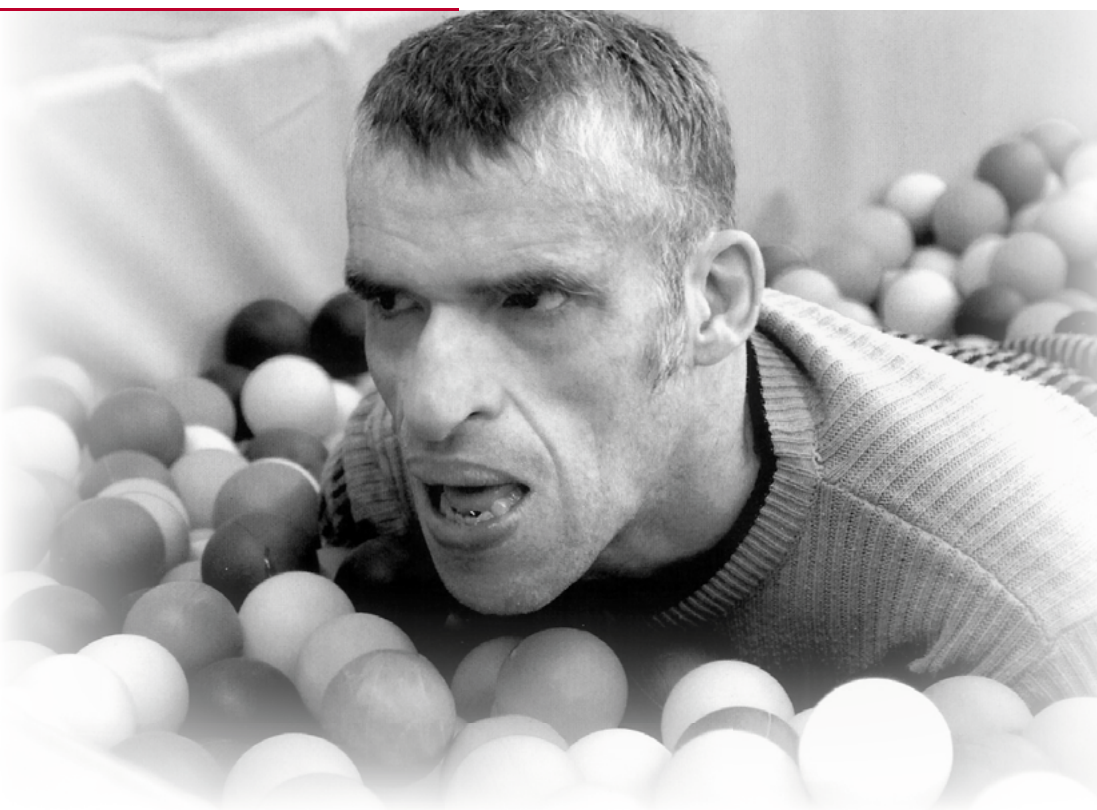


Scotland UK



Care Work with People with Disabilities

Dundee College



Lifelong Learning Programme

Education and Culture DG

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Care Work with People with Disabilities in Scotland UK

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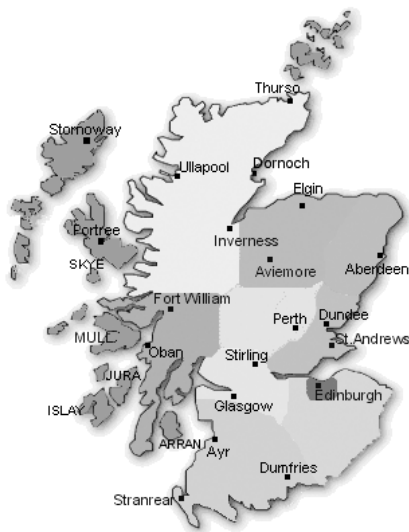
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Introduction

Dear Student

A very warm welcome to Scotland.



◆ *We are delighted you have chosen to come here for your practical placement and hope you have a worthwhile and interesting time.*

The purpose of this booklet is to give you an overview and insight into care work with disabled people in Scotland.

This is a very interesting area to work in and there are new initiatives and opportunities developing all the time. Every effort has been made to provide you with up to date information, however you could be made aware and introduced to new legislation, policy and practice during your placement which may have been implemented since this booklet was produced.

There is a lot of information in the booklet which will be of use to familiarise yourself with prior to your visit, also it is hoped it will be a useful reference during your placement.

We wish you a pleasant and enjoyable stay in Scotland and hope you have a successful practical placement.

Promoting the Status and Social Inclusion of People with Disabilities within EU

1. Rights, Status and Social Inclusion of People with Disabilities in the European Union

1.1. The United Nations

Universal Declaration of Human Rights

In 1948 The General Assembly of the **United Nations** proclaimed "**The Universal Declaration of Human Rights**" which is the most fundamental document that also defines the rights of people with disabilities.

