of Marion and Bronwyn. From this, assess the support requirements of these two people.

Now evaluate the significance of the diagnosis for the individuals, their families and for society.

#### Plan

- What is the task? What is it I have been asked to do?
- How confident do I feel in answering this?
- What areas will I struggle with?

#### Do

- I know what I am doing.
- I can identify where I need to improve.

#### Review

- I can evaluate what I have done and how I approached the task.
- I have learnt from this and can make changes to my work to make it better next time.

## B

# Examine how to overcome the challenges to daily living faced by people with additional needs

## Definitions of disability

### Medical and social models of disability

There are two models of disability:

- ▶ the medical model, which looks at a person's impairment and tries to treat it with medication and other specialist interventions, such as surgery
- ▶ the social model which was devised by disabled people for disabled people and views disability as being caused by the way society is organised. It aims to find ways of removing barriers that restrict life choices for disabled people so that they can live independently. For example, this may mean installing a lift that meets accessibility standards so everyone can access a building without having to ask for assistance.

**Research**

Visit the Scope website and read the real-life examples of the social and medical disability models in action. Using this website, undertake some research to review these examples and reflect on which is the best model for someone with a disability.

**Understanding of disability and dependency as social constructs**

In the past, people with a specific impairment or additional needs have been treated as disabled and expected to be **dependent** on others to fulfil their daily living activities and social needs. However, in recent years this has come to be seen as a **social construct**. The social model of disability, which was devised by people with disabilities, proposes that society should not view individuals as disabled but that there should be mechanisms in place for people with specific needs to feel equal to people who do not have those needs and able to live their lives independently, without relying on family, friends or carers to assist them with daily living tasks. The Equality Act 2010 (revised and updated in 2015) is a legal framework to protect the rights of all individuals and advance equality of opportunity for all.

**Definitions of disability, disablement, discrimination and impairment****Disability**

A disability is any physical or mental condition that limits the movements, or restricts the senses or activities of an individual. The Equality Act 2010 states that 'you are disabled if you have a physical or mental impairment that has a "substantial" and "long-term" negative effect on your ability to do normal daily activities'.

The important phrases are 'substantial' and 'long-term', which mean the condition is more than minor or trivial. 'Long-term' means the condition affects the person for more than 12 months.

**Disablement**

Disablement is the noun associated with the verb disable. In health and social care, this is any condition that makes an individual unable to perform daily activities without assistance, which may arise from a physical or mental impairment, such as inability to see or hear, lack of mobility or a learning disability.

**Discrimination**

Discrimination is when an individual is treated less fairly than other people because of the way they look, their nationality or ethnicity, their gender or sexual orientation, their age or for any other reason. It is important that health and social care professionals treat all service users equally and provide the same opportunities for everyone they care for. People must not be discriminated against because of their disability.

**Impairment**

Impairment is when a person loses a function of any part of their body, whether physical or mental. For example, a person who has a problem with their sight has a visual impairment, if a person was born without a limb or has had a limb removed, they have a physical impairment.

**Discuss**

In a small group, think about situations in which a service user may be discriminated against. How do you think they would feel? What can health and care professionals do to avoid this happening?

**Key terms**

**Dependency** – relying on another person, object or routine in order to cope with daily living activities.

**Social construct** – an idea or notion of any given society that may not represent reality but appears to be natural and obvious to the people who accept it.

## Minimising environmental and social challenges

### Access and barriers

#### Public buildings

Planning practice guidance, accessible from the government website, sets out conditions of good practice for making buildings accessible for everyone regardless of their age, gender or disability. The document explains the purpose in making areas of movement inclusive, enabling everyone to move throughout a building without any barriers.

Consideration is given to older people's needs, to families with children in pushchairs, carers, and friends and relatives of people with disabilities. The guidance includes details about steps, the width of toilets and making lifts wide enough for people using a wheelchair. Access ramps should be at the main entrance. Design considerations are given to issues such as the height of hand basins, to make them accessible for children. Baby changing facilities are positioned in areas accessible to both men and women.

#### Public transport

In 2004, the Department for Transport (DfT) introduced a policy to help promote social inclusion by tackling accessibility problems, including the provision of guidance to and support for local transport. The Centre for Research in Social Policy produced a report in 2012, *'Accessibility Planning Policy: Evaluation and Future Directions'*, about the concerns of transport organisations in trying to provide full physical accessibility and availability. The report identified some important barriers to access, which could have a serious impact on an individual's lifestyle in terms of educational and employment opportunities. These barriers included the availability and physical accessibility of transport, its cost, where services operated (especially in terms of inaccessible places) and concerns about safety and security when travelling. Additionally, for some there is an unwillingness, or lack of confidence, about travelling, which could lead to social isolation. Local transport planners are responsible for provision and cuts to budgets have had a significant impact on transport funding.



▶ Blind person getting support from a station assistant

#### Research

In two groups, research the accessibility of local transport services and buildings. One group should research access to buildings, and the other should research the accessibility of transport services.

Each group should present their findings to the other group, so that everyone in the class has an understanding of local accessibility issues, and whether there are any challenges for people with additional needs.

#### PAUSE POINT

At your educational establishment, what would be the physical and social challenges for a person who is blind?

Hint

Think about stigma, barriers and buildings.

Extend

Investigate a local leisure centre or a local railway station for accessibility issues.

### Minimising barriers

#### Ramps

Part M of the Building Regulations 2010 sets out the legal requirements for accessibility to buildings for people who use a wheelchair. The regulations inform all businesses, regardless of size, about how to make reasonable adjustments in accordance with the Equality Act 2010, to help all people, whether employees or visitors, access and use their buildings. The regulations also cover access to toilets (sanitary provision) for people in wheelchairs, and access to lifts.

## Translation

The UK is a multi-ethnic society and English may be a second language for some people. Many organisations, including local authority organisations, offer information in a language other than English. Social services employ interpreters, and private interpreters may be used by law firms, doctors and schools to ensure everyone can access the information and advice they need.

## Information in large print and Braille

People with a visual impairment can request information printed in larger size, or in Braille. This may not be readily available, but will usually be provided if requested beforehand. For example, an individual with a visual impairment could ask their bank to send statements in large print or Braille.

## Employment

### Adaptations to work environment

A person cannot be dismissed or asked to retire if they become disabled. Employers must adapt the working environment to meet the needs of current or future employees who may have a disability. For example, ramps will need to be installed if access is only by steps. A personal evacuation plan must be prepared for employees and other individuals who access the building who may have impaired mobility. Special equipment must be provided in case there is a fire and the lifts cannot be used. However, the Health and Safety at Work etc Act 1974 (HASAWA) accepts that it may not be 'reasonable or practicable to make certain adjustments, such as installing a lift in a very old building that lacks space for this type of equipment'.

### Employment law

HASAWA protects employers and employees against any form of discrimination. Employers are protected if an employee makes a complaint of discrimination but the employer can prove that certain criteria had been met to ensure equal treatment. For example, an employee has a back problem and needs a specially designed chair. The employer provides the chair but the employee does not use it. The employee's condition worsens, they take time off sick and make a formal complaint against their employer. In this case, the employer has provided the equipment and so can claim protection under employment law. However, if the employer did not supply the required chair and the employee is unable to work because their condition worsens, then the employee has a case for discrimination against their employer.