All human beings are born free and equal in dignity, *without a distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory which a person belongs to, whether it is independent, trust, non-self-governing or under any other limitation of sovereignty.*"

In 1971 United Nations' General Assembly issued "**The Declaration on the Rights of Mentally Retarded Persons**" and in 1975 the "**Rights**

of Disabled Persons". Both declarations included normalisation and integration as the guidelines. The aim put forward in these declarations is that of guaranteeing all people equal possibilities of participating in social life. *Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.*" (Rights of Disabled People 1975)

Furthermore, the **Rights of Disabled People** argues for their right to necessary services and social protection "*...disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible... and ...have the right to medical, psychological and functional treatment, including prosthetic and orthopedic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will*

enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration....

...have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment...”

The position of people with disabilities was kept in public awareness by several means. The UN proclaimed 1976 as the **International Year of Disabled Persons**, calling for an action plan at all levels, from international to regional, for the purpose of promoting the equalisation of opportunities, rehabilitation and the prevention of disabilities.

World Programme of Action Concerning Disabled Persons

After the International Year of Disabled Persons more extensive and specified development took place. The General Assembly formulated the **World Programme of Action Concerning Disabled Persons (1982)** to promote their rights and position in societies on a global level. The programme's agenda was more detailed and focussed. It included a broader approach with expressions such as the “*full participation*” of disabled people in social life and the development of “*equality*,” i.e. equal opportunities in a broad sense as well. The programme also defined key concepts such as “impairment”, “disability” and “handicap” – and prevention as the

strategic objective. Rehabilitation was also defined in a clearer way – as a set of services that function as measures in the facilitation of the disabled persons' full participation and equality. This action plan also put emphasis on education and employment, as well as on removing barriers that often manifest themselves as negative approaches to and attitudes towards this question.

The United Nations' World Programme of Action Concerning Disabled Persons was an action plan for Governments. To provide time for putting the Programme of Action into effect, the UN proclaimed the **United Nations Decade of Disabled Persons 1983-1992**. Governments could implement the Programme within ten years.

At the end of the Decade of Disabled Persons in 1992, the General Assembly proclaimed the 3rd of December as the **International Day of Disabled Persons**. To enhance public awareness the Day has varying themes on issues that are relevant to people with disabilities. **In 2007 the theme was “Decent work for persons with disabilities”.**

1.2. The European Union and People with Disabilities

◆ **The European Union** recognises the United Nations' rules on the Equalisation of Persons with Disabilities as the basis for the development of disability policy in Europe. In 2003 the Commission stressed its belief that the *“emphasis on the rights based approach to disability should be reflected in the evolution of an international human rights standard relating specifically to disability”*.

The EU has specific legal grounds upon which to act in respect to advancing disability rights. Article 13 of the EC Treaties enables the Community to combat discrimination on the grounds of disability. Articles 21 and 26 of the Charter set out the rights of people with disabilities. Article 26, in particular, recognises *“the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community”* as a fundamental right.

The European Union Disability Strategy stresses the need for a renewed approach, focusing upon the identification and removal of various barriers that prevent disabled people from achieving the equality of opportunity and full participation

in all aspects of social life. However, the primary responsibility for action rests with the Member States. The Community Disability Strategy focuses on

- ◆ strengthening the co-operation between and within the Member States
- ◆ increasing the participation of people with disabilities
- ◆ mainstreaming Disability in Policy Formulation

Case Study

A family noticed their baby son called Gregor did not appear to be developing as their older son had. They consulted with their Health Visitor who organised to have Gregor tested. Gregor was diagnosed as having Cerebral palsy and mild Learning Disabilities. As Gregor grew older he required the use of a wheelchair to help with his mobility and he had a slight speech impediment which meant it could be difficult to understand him at times.

2. The Definition of “Disability” in Scotland

◆ In 1980 the World Health Organisation (WHO) devised a classification system for disability. This interpretation is often referred to as the ‘medical model’ of disability.

The definitions are:

Impairment Any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilments of a role that is normal, depending on age, sex and social and cultural factors for that individual.



Groups and organisations have criticised this definition as being so seriously at odds with daily experiences of disabled people. Suitable definitions, now referred to as the ‘social model’ of disability, were first proposed by the Union of the Physically Impaired against Segregation as follows:

Impairment lacking part of a limb, or having a defective limb, organ or, mechanism of the body.

Disability the disadvantage or restriction of activity caused by a social organisation which takes no or little account of people who have physical impairments and as a result excludes them from participation in the mainstream of social activities.

The language used to talk about disability and impairments affects the way we view people with a disability. Inappropriate language can be disempowering, humiliating and rude. Anxieties about “political correctness” may have you worrying about

saying the wrong thing or causing offence. The terminology adopted by people with a disability has changed over the years, making it difficult to know which terms are acceptable.

As a general rule you should:

- ◆ behave naturally and respectfully, as you would to any person
- ◆ talk to the person not their assistant or carer
- ◆ avoid making assumptions about a person's impairment or their needs
- ◆ take care not to make inappropriate personal remarks

WHAT COUNTS AS A DISABILITY:

The Disability Discrimination Act says that a person with a disability is someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out day-to-day activities.

What are considered day-to-day activities?

The Act lists eight kinds of ability and says if your condition impairs one or more of these; your ability to carry out day-to-day activities will be affected. They are:

- ◆ mobility (getting around)
- ◆ manual dexterity (using your hands)
- ◆ physical co-ordination
- ◆ continence (being in full control of body functions, such as passing urine)
- ◆ being able to lift, carry or move everyday objects

- ◆ speech, hearing or eyesight
- ◆ memory or ability to concentrate, learn or understand
- ◆ awareness of the risk of physical danger

2.1 Physical Disabilities:

◆ Physical impairment refers to a broad range of disabilities such as:

NEUROLOGICAL DISORDERS	METABOLIC DISORDERS
NEURO-MUSCULAR DISORDERS	BLOOD BONE DISORDERS
SENSORY CHEST/HEART DISORDERS	SKIN DISORDERS

These are examples of some physical disorders; this is by no means all.

Considerations

Although the cause of the disability may vary, people with a disability may face the following difficulties.

Access Issues:

- ◆ Inability to gain access to buildings or rooms
- ◆ Decreased eye-hand coordination
- ◆ Impaired verbal communication
- ◆ Decreased physical stamina and endurance

2.2 Learning Disabilities/Difficulties:

◆ A term used for people who were previously labelled mentally handicapped or mentally retarded.

The phrase “people with learning disabilities” is still commonly used, however organisations like People First and Values Into Action use “People with Learning Difficulties” to describe impairment. This is because they have asked people with this impairment what they prefer to be called.

People with learning disabilities/difficulties are identified as:

- ◆ Having a significant intellectual impairment which means they have difficulty understanding or learning things.
- ◆ Difficulties with some basic everyday skills.

People with a learning disability can range in abilities from having a mild learning disability to having severe and complex learning disabilities.

Biological causes of Learning Disabilities/Difficulties:

- ◆ Antenatal causes include infections like rubella and damage caused by drugs or alcohol.
- ◆ Perinatal causes include lack of oxygen during birth.
- ◆ Postnatal causes include infections like meningitis or accidental brain injury.

Social and environmental factors such as poverty, neglect and child abuse can often be the causes of mild learning disabilities.

2.3 Specific Learning Difficulties:

◆ Is a term used to cover a wide variety of difficulties. Specific learning difficulties affect an individual’s motor skills, information processing and memory.

Examples of Specific Learning Difficulties are:

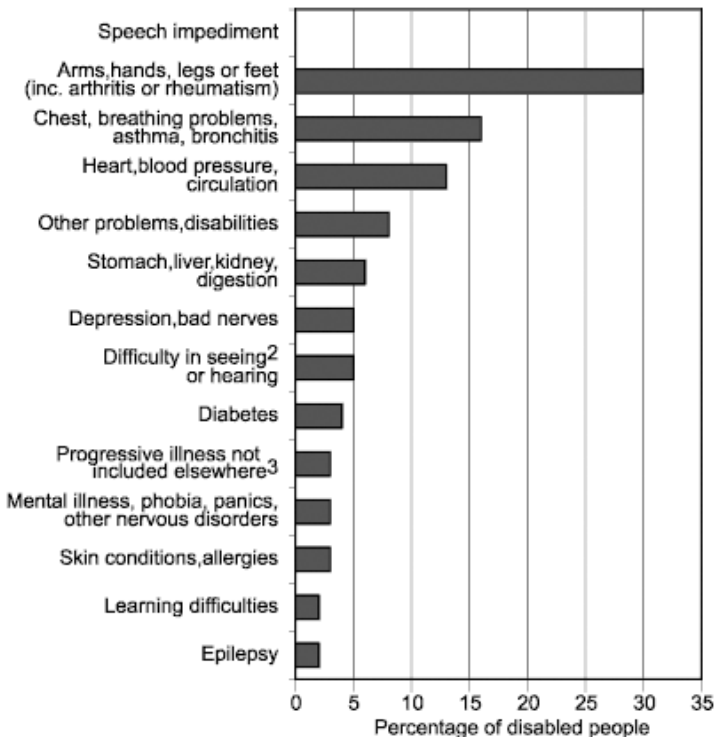
- ◆ Dyslexia – a difficulty with words
- ◆ Dysgraphia – writing difficulty
- ◆ Dyspraxia – motor difficulties
- ◆ Dyscalculia – a difficulty performing mathematical calculation.
- ◆ Attention deficit disorder or Attention deficit hyperactive disorder (ADD or ADHD) – concentration difficulties with heightened activity levels and impulsiveness.
- ◆ Asperger’s syndrome and Autism – emotional behaviour or even social communication difficulties.

2.4 Profound and Multiple Learning Disabilities

◆ People who have profound and multiple learning disabilities have specific support needs and differ in nature and intensity to individuals with moderate or mild learning disabilities. Individuals with profound and multiple disabilities maybe faced with other difficulties such as; sensory or physical disabilities, mental health problems, autism, or challenging behaviour.