Employment law also covers areas such as:

- ▶ **Job application forms**, which must be inclusive, or alternatives such as in Braille, large print, or in a different language, must be available. If the form is online, the individual must be able to read it using **assistive technology**, such as reading software.
- ▶ **Special arrangements for an interview**. For example, ensuring a suitable time is available to interview an individual with type 1 diabetes so that they can balance their insulin injection and carbohydrate intake appropriately (to avoid a hypoglycaemic episode (sugar low)).
- ▶ **Terms of employment**, which includes pay, promotion and training opportunities, dismissal, redundancy, discipline and grievances. If an employee feels they have been discriminated against by a work colleague, line manager or their employer concerning any of these points they should complain, in the first instance, directly to the person or organisation. The employee can ask someone else to help ('mediation' or 'alternative dispute resolution') or, if all else fails they can make a claim in a court or tribunal. The Equality Advisory Support Service (EASS) can provide further information and support.

### Key term

**Assistive technology** – devices for people with disabilities that help them to maintain or improve their ability to perform daily living activities.

### Research

Go to [www.gov.uk](http://www.gov.uk) and search for information about employing people with a disability. What other employment laws protect people's rights at work?

### Communication aids

A person returning to work who has become unable to communicate for any reason, such as following a stroke or accident, may require adjustments in their workplace to facilitate communication. Different tools or techniques can be used, such as adaptive keyboards, specialist switches, pointing or scanning devices. Training must be offered on how to use the new equipment and how it works.

### Inclusion

#### Leisure activities

It is important for a person's wellbeing and development to feel they are an integral part of society. Leisure activities are a way of meeting other people, relaxing and keeping fit. The Equality Act 2010 requires centres offering leisure facilities to ensure they are built or adapted so that everyone can use them. For example, a leisure centre must have access for individuals using a wheelchair, including access into the swimming pool (if it has one) by a slope or a hoisting mechanism, accessible changing rooms, shower facilities and toilets. Additionally, parking for disabled drivers must be provided close to the centre, the main entrance doors must be double width and open automatically. All staff working in the centre must have received disability awareness and equal opportunities training.

#### Internet and social networking

The 2003 World Summit on the Information Society (WSIS) declared that the internet's guiding principle should be that it is for everyone to use. The World Bank estimates that one billion people, or 15 per cent of the world's population, experience some form of disability. Access to and use of the internet can assist people with disabilities to live independently, to communicate their needs to those around them and to maintain relationships, or find new friendships. Therefore, all computer programs need to be designed to be inclusive so that everyone can use them. For a person with a disability this might include using assistive technologies (software programs). For example, a visually impaired or blind person might use assistive technology that converts information on a website from text and images to speech, so they can hear it rather than read it. Removing barriers to using technology enables people with disabilities to use and contribute to the rich culture of the internet. Other barriers may include affordability of a computer and assistive technologies, and the availability of the internet.

#### Discussion

Discuss the types of support that may be required when using the internet for someone with:

- dyslexia
- visual impairment
- repetitive strain injury (RSI)
- hearing impairment
- weakness following a stroke
- no upper limbs.

#### Research

Find out about the services and provision made by educational establishments to support learners with additional needs. You could start with:

- Special Educational Needs (SEN) in schools
- Additional Learning Support (ALS) in colleges
- University Disability Advisory Service in universities.

Note: Each university may have a different name for this service, so search generically for '[name of university] disability support'.



## PAUSE POINT

Describe access arrangements.

### Hint

Access should be for all.

### Extend

What do you think a person using a wheelchair would do if they could not access a building to meet someone? What laws and regulations cover this situation?

## Daily living activities

### Shopping

Most people with a disability get help and support with shopping, and other daily living activities, from their family and friends. However, if they need extra support or do not have friends or family who can help, social services may provide assistance. Help with shopping may be particularly required, for example, if a person with agoraphobia (fear of open spaces, especially public spaces) is finding it difficult or impossible to leave their house. People with limited or no mobility will also require help.

If the person has access to the internet and the ability to use it, online shopping may be a suitable way of maintaining choice and independence.

### Discussion

How could this person be helped to overcome agoraphobia? What specialist help is needed, and if you were a friend supporting someone with this condition what would you do to help?

### Home and personal care services

When someone loses the ability to care for their surroundings and their personal hygiene it can affect their self-esteem, confidence and sense of identity. Having to accept help can feel like a regression to childhood.

Personal care is a particularly difficult area of care for people to accept help with, as it is something you learn to do from an early age, and usually do in privacy. When assisting an individual with their personal/intimate hygiene needs, the carer must be respectful of the individual's privacy and dignity. The carer should be sensitive to their service user's moods and feelings.

### Mobility aids

Mobility aids may be needed if a person has a physical disability or a person's age means they may not be as agile as they once were. These aids help with independence, which in turn helps with self-esteem and inclusion. For example, equipment such as a rollator, a three-wheel walker, which can support someone to walk inside their home or outside.

## Minimising personal challenges

### Physical

#### Dressing, washing, feeding

Health and social care workers have a responsibility to provide care for their service users, including support and assistance with daily living tasks that their service user can no longer perform unaided. However, whenever possible, you should encourage your service user to do as much as they possibly can for themselves.

Care may involve assistance with a wide range of needs, including personal care such as washing, dressing and feeding. Carers need to pay attention to their service user's privacy, dignity and general comfort while attending to personal care. You should avoid jokes or casual conversations as you may inadvertently embarrass them. However, if they want to talk to you, it could be a good time to find out more about them as a person; their life story, family and friends and their experiences. If your service user is confused and does not understand what is happening to them, you will need to reassure them using a gentle voice, or gentle singing. Everyone is different and you will need to find what helps your service user to cope.

If your service user is unable to feed themselves, make sure you do not rush them. This is especially important if your service user has swallowing difficulties. You should try not to let hot food become cold or, for example, ice-cream to melt. You should prepare food according to your service user's culture and religious needs.

#### Link

See Unit 19: Nutritional health

#### Indoor/outdoor activity

Several television documentaries have highlighted concerns about lack of care and activities to stimulate people in residential care. Remaining active and socially involved is important, especially in the earlier stage of dementia where the individual needs to have as near a normal lifestyle as possible. Individuals will enjoy doing different things, which may depend on their mood and mobility. It is important to find out what activities your service user enjoys. This could range from shopping, to watching television, to talking to friends or to going to the theatre. Your service user may enjoy playing games, singing, going for a walk in a nearby park, swimming and many other activities. Each day is different and you may find that your service user's preference will change each day. However, you should offer them the opportunity to take part and have as much fun as possible. There are many video clips online that show how providing stimulating activities for individuals in residential care is beneficial to an individual's self-esteem and confidence, and helps to avoid depression.



▶ A person with Down's syndrome working in a garden centre

#### Intellectual

- ▶ **Education.** Mental stimulation encourages the brain to keep working and has been linked to improving mood. People with additional needs should be supported in accessing the courses and programmes available. However, buildings and equipment may sometimes be a barrier to attending and help may be needed from the local authority. You should also be aware of the many online courses available (often free, for example FutureLearn) and support your service user, if necessary, to access and use them.

- ▶ **Media.** Newspapers, magazines, the television and radio may all present challenges for an individual with additional needs. If your service user has a visual impairment, you could help them to choose suitable audio books, or an assistive program on their computer that will convert text to speech. If they have a hearing impairment, many television programmes have audio, subtitle and signing options.
- ▶ **Internet.** There are assistive technologies to help people with physical impairments to use computers. Software is available such as a speaking programme that can read text from a website. Text can be enlarged so that someone who has some vision can read from the screen. Local training courses are open for elderly people to attend and learn how to use the internet. Some programs can be built specifically for the needs of your service user, especially if they require help to speak.
- ▶ **Telecommunications.** Hearing loops can be installed in buildings for people with hearing impairments. Telephones are available that provide a visual rather than auditory signal for incoming calls. Mobile phones also have accessibility options, such as larger screens, or larger buttons on older types of phones, and options for the phone to vibrate or flash rather than ring for incoming calls and texts.