Statistics from the Scottish Executive:

Percentage of disabled¹ people of working age by type of main health problem reported, 1999



Source: Labour Force Survey: Spring to Winter 1999

3. Changing Perspectives in Scotland

3.1 Historical Perspective

◆ Approaches to dealing with disability in Scotland can be related back to the rise of the industrial revolution in the late 18th Century. Production moved away from agriculture and home economies where people with a disability could be supported, to industries such as mining and cotton which required a more efficient, complex level of work from employees.

Due to the passing of the Poor Law Amendment Act (1834), people who were unable to work or were unable to support themselves usually became the responsibility of the state. The solution was to house many people in institutions and the 19th Century saw the rise of workhouses and asylums.

This led to individuals with any form of disability being sent away to live in large residential institutions/hospitals. These establishments were usually in isolated locations and the residents had little or no contact with the local community or their own families.

People with a disability were largely written off and there were no or little



expectations of what children and adults with a disability would achieve.

It was many decades before any large-scale moves were made towards granting all people with a disability a place back in mainstream society.

The Beveridge Report (1942) aimed to tackle 5 major areas of concern: want, disease, ignorance, squalor and idleness and it covered the whole population, amendments were made to this report and as a result the National Health Service came into being in 1948. The National Health Service provided a comprehensive health care system which was open to all and free at the point of delivery. By 1945 local authorities had appointed social workers to help develop the provision of social care.

The 1960's and 1970's saw a move towards community care but this was still seen as institutionalised.

3.2 Development in Approach to People with a Disability

◆ During the 1970's and 1980's several reports and acts on segregated care and education for people with a disability were published. At the same time there was a political movement that arose amongst people with a disability, who formed organisations such as the Union of Physically Impaired Against Segregation (UPIAS).

The concept of “normalisation” began to influence the delivery of care for people with a disability during the 1980's. Normalisation theory began to have an influence on service provision, it emphasises the unique value of the individual, their right to choice and opportunity, and the right to any extra support they need to fulfil their potential. It was recognised existing institutions hampered inclusion and integration into the community.

Today services for people with a disability are devoted to ensuring individuals have the same opportunity as everyone else in society. Today we understand that everyone is able to grow at their own pace, and should be valued as an equal member of society, being able to contribute to it in their own unique way.

The Scottish Executive published a review of services for people with learning disabilities entitled “*The Same As You*” in May 2000. This review was much awaited, it made 29 recommendations for developing learning disability services setting out a programme for change over 10 years. The review emphasised that people with learning disabilities should be treated and respected as individuals with the right to decide what kind of life they want to lead, it also emphasised the importance of making sure that everyone who wants to can take an active part in their community and have full access to general services with specialist support provided when it is needed.

Case Study

Following the introduction of this review report Gregor found different possibilities and options opened up for him. He had always indicated he would like to have a job and live in his own flat. His parents were worried he would not cope and feared allowing him the independence he wished.

3.3 Rights of People with Disabilities within Society

◆ People with a disability have the same rights in Scotland as the rest of the community, to ensure this is so

legislation has been passed supporting rights in the following areas:

Access

The Disability Discrimination Act 1995 give people with disability important rights of access to everyday services, including shops, restaurants, banks and all public buildings.

Employment

It is unlawful for employers to discriminate against people with a disability for a reason related to their disability, in all aspects of employment, unless this can be justified.

Health

The Disability Discrimination Act 1995 gives people with disability important rights of access to health and social services. Individuals have a right to information about healthcare and social services in a way that is accessible to them where it is reasonable for the service provider to provide it in that way.

Education

The Special Educational Needs and Disability Act 2001 amended the Disability Discrimination Act 1995 to make it unlawful for education providers to discriminate against pupils, students and adult learners with a disability – and to make sure people with a disability are not disadvantaged in comparison to people without a disability.

Transport

People with a disability have important rights of access in relation to transport and travel, such as railway stations, bus stations and airports under the Disability Discrimination Act 1995. The Act also means individuals have a right to information about transport – for example timetables, in a way that is accessible to them where it is reasonable for the transport provider to provide it in that way.

ENABLE Scotland which is a leading national voluntary organisation for people with learning disabilities, believes people with learning disabilities should be valued as full active members of the community. They believe like everyone else, people with learning disabilities have the right:

- ◆ to be born
- ◆ to live in the community
- ◆ to education
- ◆ to training
- ◆ to use local services
- ◆ to employment
- ◆ to a variety of relationships including marriage
- ◆ to become parents
- ◆ to vote
- ◆ to participate as much as possible in decisions about their lives.

4. Identifying and Meeting the Needs of People with a Disability in Scotland

4.1 Assessment Methods

◆ The Community Care legislation states an individual should have an individual needs assessment carried out prior to a care package being tailored to meet their identified needs. This is carried out by a Care Manager – who in a Multi-disciplinary team can be a qualified Social Worker, Nurse or Occupational Therapist.

There are various stages in assessing and recording an effective care plan. The stages are:

Assessment

Setting goals

Implementing care

Reviewing and evaluating care

Assessment

The assessment of care is a vital but complex process. It involves:

- ◆ collecting information
- ◆ recording and reviewing information
- ◆ interpreting information.

Whatever the care setting, information gathered about service users forms the basis of care planning. At its most basic this includes essential biographic data, for example name, address, date of birth, marital status, religion, next of kin and health record.

Although vital, this type of information is only a start. To be able to organise care that is sensitive, relevant and creative care workers need to go well beyond this, to build a more comprehensive picture of the service users and their abilities, aspirations, perceptions and expectations. This will lead to an assessment of their care needs and the development of a care plan. It is good practice to use a care plan checklist to ensure all aspects of the care have been considered and nothing has been missed. The checklist should be completed on initial assessment and reviewed at each 6-monthly review.

See Appendix 1 – example of a Care Plan Checklist

Case Study

Due to the nature of Gregor's physical disability and learning disability he attended a Specialist school up to the age of 18. He enjoyed certain aspects of his education but always felt frustrated at being in a specialist school and wished to attend the local school like his brother.

A year prior to leaving school a transitional meeting was held for Gregor to discuss and plan for his future needs. At this stage Gregor was introduced to a Care-Manager who would have

responsibility for working with him and his family to assess his needs and tailor a care-package which would meet his needs.

The Care-Manager found there was a degree of friction between Gregor and his parents concerning his future and felt it would be best for Gregor to have an Independent Advocate to help him express his wishes.

See Appendix 2 for Care plan to meet assessed needs.

4.2 Common Approaches and Methods in Meeting Individuals Needs

◆ It is important when meeting individuals needs to remember the basic principals and standards of care.

Partnership and negotiation are important aspects of care and include:

- ◆ explaining about the process of care planning
- ◆ asking for service users' views on how they see their needs
- ◆ agreeing goals for care
- ◆ discussing ways in which goals can be met
- ◆ deciding together how well goals have been achieved
- ◆ deciding jointly what should happen next.

Advocacy is seen as a method of good practice in allowing individuals with learning disabilities and communication difficulties to be involved and included in the delivery of their care.

Advocacy means to speak out and act on behalf of someone. Both advocacy and self-advocacy contribute towards growth in an individual's self-esteem and confidence, and therefore helps to maximise their potential.

There are three forms of advocacy: citizen/independent, legal and self.

1. *Citizen/independent advocacy*

This is the voluntary involvement of a member of the public in the life of somebody who is receiving care. Citizen advocates get to know an individual, how they communicate, what their likes and dislikes are and what their needs are. They stand by them when they speak up for themselves so that people listen and take notice – or speak up on their behalf if they are not able to do that. They help to build bridges to the wider community and broaden social networks, they are not there to help carers or care staff.

2. *Legal advocacy*

This does not necessarily involve a personal relationship. Advocates are independent and seek to monitor and safeguard the legal and financial affairs of those unable to do so for themselves thereby minimising exploitation.

3. Self-advocacy

This is simply a process whereby service-users are encouraged to speak out directly for themselves either individually or collectively. It was first developed in Sweden and the USA, when people were transferred from large institutions into the community. It involves service users acting as a group in order to express their mutual needs. There are many groups in Scotland which are involved in promoting self-advocacy.

Care Planning

Care planning is one of the most important aspects in ensuring that an individual receives the care that they require.

Person Centred Planning is considered good practice and is based on an explicit set of beliefs and values concerning people with disabilities, services and communities. At the heart of all the planning approaches is the belief that every single individual has their own life to lead, a life that is right for them.

Person Centred Planning puts the person at the centre of a planning process and shifts power to them.

It is about:

- ◆ Listening to and learning about what people want from their lives
- ◆ Helping people to think about what they want now and in the future

- ◆ Family, friends, professionals and services working together with the person to make this happen

Various tools are used in *Person Centred Planning*, the tools differ in the way information is gathered and whether emphasis is on the detail of day to day life or on longer term plans for the future. A skilled and experienced facilitator can adapt any tool to cover all the areas in a person's life. People may need to focus on different levels at different times, and therefore use one planning tool at one time and another at a different time. The different tools used in *Person Centred Planning* are: ESSENTIAL LIFESTYLE PLANNING, MAPS, PATH, COMMUNITY BUILDING and CIRCLES OF SUPPORT.

For more information:

www.circlesaroundddundee.org.uk



“I was really worried that when I moved into my own house that if things didn’t work I would have to go back into the hospital. I know now that the people who are in my Circle of Support will not let that happen” quote from a person with learning disabilities.

Case Study

Gregor’s Advocate felt Gregor may benefit from working with people to develop a Person-centred plan. Through this Gregor was able to indicate he wished to move into his own flat, learn more about computers, go out from time to time to the pub, go to football matches and take a holiday without his parents.

As a result of Person-centred planning a befriender was found who accompanied Gregor out one evening a week to his local pub and on a Saturday afternoon to watch his favourite football team play home matches. Through this Gregor developed a wider circle of friends. Gregor started a computer class in the local community centre assisted by a Support Worker.