### Emotional

- ▶ **Isolation.** The local authority may provide trips and activities for your service user and their families. As a carer you can talk to your service user, and maybe their family, to find out the different activities that may be suitable and which they might enjoy. Keeping active and joining in with social activities helps to stimulate your service user and stop them feeling isolated. Specific charities organise outings for people with additional needs where they can enjoy mixing with other people with additional needs and their families. Socialising with people in similar circumstances can provide a good help and support network.
- ▶ **Depression.** Depression is a horrible illness that may be caused when an individual is unable to accept that they have additional needs, or because they feel that they are never given a chance to be themselves. Carers, parents and family members directly involved in the care of an individual with additional needs may also become depressed. Having to provide constant care may damage their relationships with their spouse, other children, family and friends. Children may have learning difficulties, which can be mild or severe. If the disability is severe, they may never become self-sufficient, which can be stressful for the people caring for them. People who have had an accident resulting in life-changing impairments may have particular difficulties in accepting their altered lifestyle. Your counselling and listening skills will be very important when working with individuals with additional needs and their families. You may be able to suggest ways of coping and involving specialist support at an early stage.
- ▶ **Dependency.** Individuals with additional needs may depend or rely on people for care and support. Carers may be family, friends or health professionals. Support can range from simple tasks like buying their favourite magazines, to accompanying them to a leisure centre, to personal care and high-level health support. Social services or other healthcare professionals will assess an individual's needs and arrange for appropriate support to enable them to lead as fulfilling and independent a life as possible. However, carers should not always do everything for the individual as they need to be encouraged to do as much for themselves as possible. This will give them a sense of independence and increase their self-esteem.
- ▶ **Friendships, personal relationships.** Family, carers and health professionals should encourage individuals with additional needs to enjoy a social life and to form personal friendships. Enjoying a varied social life and a range of friendships helps to avoid frustration, boredom and depression.

## Discussion

As a group, discuss the following questions.

- What would you do if you did not meet up with friends?
- What would you do, and how would you feel if friends did not come to your house?
- How would you feel if you did not have close personal relationships?

## Attitudes of others

### Awareness of attitudes and need to support people with additional needs

Working in health and social care, it is likely that you will come up against various forms of **discrimination**. Individuals with additional needs may be the target of personal remarks and strange looks. They may have difficulty accessing buildings, be unable to read signs, people trying to be helpful may make decisions for them, or ask you questions that should be directed at your service user. They may be denied empowerment in meetings as well as during social activities. It is important that your service user is not excluded from decisions concerning them. Your role as a carer will be to ensure that they are empowered and included at all times. You should report any concerns that your service user, or their independence, is being abused to your line manager.

Discrimination usually arises from ignorance about the person discriminated against. Often people who discriminate are unaware of the harm they can cause.

### Stereotyping and judgemental assumptions

**Stereotyping** can cause suffering and unhappiness. For example, just because an individual has a mental health problem, a limb missing, or because they follow a different belief does not mean that they are like everyone else with a mental health problem, a missing limb or of that belief. It is a judgement or assumption about someone. Assuming that an older person would not go to a rave or someone who has lost a leg cannot carry heavy shopping, is making an assumption without knowing what the individual wants or can do. A health and social care worker must be aware of stereotyping and not make assumptions about what their service user can or cannot do, or what they do or do not want and how they are feeling.

### Marginalisation

Marginalisation is when a person or a group of people are made to feel excluded, isolated and unimportant. For a person with additional needs this can be a traumatic experience. Many individuals with additional needs may feel excluded from activities, employment and a social life, due to stereotyping and ideas about what the limitations of their disability are, or what people think they should or should not be allowed to do. Lack of accessibility can be marginalising.

### Discrimination

Not doing something to help others who have additional needs achieve something they want to do is discriminatory. For example, a person who is paralysed following a stroke who would like to go swimming finding that there is no lifting device to help them into the water. Organisations, especially public organisations, have to make reasonable adjustments to ensure people are not discriminated against, and providing a hoist would be considered a reasonable adjustment.

## Key terms

**Discrimination** – an unjust or prejudicial judgement about a person; treating another person differently on the grounds of their race, age or gender.

**Stereotyping** – an oversimplified idea that a particular type of person or group of people are all the same as each other because they may share one characteristic; for example, all people with blue eyes are well behaved.

## Disempowerment

An individual with additional needs must be included in any decision-making about their care and medication. This is so that they are empowered in their support and care. It must be decided whether a child is **Gillick competent**; that is, whether they have enough understanding and intelligence to make decisions about their own health and treatment. Empowering individuals, by giving them choices, means that they are more likely to be involved in and comply with a treatment or care plan.

## Labelling

Labelling is applying a description to an individual or group of individuals, usually based on their external appearance. Labelling can be positive, such as that a person is good at sport, or it can be negative if it is offensive or derogatory, such as calling someone 'ginger nut' because they have auburn hair.

### Key term

**Gillick competence** – a term used to decide whether a child (aged 16 or under) is considered able to consent to their own medical treatment without the need for parental permission or knowledge. The term originates from a legal case about contraception.

## Case study

### But words can't hurt

There had been a lot of name calling at break time, but especially aimed at Jorji. Jorji had her right leg amputated following a car accident. She's just getting used to a new prosthesis, but it is making her limp. The other kids had been calling her 'peg-leg' and 'Long John Silver' or asking her if she had lost her parrot or eye patch. She was feeling really low and miserable when she got into her health and social care class.

Mr Adusi, their tutor, was surprised to see some of this behaviour when he was in the college cafeteria. He had thought about it and came up with a new activity for the health and social care group to try. Mr Adusi gave everybody a piece of scrap paper and told them to scrunch it up. He then said they should very quietly tell the paper that it was ugly, horrible, worthless, a waste of space, it should be torn up and burned, and any

other nasty thing they could think of. Mr Adusi then told everyone to open up their piece of paper and apologise to it for saying such nasty things. After the class had done this, Mr Adusi said, 'Although you have apologised to your paper, all the wrinkles you can see are the scars of your abusive language, which will remain for a long time – if not forever'.

### Check your understanding

- 1 Do you think this was a good way to deal with what had happened to Jorji at break time?
- 2 How do you think the name calling affected Jorji's self-image, confidence and self-esteem?
- 3 Do you think the people calling Jorji names realised the harm they were causing?

## Assessment practice 12.2

B.P2

B.P3

B.M2

Explain how the term disability comes about and how it can be viewed as a social construct.

Using the two scenarios from assessment practice 12.1, describe the help Marion and Bronwyn might receive from health or social care services to overcome the daily challenges that they might face.

Assess the extent to which these challenges impact on the lives of Marion and Bronwyn and how effectively the support from health or social care services can help them overcome their various challenges.

### Plan

- What is the task? What is it I have been asked to do?
- How confident do I feel in answering this?
- What areas will I struggle with?

### Do

- I know what I am doing.
- I can identify where I need to improve.

### Review

- I can evaluate what I have done and how I approached the task.
- I have learnt from this and can make changes to my work to make it better next time.

# C

## Investigate current practice with respect to provision for individuals with additional needs

### Professionals involved in supporting individuals with additional needs

Many professional services are involved in supporting people with additional needs. Each profession has entry qualification requirements and training standards that must be met by people working within the support system.

#### Community learning disability nurse

The role of the community learning disability nurse is specifically about supporting people with a learning disability to meet their full potential. The role involves helping a person to be physically and mentally healthy, working with them in their home, at their educational setting, in their workplace or in a community or residential home. The nurse also supports people with a learning disability to access healthcare services and acts as their advocate; the nurse explains what is happening if they are confused, and helps other healthcare professionals to understand the individual's support needs.