Communication Methods

It is essential when you are working with people with communication difficulties you establish a clear and understandable method of communication. Everyone is different and will have their preferred method of communicating. Here are some of the methods used in this country:

Sign Language

Signing as been used by people with hearing impairments for a long time although this method is not only for people with hearing impairments. Signing can be used with people who are non verbal.

Makaton (trademark) is a system of communication that uses a vocabulary of “key word” manual signs and gestures to support speech, as well as graphic symbols to support the written word. It is used by and with people who have communication, language or learning difficulties.

Makaton was developed in the early 1970s in the UK for communication with residents of a large hospital who were both deaf and intellectually disabled. The name is a blend of the names of the three people who devised it: Margaret Walker, Kathy Johnston and Tony Cornforth.

Communication Passport

A Communication Passport is a folder or booklet of information about the things like what a person wishes to be called, food preferences, likes, dislikes, important information and so on. The person takes it with them wherever they go. Sometimes this can be in the form of a tape.

Pictures and symbols

These can be used to help people read, instead of them actually reading the word they use the picture symbol to help them read the information. To Find

out more about using pictures and symbols the following website might be of interest: **Widgit** (<http://www.widgit.com/>) If you would like to view a website dedicated to this method of communication then Symbolworld is the website for you.



Facial Expressions

These can be used to help someone communicate their feelings when they are unable to communicate verbally.

Assistive Technology (AT)

AT promotes greater independence for people with disabilities by enabling them to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to or changed methods of interacting with the technology needed to accomplish such tasks.

Switches

These can be programmed with different sayings to help the person communicate. There are activated when the person presses it

Other methods may include:

- ◆ the use of speech
- ◆ writing words down
- ◆ finger spelling
- ◆ the use of speech
- ◆ line drawings
- ◆ tape
- ◆ Braille

5. Legislation

◆ The following are pieces of legislation which supports adult care and community care in Scotland:

- ◆ Social Work (Scotland) Act 1968
- ◆ National Health Service and Community Care Act 1990
- ◆ Adults with Incapacity (Scotland) Act 2000
- ◆ The Community Care (Direct Payments) Act 1996
- ◆ Carers' (Recognition and Services) Act 1995
- ◆ Mental Health (Patients in the Community) Act 1996
- ◆ Mental Health (Care & Treatment) (Scotland) Act 2003
- ◆
- ◆ The Regulation of Care (Scotland) Act 2001



- ◆ to provide for people to live their lives in their own homes, or in a homely environment, in the local community
- ◆ to provide the right amount of care and support to help people to achieve maximum independence and, by acquiring (or re-acquiring) basic living skills, help them to achieve their full potential
 - ◆ to give people a greater individual say in how to lead their lives and in the services they need to help them do so.

The NHS and Community Care Act 1990 which was fully implemented from 1st April 1993 and saw a shift in the balance of care for many service-users, in particular people with a disability, away from hospitals and long stay institutions to care which allows them to live in their own homes or a community setting.

This piece of legislation has promoted a “mixed economy of care”.

It has also resulted in most local authorities across Scotland setting up Specialist teams for people with Physical Disabilities and Learning Disabilities to co-ordinate service delivery.

These teams are made up of a number of care professionals from the Health

The National Health Service and Community Care Act 1990

The Act covers services to people who:

- ◆ are elderly and need help
- ◆ have a physical disability
- ◆ have a learning disability
- ◆ have or are recovering from mental health problems
- ◆ have problems with alcohol or drugs, are HIV positive, or have AIDS.

Policy and practice issues

The Act is based on three goals highlighted in the White Paper ‘Caring for People’ (DOH, 1989); these are:

Service and Social Work Department who have links to other departments and agencies such as Housing, Education and the Independent sector.

The Community Care legislation states an individual should have an individual needs assessment carried out prior to a care package being tailored to meet their identified needs. This is usually undertaken by a Care Manager.

Case Study

Gregor's Care-Manager was responsible for assessing his needs and devising a suitable care package. This ensured the necessary referrals were made to appropriate agencies. For example: Specialist Housing/Care Association for accommodation, Physiotherapist, Speech and Language Therapist for health needs, ensuring all income benefits are in place.

Adults with Incapacity (Scotland) Act 2000

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- ◆ benefit him or her;
- ◆ take account of the person's wishes and those of his or her nearest relative, carer, guardian or attorney; and
- ◆ achieve the desired purpose without unduly limiting the person's freedom

It is important to realise that the Act recognises that incapacity is not an

'all or nothing' situation. Adults may be able to make decisions about some aspects of their lives but not others.

The Community Care (Direct Payments) Act 1996

This Act makes it possible to pay money directly to a person who has been assessed as in need of services, in order for him or her to choose and purchase the community care service(s) he or she needs. The Act is discretionary. Each local authority can decide whether or not to implement direct payments.

The Carer's (Recognition and Services) Act 1995

This Act places a duty on social work services to assess carers' needs. When an assessment is being carried out under the NHS and Community Care Act 1990, a carer may request that an assessment of their needs, and their ability to continue to provide care, is carried out before decisions are taken.