#### Occupational therapist

Occupational therapists (OTs) support individuals in carrying out everyday activities. Individuals may require support with daily living activities if they were born with a disability, such as cerebral palsy, or acquire a disability, such as weakness or paralysis following a stroke or they are recovering from an illness or injury. OTs advise people how to carry out tasks, which may involve using supportive equipment or assistive technology, or helping them to adapt to a new way of doing a task. OTs may work in a hospital, in a person's home, at a GP practice, at a person's workplace or in an educational setting.

#### Physiotherapist

Physiotherapists work with people who have a physical difficulty as a result of illness, ageing, being injured at work or playing sport, or following a stroke. Physiotherapists devise treatment programmes of manual therapy, therapeutic exercise or ultrasound, to improve movement and functioning, as well as general health and wellbeing. They may use other techniques, such as exercises carried out in water (hydrotherapy or aquatic therapy) or acupuncture.

Physiotherapists mainly work in a hospital or specialist rehabilitation setting, but may visit people in their homes.

#### Psychiatrist

Psychiatrists are medical doctors who have undergone additional training to specialise in the diagnosis and treatment of mental and emotional disorders. They support people with conditions such as depression, bipolar affective disorder, learning difficulties, anxiety, eating disorders, schizophrenia, dementia, and drug and alcohol abuse. A psychiatrist may further specialise in adult or child care, to work with adolescents, old people, people with a learning disability, or in forensic, medical and liaison psychiatry. A psychiatrist may work in a medical setting in a general or an acute specialist hospital, or they may visit people in their homes.

#### Psychologist

A clinical psychologist will have gained a degree in psychology and further studied for a doctorate in clinical psychology. Clinical psychologists support people with a wide range of mental health problems including depression, eating disorders, harmful thought



► A physiotherapist working with a client with a missing limb

patterns and addiction, children with behavioural and emotional difficulties and young offenders. They are interested in their patients' psychological rather than physiological condition, and use therapies such as **cognitive behavioural therapy (CBT)**. Psychologists normally work in NHS settings in hospitals and health centres as part of a mental health team. They may also work in social services, in educational settings and in prisons.

### The difference between a psychiatrist and a psychologist

Psychiatrists and psychologists have different approaches to solving mental health problems. They are both trained in psychotherapy – talking with individuals about their problems. However, psychiatrists are medical doctors whereas psychologists have a doctoral degree in an area of psychology, and they are not medical doctors.

As they are medically trained doctors, psychiatrists can prescribe medication to treat their patients. They will investigate whether there is an underlying biological or neurochemical problem causing their patients' symptoms, such as a vitamin deficiency or thyroid dysfunction. Psychologists study their patients' behaviour, their sleep patterns, eating patterns and negative thoughts and work with the patient to change or modify these behaviours.

### Social worker

Social work involves a wide area of work and many specialisms. A social worker supports people and their families through difficult situations, and in improving their current lifestyle. They work with vulnerable people, helping to protect them from abuse or harm. They support people to live independently. Their client groups can include elderly individuals, children and adults with physical and learning disabilities, young offenders, people with mental health problems, people with addiction problems, refugees and asylum seekers, foster carers, adopters and families who are potentially breaking up. Social workers may work in a hospital, a local authority setting, young offenders units, special clinics and prisons. They also visit people in their homes. Social workers are usually part of a multidisciplinary team working with a variety of other professionals, such as doctors, nurses and police officers, to support their clients.

### Speech and language therapist

Speech and language therapists support people who have difficulties in speaking and communicating, eating, drinking and swallowing. They work with people with a range of speech and language difficulties including language delay, voice disorders, stammering, language impairment and selective mutism (an anxiety disorder that prevents an individual, usually a child, from speaking in certain social situations). These conditions may be caused by a stroke, a head injury, Parkinson's disease, dementia, throat cancer, learning difficulties, mental health issues, hearing impairment or other physical disabilities. Speech and language therapists mainly work in hospitals, educational settings and community health centres; they may visit a person in their home.



► A teacher interacting with child with learning disabilities

### Key term

**Cognitive behavioural therapy (CBT)** – a practical talking therapy used to improve an individual's state of mind, helping them to manage problems by changing the way they think or behave. CBT focuses on current problems or issues, rather than on what happened to an individual in the past.

### Special needs teachers

Special educational needs teachers (SENs) specialise in working with children who have specific needs such as physical difficulties, sensory impairments, speech and language difficulties, learning difficulties or a variety of other physical, social or emotional needs. The person coordinating learning support is known as a SENCO. In an educational setting, SENs and SENCOs are assisted by teaching assistants who look after children's physical needs and provide additional support for learners, for example helping them understand instructions, and providing comfort and reassurance when children are frustrated or upset.

Some children with learning disabilities may have more than one disability such as auditory and visual impairment, which makes communicating difficult. Children with multiple learning difficulties need specific learning strategies to support their educational needs and the SEN's key role is to identify and support their individual needs. SENs create safe, stimulating and supportive learning environments in which they deliver individualised teaching programmes to develop the children in their care to their full potential.

## Support and adaptations for individuals with additional needs

### Equipment and adaptations

Special equipment and communication aids are important to enable people with additional needs to carry out daily tasks, live independently and feel included in society.

#### Mobility aids

Mobility aids help an individual with a physical disability to walk. This, in turn, enables them to perform a range of tasks such as preparing and cooking food, and dressing and going to the toilet. They also help them to go to work, have hobbies and take part in activities. Examples of mobility aids include motorised scooters, wheelchairs, walking frames, stairlifts, adjustable beds and chair raisers.

#### Daily living adaptations

There is a vast range of equipment available to assist people with everyday tasks, such as making a cup of tea. Occupational therapists will assess individual needs and supply appropriate equipment based on that assessment. Adaptive equipment for everyday use is available for all areas of the home and workplace and includes items such as perching stools, food trolleys, kettle tippers, support and grab rails, raised toilet seats, commodes, shower chairs, fall monitors and flashing doorbells.

Paraplegia is paralysis (complete loss of functioning) of both lower limbs, usually caused by a spinal cord injury below the level of the first thoracic vertebra, or in some rare cases by an illness. Individuals may also experience a range of other changes such as incontinence of urine and faeces, issues with body temperature control and chronic pain. Following the accident or illness that caused paraplegia, an individual will initially be cared for in a hospital setting. However, in the longer term, people with paraplegia are usually cared for in their own home. A variety of assistive equipment is available to support their care, including pressure relieving mattresses and pads, hoists and other transfer aids to assist moving position, powered or manually operated wheelchairs, ramps, incontinence pads, reachers (to help pick up small items) grab rails and aids to help with dressing.

#### Communication aids

Communication aids may be used by people with a speech, visual or hearing impairment to help them interact and exchange ideas and information with other

#### Research

Using the internet, research aids to daily living and make a list of items that are available to support people with additional needs, including those for individuals with paraplegia.

people. Aids range from simple communication boards to sophisticated electronic equipment.

- ▶ Communication boards can assist with verbalisation or replace speech if for any reason an individual cannot communicate verbally. They usually contain letters, common words or phrases and images of everyday items. The individual can simply point to the letters, words or images to communicate their needs. They are also known as symbol boards, word boards or letter boards and include Bliss boards.
- ▶ Information may be provided in large print or Braille for individuals with visual impairments.
- ▶ Assistive technologies are available such as software to convert text to speech, or to enable operation by eye gaze or voice recognition, and computer switches for easier internet access.
- ▶ Sign language communicates by using gestures, facial expressions and body language. It is used mainly by people with hearing impairments. British Sign Language (BSL) is the preferred language in the UK for people with hearing impairments.
- ▶ Makaton is a language programme designed for individuals who experience frustration because they cannot communicate properly. It helps people to communicate by using signs and symbols, which are used in spoken word order, alongside speech. This provides extra clues about what someone is saying.
- ▶ Some people with hearing impairments learn to lip read. Some people are really good at this skill, which is made much easier if the person talking speaks clearly. Clear speech involves making sure that words are pronounced properly and slightly louder, and that speech is slightly slower – with pauses between key phrases. People with hearing impairments can also use technical aids such as hearing aids and cochlear implants to augment hearing. Hearing aids may lessen the impact of hearing loss. Some people do not want to wear a hearing aid as they think it will be unsightly or make them look old. However, digital hearing aids are small and work better than older analogue aids. Cochlear implants are electronic devices that are surgically implanted to replace the function of a damaged inner ear. They do not amplify sounds but act like the cochlea and provide sound signals directly to the brain.