Case Study

As stated in the above Act, Carers have a right to have their needs assessed. Gregor's parents were finding it increasingly difficult to cope with all his care needs as he became an adult. He required considerable assistance with personal care and his parents were struggling. It was agreed by his parents and Gregor whilst he lived at home he would get assistance with personal care from a male Social Care Officer, the

downstairs bathroom would be adapted and an easy access shower fitted.

Gregor's parents were also in need of sometime on their own so with Gregor's agreement it was arranged he would go to respite care on a regular basis at a purpose built unit for individuals with disabilities.

Disability Discrimination Act 1995

Overview

In so far as provision of goods and services is concerned, it is unlawful to:

- ◆ refuse to serve or deliberately not provide a service to a person with a disability when it is normally offered to other people
- ◆ provide a lower standard of service or in a worse manner to a person with a disability
- ◆ provide a service to a person with a disability on less favorable terms.

Organisations are required to take reasonable steps to:

- ◆ change policies, practices or procedures that make it unreasonably difficult for people with a disability to use services
- ◆ provide auxiliary aids and services, for example provide information in large print, Braille, etc.

By 1 October 2004 all organisations for public access should have removed all physical barriers or be able to provide services by reasonable alternative means.

Disability Discrimination Act 1995 after October 2004

On 1 October 2004 the final stage of the goods, facilities and services provisions of Part III of the Disability Discrimination Act came into force. The new duties applied to businesses and to other providers of services to the public where physical features make access to their services impossible or unreasonably difficult for people with a disability.

The Regulation of Care (Scotland) Act 2001

The Act establishes a system of care service regulation including the registration and inspection of care services which takes account of national care standards. The Act has created two national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

6. Financial Support

◆ Financial benefits

*(Currency conversion 15.04.08 – £1 = 1.25 euros)

People in Scotland who are unable to work due to sickness or disabilities are entitled to claim benefits.

The main benefits someone with a disability can claim are:

DISABILITY LIVING ALLOWANCE – this is paid to people under 65 years of age. There are two components to this benefit, they are:

Mobility Component – to help individuals to get around

Lower rate = £17.10* euros 21.37

Higher rate = £45.00* euros 56.25

Care Component – to help individuals with personal care

Lower rate = £17.10* euros 21.37

Middle rate = £43.15* euros 53.94

Higher rate = £64.50* euros 80.62

Receiving Disability Living Allowance may entitle an individual to higher payments of Income support, housing benefit and council tax benefit

INCAPACITY BENEFIT – this is awarded if due to a disability or illness a person is incapable of work, the individuals may have to undertake a Personal Capability Assessment (PCA), however if the person is in receipt of Higher Care, Disability Living Allowance they are exempt from having to undertake this assessment.

This benefit is awarded on a short-term and long-term basis:

Short-term	Lower rate (0–28 weeks)	= £61.35* euros 76.69
	Higher rate (29–52 weeks)	= £72.55* euros 90.69
Long-term	Long term (52+ weeks)	= £81.35* euros 101.69
Age addition	Under 35 years	= £17.10* euros 21.37
	35 to 44 years	= £8.55* euros 10.69



PERMITTED WORK – an individual can be paid for doing a small amount of work without being found capable of work.

Lower limit – up to £20* euros 25 per week for an unlimited period

Higher limit/supported – working for under 16 hours per week and earning up to £86* euros 107.50 per week for 26 weeks with a possibility of a further 26 weeks' extension, in some cases of people working in supported work programmes an individual may be able to carry on working indefinitely.

This income does not affect Incapacity Benefit but may reduce entitlement to income support, housing benefit and council tax benefit.

7. Services for People with Disabilities

◆ Services for people with disabilities in Scotland are delivered and provided by a mixture of Statutory, Private, Independent and Voluntary agencies.

7.1 Statutory Services

◆ The agencies that have responsibility for delivering statutory services are:

- ◆ The Health Service
- ◆ Social Work Department
- ◆ Education Department

There is a wide range of services for people with disabilities in Scotland. The Health Service and Social Work Department work jointly in many areas of service provision.

The Social Work Department has a statutory duty to assess and arrange care packages for individuals. Services they provide and arrange include:

- ◆ Advice and information
- ◆ Home Care Services
- ◆ Day Care Services
- ◆ Adaptations to the home
- ◆ Short Breaks/Respite
- ◆ Care Homes
- ◆ Supported Accommodation
- ◆ Community Alarm
- ◆ Supported employment and training

Social Work Departments are able to commission and purchase community care services from a range of providers within the voluntary and private sectors through the negotiation of contracts and service level agreements. Around 48%

of voluntary sector organisations in Scotland are involved in the provision of social care services ranging from large national charities to small self help groups (Scottish Council for Voluntary Organisations, 1999).