▶ People using BSL

## Therapies

### Occupational therapy

Occupational therapy involves assessing an individual's needs and creating an individual treatment plan to support those needs. The plan will identify goals, which have been agreed with the service user, to maintain, regain, or improve independence. Various techniques may be used including changes to an individual's home or work environment, and using specialised equipment. After identifying the difficulties a person has with everyday tasks, occupational therapists can help by working with the individual to teach them how to do a task or use specialised equipment, and by helping them practise until they feel confident to do the task or use equipment alone.

People with depression may lack the drive or energy to carry out everyday activities such as getting up in the morning, washing and dressing or socialising. Their lack of energy can affect their ability to work, or to keep a job. Occupational therapy can also help to motivate them, help them to develop coping strategies and to balance their energy levels with work requirements.

### Case study

#### Sasha - clinical depression



Sasha was diagnosed with clinical depression ten years ago, when she was sixteen. She has feelings of guilt, disturbed sleep, self-harms and has been suicidal. Sasha has been in and out of work since she was 19. She tends to leave jobs when she feels unable to cope, or is too ill to leave home.

Sasha has been in her current job for six months. She works in a large, open-plan office with twelve other people. Recently, Sasha appears withdrawn, she has unexplained and prolonged crying spells, is often late for work and forgetful. Colleagues find her odd and are not sure how to approach her. Sasha has received a letter from her line manager asking her to attend a meeting and telling her that someone from HR will also be there. The letter also tells Sasha that she can bring a friend with her for support, if she wishes to do so. Sasha is very upset by what this meeting may mean and asks her occupational health worker, Dana, for help. She has also asked Dana to come to the meeting with her.

#### Check your knowledge

- 1 How might the occupational health worker support Sasha in the meeting?
- 2 What information would the occupational health worker be able to give regarding Sasha's condition?
- 3 What do you think might be the right way forward for both Sasha and her employer?

### Art therapy

Art therapy is a form of psychotherapy. Art therapists work with people of all ages, who may have a wide range of difficulties or disabilities such as mental health problems, learning disabilities, physical illnesses or impairments or behavioural issues. Various art media such as painting, sculpting and pottery are used to help individuals express themselves. Therapy may be delivered to an individual or to a group.

### Music therapy

Music therapy is an established way of helping people to cope with injury, illness or disability. Music affects people at an emotional level and, depending on the context

and the music, can make an individual feel happy or sad. It can evoke memories and people often associate specific pieces of music with significant life events. Most people respond to music, and music therapists build on this to enable individuals to maximise their emotional wellbeing. A wide range of musical interventions can be used, including different styles of music and using different instruments (including voice). Recent research has found that singing in a choir has more positive effects on mental wellbeing than playing team sports.

### Speech therapy

Speech and language therapy provides support and care for children and adults with communication, eating, drinking and swallowing difficulties. Therapy will start with an assessment of the individual's specific speech. Where there is a physical disorder, such as tongue tie (tightness between the underside of the tongue and floor of the mouth) making it difficult for a baby to feed, the therapist will work with other health professionals to resolve the problem. If an individual has problems with articulation or fluency, the speech therapist will show them how to make the proper sounds, this involves the individual practising the sounds until they are confident in making the right sound. Sometimes, the therapist will ask the individual to look in a mirror to help them see that they are making the right shapes with their mouth. When dealing with young children, this will often be presented as a fun activity.

### Physiotherapy

Physiotherapy helps to bring back movement and functions of joints and muscles when someone has been injured, had an illness or been immobile, has had an operation or has a disability. It may also be used to train individuals, particularly people with back injuries or following sporting injuries, to avoid future damage. Physiotherapists look at the health and wellbeing of the individual rather than simply concentrating on their specific injury or illness.

### Short and long-term support

Some individuals with additional needs only require short-term support; for example, when it is following an accident, or an operation, and therapy will usually be in a hospital setting. However, some individuals will need longer term therapy which may be delivered in a specialist centre or in their own home. Individuals with conditions such as cystic fibrosis will need chest percussion all their lives, so this technique may be taught to family members or close friends. Long-term support will usually involve a multidisciplinary team and require frequent review to ensure that an individual's needs are met as they get older or their condition changes.



#### PAUSE POINT

List a range of communication aids available for someone who cannot verbalise.

##### Hint

Think visually.

##### Extend

Investigate a communication system that helps a person relate to the world about them.

## Financial support for individuals with additional needs

Individuals who are absent from work for a long time due to injury, illness or disability may require financial support, which will usually be in the form of state benefits. Specific information about the exact amounts that an individual may claim can be found on the government's website. Even if the individual thinks they know

---

what they can claim for, it is essential to check the website as benefits change. People working in the health and social care sector should also keep up to date with information about financial support that the people they are supporting may be entitled to.

### **Welfare rights**

Welfare rights mean that an individual has the right to know what benefits they are entitled to and to receive their entitlement of state benefits. It is also an individual's right to be treated fairly by the system.

### **State Pension**

In the UK, people who have reached their pension age can claim a State Retirement Pension (SRP) if they have made sufficient contribution, through National Insurance payments. In some cases where full contributions have not been paid, an individual may be entitled to a reduced pension payment.

### **Pension Credit**

Pension Credit is an income-related benefit made up of two parts, a guarantee credit and a savings credit. A guarantee credit tops up a person's weekly income if it falls below a certain amount. A savings credit is an extra payment for people who have saved money towards their retirement.

### **Housing Benefit**

If an individual's income is below a certain threshold, Housing Benefit will be paid towards costs such as rent. The amount an individual receives depends on their income and personal circumstances. It cannot be used to pay for heating, hot water, energy or food.

### **Council Tax Benefit**

Each council runs their own scheme. It will depend where a person lives as to how much they will receive in benefit. It will also depend on personal circumstances; for example, residency status, if there are a number of children living in the property and whether any other benefits are being claimed.

### **Health benefits**

Individuals whose income is below a certain level can get help with some healthcare costs, or exemptions from charges; for example, they may be eligible for free dentistry, free prescriptions and free eye tests.

## **Support for people at work**

### **Disability Employment Advisors (DEA)**

People with conditions or disabilities that affect their ability to work can get support and assistance from a work coach. Work coaches can be accessed via Jobcentre Plus. They are trained to help you to find work and, if necessary, retrain to gain new skills. They can also help with advocacy, interview training and preparing an individual to re-enter the workforce.

### **Work Choice Programme**

Work Choice is a government supported disability employment programme providing support to people with complex disabilities who cannot be supported through mainstream employment programmes. The programme helps people with disabilities to become work ready, find work and stay in employment. The programme is run by many charitable organisations.

## Transport

### Blue Badge scheme

The Blue Badge scheme operates through local authorities for people who are registered disabled. It may be used by the person who is registered or they can nominate two drivers to help with transport needs. Displaying their Blue Badge entitles the individual to park in disabled parking bays, usually near to main entrances of shops, workplaces, health and leisure centres and other buildings. The local authority can be asked to put a parking bay outside the home of a person registered as having mobility impairment.

### Shopmobility

Shopmobility is a scheme to allow access to shopping areas for people with additional needs, especially mobility needs. It is mainly a free service, although there may be a small charge in some areas. Shopmobility provides manual or electric wheelchairs, scooters, rollators and portable hearing loops. Several supermarkets operate their own assistance for people needing mobility support.



► Ramp being used on a bus by a person in a wheelchair

### Accessible buses and taxis

The Public Service Vehicles Accessibility Regulations 2000 (PSVAR) cover issues of access to public transport. With the exception of a few older buses, all buses now have access ramps for people who use wheelchairs or pushchairs, and space has been made available on the bus for the wheelchair or pushchair. At busy times, precedence is given to people using wheelchairs over those with pushchairs. Bus companies are also required to provide information systems on every bus, such as an auditory information system for people with visual impairments, and a visual display system for people with hearing impairments or who are deaf. The companies must also ensure that priority seats for elderly people, people with a mobility problem and women who are pregnant are near to the entry and exit doors.

Most taxi companies provide a taxi with an accessibility ramp. A person requiring this type of assistance will be given priority when booking the taxi. The majority of licensed black cabs have fitted ramps. A person using a guide dog is permitted to take their dog in a taxi, unless the driver has an exemption certificate to show that they are severely allergic to dogs.

---

## Support for carers

Carers have a high level of responsibility and need to be cared for too. The Care Act 2014 recognises this, and also the health and financial problems that can affect carers. The Act mainly deals with carers over the age of 18. Clause 10 of the Act requires that carers receive an assessment to consider how the provision of support would enable a carer to achieve their desired day-to-day outcomes. The assessment must also consider whether the carer is willing, and able, to continue to care. It will also consider the resources and support the carer can access from the wider community.

## Carers Allowance

Caring can be challenging in many ways. It may mean that the carer is unable to work and that the household's income is low, causing financial hardship. Carers allowance is a benefit available for a carer of an individual claiming disability allowance, an attendance allowance or the daily living component of the Personal Independence Payment (PIP). The carer must provide care for at least 35 hours a week. Rules change regularly so it is advisable to check the current rules and regulations for claiming this allowance.

## Statutory provision for children with additional needs

Legislation applicable to England, Wales or Northern Ireland periodically changes. It is always worth checking what legislation currently applies to the area you live in.

## Common Assessment Framework (CAF)

The CAF is a system for gathering information concerning a child's needs and assessing how these needs can be met by the relevant support services. This may include occupational health, physiotherapy and counselling, support with travel, education and support for any other needs. The CAF was introduced under the agenda of Every Child Matters and is a voluntary process requiring informed consent from the child and their parents/carers.

The CAF is for children in need of support in one or more of three areas:

- ▶ growth and development
- ▶ additional educational requirements
- ▶ family and environment issues and any specific needs of the parent/carer.

## Special Educational Needs and the Local Offer

The Local Offer is a regulation ensuring that children with special educational needs receive all the support they need from local health services and schools in the local area.

Every local authority has to write a Local Offer that is available on the internet. The local authority must also make sure that people without access to the internet can see it. Under this regulation, the local authority must provide the child and their family or carers with information about all healthcare and educational support networks available to them. The child and their family or carers are consulted to see which local offer best meets the needs of that child to ensure their health and wellbeing, and best prepares the child for adulthood and independent living.

To do this accurately, local authorities have to consult with various agencies. This includes all local education providers, from early years up to and including university, and their governors, or proprietors, or advisory boards. It also includes youth offending teams, and anybody involved in preparing children and young people for adulthood and independent living.

The local authority will also have to consult the National Service Commissioning boards, Clinical Commissioning groups, the local NHS trust or NHS foundation in the area, the local health board, and the local health and wellbeing board about issues relating to health.

The Local Offer should also provide information about the transport services available to children and young people with special educational needs or disabilities, and whether there is help available to pay for these services.

### Education, Health and Care plans (EHCs)

Local health and education services have to produce an EHC plan for children, and young people up to the age of 25, with special educational needs and disabilities. The EHC identifies and plans the support required, and sets out what has to be in place to support the specific child or young person. This plan follows the child/young person through their education and is reviewed regularly by health and educational personnel involved in providing the support.



#### PAUSE POINT

Name two statutory provisions for children with additional needs.

##### Hint

Statutory means a requirement set in law.

##### Extend

Explain the Special Educational Needs (Local Offer) and see how this is in place in your educational setting.

### Codes of practice for children with special educational needs

The Special Educational Needs and Disability (SEND) code of practice provides statutory guidance for health services, local authorities, educational settings and youth offending teams, to ensure that all services provide the best support for a child and young person with additional needs.

### Statutory provision for adults with additional needs

#### Codes of practice, legislation and policies

Health and social care workers caring for adults or children with additional needs must be aware of and follow current legislation, codes of practice and policies. These require that the person with additional needs should be properly supported; and further require that the individual is not discriminated against in employment, in an educational setting, or when supported at home. These codes of practice and policies are based on guidance and recommendations set out in the Human Rights Act 1998, the Equality Act 2010, and the Northern Ireland Act 1998, Part VII.

#### Care and support statutory guidance under the Care Act 2014

The Care Act 2014 covers the requirements for support for people over 18 years old who need additional support. The Act requires local councils to provide care services for people with additional needs, to prevent problems before they arise. Local councils are responsible for giving the right advice and guidance to individuals and their families. Information includes the correct support for their needs, information about voluntary support groups and other health organisations or charities. The local authority must ensure that the individual and their carers understand the law and receive the care they are entitled to. If an individual's additional needs are not met, they have the right to ask the courts to decide whether the local authority abided

---

by the Care Act or not. The care and support provided for covers a wide range of individual needs, such as assistance with:

- ▶ getting out of or into bed
- ▶ washing (body)
- ▶ eating or cooking
- ▶ socialising with family and friends.

It also covers the needs of the carer, to ensure they are looked after as much as possible. It enables individuals requiring additional care to ask a friend, a family member or someone else of their choice to provide that care, rather than someone provided by the local authority. The government pays towards the service, which is means-tested to see how much funding a person is entitled to.

## **Guidelines for caring for adults with mental illness**

### **The National Service Framework for Mental Health**

This framework sets out the national quality standards for mental health services, making services easier to access and creating a provision that can prevent crises for individuals with mental health problems. These quality standards help the service user and their carers by:

- ▶ involving them in the planning and receiving of care
- ▶ delivering quality care and treatment
- ▶ being non-discriminatory
- ▶ being accessible to people who need it
- ▶ promoting independence
- ▶ being accountable.

It also supports children under the age of 18 who have a mental disorder, or who are living with someone who is mentally ill.

### **Mental Health Act 2007**

The Mental Health Act 2007 is legislation in England and Wales that sets out the processes for admitting people with mental health disorders to hospital, detaining them and treating them without their consent. It also states the safeguarding requirements to follow if a person is seen as a threat to themselves or to others. The term sectioning may be used when people are admitted and treated compulsorily; this refers to the various sections of the Act that apply to the circumstances of their admission.

The Act recognises civil partners and long-term unmarried partners in its list of nearest relatives. The nearest relative has certain rights, including that they must be informed about decisions to detain their relative for treatment, unless it is not practicable to do so or it would result in an unreasonable delay to treatment. They can also apply to have their relative admitted to hospital compulsorily for assessment and treatment, although this power is rarely used. They can also ask for their relative to be discharged, unless a judge or magistrate has ordered the detention.

If an individual with a mental health problem thinks the person legally named as their nearest relative is unsuitable to make decisions about their care, they can apply to the County Court to change the named person.

If an individual with a mental health disorder needs an advocate, the Act requires the local authority to ensure that an independent mental health advocate is provided. If an

individual with a mental health disorder is under 18 years of age, the hospital is required to provide appropriate accommodation that is suitable for someone of their age.

### **Mental Capacity Act 2005**

The Mental Capacity Act 2005 is legislation applying to carers or families looking after individuals with profound and multiple learning disabilities (PMLD) or with Alzheimer's disease who do not have the mental capacity to look after themselves in a safe way or make decisions about their own welfare. The Act requires that a person who lacks mental capacity has legal representation by act of attorney to involve their families and carers in making decisions about personal welfare, property and affairs in the best interest for the person lacking mental capacity.

### **Personal health budget**

A personal health budget is an agreed amount of money to be used for an individual's identified health and wellbeing needs. The local NHS teams work with an individual needing a support plan and agree the budget with the individual.

The NHS introduced personal health budgets to help people needing care to manage it in the way that they want. The main aim is to allow individuals with long-term health conditions or disabilities to be in control of and have choice about their health care and support. A care plan is organised with the NHS team that sets the outcomes the person wants to achieve, and a budget is applied to this. The individual can allocate money to the care they want; for example, they could use it for therapies, equipment and assistive technology, and personal care.

### **Requirements for charities providing essential care and support**

The Charity Commission is the regulatory body that covers the legal requirements for all charities. All documents relating to running particular charities and their statutory regulations can be found on the UK government website. Under the law, charities working with people and children who need care and support have a duty of care to make sure their service users are safe and protected from harm. To do this, charities have to carry out enhanced criminal record checks before staff start to work with vulnerable people. The charities must also have a safeguarding policy in place to make staff and users aware of abuse, what it is and how to spot and report it, and how to respond to abuse rapidly and with confidentiality. If a charity works with children, a Child Protection Policy must also be in place.

The government acknowledges that support should be person-centred and that people should be able to choose their support, and that an integrated system of support can work for some people. In the integrated support system, charities are involved in providing a seamless service between other agencies providing care and support for a person. Charities can offer a cost effective way of providing care. Although they receive commissions from the NHS, they can also self-finance through donations. The NHS is responsible for the quality of service provided and charities work closely with them to ensure that all care guidelines are met. Charities are accountable for the services they provide. They must also agree to co-operate with other services involved in an individual's care by ensuring that all data relating to a person's risk factors, identified needs, care plans and status are shared in the best interest of that person.

Health and wellbeing boards were established by the Health and Social Care Act 2012. They provide a network for key health and care personnel to work together to improve the health and wellbeing, and reduce the health inequalities, of a local population. Charities form part of this network.

## Case study

### Rudy has complex needs



Rudy is fifteen years old and has dyslexia and a visual impairment. He has recently been diagnosed as having attention deficit hyperactivity disorder ADHD. Rudy attends a school where he sees a special educational needs teacher for support with his visual impairment and a specialist for support with his dyslexia. He also meets with a specialist at the local hospital for support with his visual impairment. He has an Education and Health Care plan for supporting his needs related to dyslexia and visual impairment. Local services, his family and the school are now looking at how they can support his needs relating to ADHD.

#### Check your knowledge

- 1 What should the school and local health authority do now?
- 2 How might Rudy be involved?
- 3 How might Rudy feel about a) not being involved or b) being involved with his support?

## Person-centred care for all individuals with special needs

### Involving patients in their own care

Throughout this unit, it has been stressed that it is essential to involve individuals in decisions about their care. It is important to ensure that individuals requiring care are shown compassion, dignity and respect. Even if a person is not able to communicate, they need to be informed about what is happening to them, how they are being cared for, by whom and why.

### Involving patients as equal partners in decision-making

People who have disabilities or care needs due to illness or injury should be involved in decisions about their care and have a choice about how they are cared for. Each health organisation has an advisory committee team, which should include a service user in any decision-making about service provision. Patients should be treated as equal partners in their care and support, and this will mean including them in decisions about:

- ▶ self-managed support
- ▶ access to personal health records
- ▶ personal health budgets
- ▶ care planning and treatment decisions.

In 2010, the government presented *Equity and Excellence: Liberating the NHS*. The maxim of this report is that there should be 'no decision about me without me'. The report sets out to make the NHS accountable to patients, to increase shared decision making and allow patients to access all their records, so that they can make informed decisions about their treatment. It also proposes increased funding to achieve these aims.

## Involving communities in decisions about the design and delivery of services

*Equity and Excellence: Liberating the NHS* looks at supporting local communities to lead decisions about their delivery of health services. The report recognises that local health authorities are best placed to meet the care of their communities. Depending on their facilities, local health authorities can also offer competition for services, so that costs can be reduced for services. This offers cross-relationships between health authorities providing services, depending on expertise and contracts, and may offer better quality and value. The report suggests that involving communities in decisions puts patients at the heart of health care, so that they can choose the services they want and where they want them from.

A major concern of all health authorities is the increasing care needs of elderly people. There are currently more than 10 million people over 65 years old in the UK and projections are that this will rise to 19 million by 2050. This poses significant issues for local health authorities trying to design local health services for the future.

### Assessment practice 12.3

C.P4

C.P5

C.M3

C.M4

BC.D2

BC.D3

#### Scenario 1

Adrian has autism spectrum disorder (ASD) and receives support through the SEN department of his secondary school. He was assessed in primary school and given an Education and Health Care plan (EHC). This involved input from his doctor, nursery school, family and a child psychologist. The plan gives advice on how Adrian works and what he finds difficult, as well as strategies to help him overcome difficulties which frustrate him. The school regularly meets with an ASD specialist who also visits Adrian to discuss with him and his family any changes to his support plan. Adrian can let the specialist know how he is getting on with the support he is receiving.

#### Scenario 2

Anna-Regina lives alone and has been diagnosed with early stage dementia. She has started to forget the names of her distant family and grandchildren. Some days she forgets to eat but she does not want to go into a rest home. Her daughters have contacted social services and her GP. It has been agreed that a health visitor will visit regularly to assess Anna-Regina. The health visitor ensures Anna-Regina takes her medicine and eats a hot meal that her daughters have prepared for her and left in the freezer.

- Explain and analyse the benefits that the various support measures should have on Adrian and Anna-Regina's lives.
- Explain what statutory provision they both receive and the impact it should have on their lives.
- Analyse the extent to which statutory provision affects current practice in caring for individuals with additional needs.
- Evaluate the impact of the support they are both receiving in terms of their improved wellbeing and life chances.
- Justify the support these two people receive to help them overcome daily challenges in connection to statutory provision.

#### Plan

- What is the task? What is it I have been asked to do?
- How confident do I feel in answering this?
- What areas will I struggle with?

#### Do

- I know what I am doing.
- I can identify where I need to improve.

#### Review

- I can evaluate what I have done and how I approached the task.
- I have learned from this and can make changes to my work to make it better next time.

## Further reading and resources

Mental Health Act 2007, Ch.12. Available from: [www.legislation.gov.uk](http://www.legislation.gov.uk)

Mental Capacity Act 2005. Available from: [www.legislation.gov.uk](http://www.legislation.gov.uk)

Care Act 2014. Available from: [www.legislation.gov.uk](http://www.legislation.gov.uk)

Part M of the Building Regulations 2010. Available from: [webarchive.nationalarchives.gov.uk](http://webarchive.nationalarchives.gov.uk)

Department for Health (May 2013). *Integrated Care and Support: Our Shared Commitment*.

Department for Health (2010). *Equity and Excellence: Liberating the NHS*.

Centre for Research in Social Policy (2012). *Accessibility Planning Policy: Evaluation and Future Directions*.

Communities and Local Government (2005). *Planning and access for disabled people: a good practice guide*.

Kirby, A. (2002). *Dyspraxia: The Hidden Handicap*. London: Souvenir Publishers Ltd.

Colley, M. (2006). *Living with Dyspraxia: A Guide for Adults with Developmental Dyspraxia*. London: Jessica Kingsley Publishers Ltd.

## Websites

### Learning disabilities

General: [www.bild.org.uk](http://www.bild.org.uk), [www.nhs.uk](http://www.nhs.uk)

ADHD: [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk), [www.ukadhd.com](http://www.ukadhd.com), [nimh.nih.gov](http://nimh.nih.gov)

Autism spectrum disorders: [www.autismspeaks.org](http://www.autismspeaks.org)

Dyspraxia: [dyspraxiafoundation.org.uk](http://dyspraxiafoundation.org.uk) [www.nhs.uk](http://www.nhs.uk)

Down's syndrome: [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

### Other conditions

Alzheimer's disease: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Diabetes: [www.diabetes.org.uk](http://www.diabetes.org.uk)

Disability: [www.scope.org.uk](http://www.scope.org.uk)

Heart disease: [www.bhf.org.uk](http://www.bhf.org.uk)

HIV/Aids: [www.healthtalk.org](http://www.healthtalk.org)

Huntington's disease: <http://hda.org.uk>

Sensory impairment: [www.sense.org.uk](http://www.sense.org.uk), [www.hearingdogs.org.uk](http://www.hearingdogs.org.uk), [www.rnib.org.uk](http://www.rnib.org.uk), [www.guidedogs.org.uk](http://www.guidedogs.org.uk)

Stroke: <http://pathways.nice.org.uk/pathways/stroke>

### Mental health

General: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk), [www.mind.org.uk](http://www.mind.org.uk)

The Samaritans: [www.samaritans.org](http://www.samaritans.org)

### General

Health and Safety Executive: [www.hse.gov.uk](http://www.hse.gov.uk)

Citizens Advice: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

# THINK ▶ FUTURE



## Angela Douglas-Hills

Disability  
advisor

I've been arranging support for learners who have a learning difficulty and/or disability, for eleven years. Part of my job involves me assessing their support needs and arranging the appropriate support in order for them to access the college and all the college's facilities. Support includes assisting learners with mobility or visual impairments to move around college, note taking (for learners who have dyslexia, ADHD or any other learning difficulty that makes it difficult for them to concentrate, or have a physical disability that affects their motor skills) and arranging assistive technology for learners who find the regular college equipment difficult to use. I discuss the individual learner's needs with the relevant staff, and the support that will be put in place for them. Everyone involved with the learners know that they should inform me if there are problems. Additionally, I have regular review meetings with all staff and the learners we're supporting to ensure that everything is going to plan.

I obtained a social science degree. Afterwards, I worked mainly in playgroups and day centres with children with disabilities, I also gained experience working with women and children fleeing domestic violence. I went to Italy for three years to teach English to young children and adults, mainly to have a break from my work. After returning to the UK, I spent two years working in a day centre supporting clients with a range of disabilities, before starting work at this college. This range of experience helped me to gain a better understanding of supporting learners with additional needs.

## Focusing your skills

### Risk assessment

- When I meet a learner for the first time, I need to know if they have an Educational Health Care (EHC) plan that tells me what their specific needs are and what support they had at their previous school or college.
- I work with the learner to assess their current support needs and the specific support they will need while at college.
- To do this effectively, I need to know the details of the Equality Act 2010 and the college's legal responsibility to provide support for learners with learning difficulties and/or disabilities, including learners with mental health problems.
- I follow confidentiality rules by making sure all my notes are kept in a secure place, and I only pass on to members of staff on a need-to-know basis and with the learner's consent.
- I attend regular safeguarding training to ensure I'm up to date with current practice. I'm also up to date with college procedures about reporting safeguarding incidents, which I occasionally have to do.
- In some cases, I undertake additional risk assessment to ensure learners stay safe within college, including personal evacuation plans (PEPs) for learners who would need assistance to evacuate the building during an emergency.
- I sometimes liaise with other agencies to obtain more information about a specific learner's additional needs or to provide feedback on their progression at college. These agencies may include a learner's mental health support team, their social services care worker, the local education authority and their occupational therapist.

## Getting ready for assessment



Faith is working towards a BTEC National in Health and Social Care. For learning aim B, Faith was given an assignment titled 'How to support one child who is blind and one adult with a mental health problem to overcome challenges to daily living'. She had to write a feature for a college magazine being published in December explaining a day in the life of those people, and how they overcome the challenges they face during the day and evening. The article had to:

- ▶ explain their disability
- ▶ assess the impact of the challenges they face during that day
- ▶ justify the support they receive to help them throughout the day, referencing statutory provision.

Faith shares her experience below.

### How I got started

First I collected all my notes on this topic and put them into a folder. I divided my notes into the three parts, a general part, which explained what a disability is, then a specific part for the additional needs of the child and a part for the adult. I needed to make sure I included enough work in each section to meet all the criteria. I made sure I had information on what is meant by having a disability, the research I did to assess the impact of the challenges the child faced during a day, and the research I did on the adult and their challenges.

I arranged to meet a child with a mobility problem who used a wheelchair and was willing to be part of my project and their parents to ensure they knew what I was going to do and write. I then went to the secondary school which the child attended to ask if I could observe how staff supported the child, and to see what challenges the child had in that day at school. I designed a survey-type questionnaire for the child to complete from the time they woke up until the time I arrived, so I had their experience of washing, dressing and having breakfast. I then went with them to school and watched what happened, and wrote notes on challenges they faced in lessons, eating lunch and using the school's facilities. After school I asked them to carry on the questionnaire for the evening. Once the child had completed the questionnaire I picked it up and put the research in my folder. I also arranged to do the same with an adult; my friend's grandmother, who has dementia, and lives with them. I observed what I could during a Saturday when we went shopping with her grandmother and had lunch together. I kept notes and made sure everyone knew that my notes were confidential and that real names wouldn't be mentioned.

### How I brought it all together

I decided to use a variety of fonts, colours and pictures to make the work look interesting. (I was careful to avoid pictures of the individuals I was working with to protect their confidentiality.) To start, I wrote a short introduction to the article. For each person, I:

- ▶ wrote a 'case study' to show their daily routines

- ▶ assessed the challenges they had during the day
- ▶ wrote in detail justifying the support they needed to ensure they were able to live their lives, and then looked at their statutory rights in the care needs and the duty of care for children and the elderly.

For case studies and examples, I took some from my lessons and my visit to the school and with the elderly person. Finally, I wrote a short summary as a conclusion to the article.

### What I learned from the experience

I wished I'd made clearer notes during my visits as I realised afterwards that I didn't have all the information I needed. It was really good to observe the two case studies during a day, but I wished I'd stayed with the child in the evening when she went to the cinema. I had the notes she'd made, but I think if I'd observed her in the evening I would've had a better idea. I wasn't really ready for the visit to my friend's grandmother. I think I should've observed her for a short time at first, then I would've felt more confident in doing a real observation. I was a bit taken aback by it all.

Next time I would get organised quicker and look at all the things I needed before I started my observations, so I would look at the statutory rights as I was doing it so I could ask questions of the people concerned rather than writing what I thought about it afterwards and having to call them back to ask questions, which made me look as if I hadn't planned it well enough, which I hadn't. At the end it was a rush!

### Think about it

- ▶ Have you written a plan with timings so you can complete your assignment by the agreed submission date?
- ▶ Do you have notes on statutory rights for each age group that will help you when explaining why the support is needed and how it is used?
- ▶ Is your information written in your own words and referenced clearly where you have used quotations or information from a book, journal or website?