The National Health Service has a statutory duty to provide the following services:

- ◆ Hospitals
- ◆ Doctors, Nurses, Specialists
- ◆ General Practitioners
- ◆ Dentists
- ◆ Opticians

Within the Health Service people with disabilities are offered a range of specialist services when required they include:

- ◆ Community Nurses and Health Visitors
- ◆ Physiotherapists
- ◆ Occupational Therapists
- ◆ Speech and Language Therapists
- ◆ Chiropody Services
- ◆ Pharmacy Services
- ◆ Hearing Aid Services
- ◆ Hearing Therapist
- ◆ Specialist Rehabilitation Services
- ◆ Specialist Day Care/Day Hospitals
- ◆ Inpatient Psychiatry Services

Case Study

From an early age Gregor benefited from attending regular sessions with a Physiotherapist and a Speech and Language Therapist. It was identified he would continue to require this service into his adult life.

The Education department has a statutory duty to provide education to all children in Scotland up to the age of 18 years. The Special Educational Needs and Disability Act 2001 and the Education (Additional Support for Learning) (Scotland) Act 2004 ensures all children and adults with disabilities and/or additional support needs are offered support to enable them to progress through their course of study.

The majority of education provision is provided in mainstream schools and colleges. There is specialist schools provision for individuals who find mainstream schools are not meeting their needs.

Within Further Education colleges students with a disability or additional support needs are catered for in a variety of ways:

- ◆ Individual learning support within mainstream courses
- ◆ Introductory Courses
- ◆ Special Programmes in specific subjects e.g. Catering, Horticulture
- ◆ Special Programmes section offering Life skills preparation

7.2 Voluntary Services

The Voluntary Sector – as previously mentioned the Voluntary Sector makes a significant contribution to the provision of services for people with disabilities in Scotland.

Voluntary Organisations are:

- ◆ Non-profit making
- ◆ Non-statutory
- ◆ Autonomous
- ◆ Often have charitable status

Voluntary Organisations provide a huge variety of services including:

- ◆ Housing
- ◆ Home Care Support
- ◆ Supported Accommodation
- ◆ Advocacy services
- ◆ Advice and information
- ◆ Day care
- ◆ Specialist equipment/resources
- ◆ Respite care
- ◆ Residential Care
- ◆ Supported employment and training

7.3 Private/Independent Services

The Private/Independent sector has developed as a service provider since the implementation of the National Health and Community Care Act 1990. The Local authorities Social Work Department contract the Private/Independent Sector to provide services for people with disabilities.

The main areas of service provision by the Private/Independent sector are:

- ◆ Residential Care
- ◆ Nursing Care
- ◆ Housing
- ◆ Supported Accommodation
- ◆ Home Care
- ◆ Supported Employment/Training

8. Working in Different Care Settings

Ethics of care work with people with disabilities

The following ethical principals when working with people with disabilities are the foundations on which the Nationals Care Standards are based.

Individuals have a right to:

Dignity

- ◆ be treated with dignity and respect at all times; and
- ◆ enjoy a full range of social relationships

Privacy

- ◆ to have privacy and property respected; and
- ◆ be free from unnecessary intrusion

Choice

- ◆ make informed choices, while recognising the rights of other people to do the same; and
- ◆ know about the range of choices

Safety

- ◆ feel safe and secure in all aspects of life, including health and wellbeing;
- ◆ enjoy safety but not be over-protected; and
- ◆ be free from exploitation and abuse

Realising your potential

- ◆ achieve all you can
- ◆ make full use of the resources that are available to you; and
- ◆ make the most of your life

Equality and diversity

- ◆ live an independent life, rich in purpose, meaning and personal fulfilment;
- ◆ be valued for your ethnic background, language, culture and faith;
- ◆ be treated equally and live in an environment which is free from bullying, harassment and discrimination; and
- ◆ be able to complain effectively and without victimisation.

The Care Commission which was set up following the Regulation of Care(Scotland) Act 2001 registers and inspects all the services for disabled people regulated under the Act, they must take account of the National Care Standards which have been issued by the Scottish Executive when undertaking their work. You can get more information about the Care Commission and the National Care Standards from its website www.carecommission.com

Working with individuals with a disability in Scotland can be wide and varied. The following are some examples of the types of placements you maybe offered on your visit to the Dundee area.

8.1 Day Centres

◆ Day centres offer people with physical disabilities and learning disabilities a place to develop their social, education and independent living skills. Most of the day centres in and around the Dundee area provide separate provision depending on the nature of an individual's disability.

The Social Work Department run a **Skills Centre** for adults with physical disabilities or a progressive illness. At the centre they encourage and promote independence so individuals may regain confidence and self-esteem whilst acquiring the necessary skills, knowledge and acceptance to cope with a much altered lifestyle.

Skills Officers are in charge of the various skills areas and will assist an individual to achieve their goals.

This is done by offering a variety of skills activities some of which are – gardening, crafts, music, computers, communication groups, cooking, health groups, and personal presentation.

Adult Resource Centres are run by the Social Work Department for individuals with a learning disability and offer a variety of opportunities for the individual to develop social, education and independent skills.

Day Centre Officers work closely with individuals who attend an Adult Resource Centre.

The following describes the DUTIES OF A DAY CENTRE OFFICER:

The role of a Day Centre Officer varies throughout the service. The structure at a centre within the Tayside area has D.C.O.'s working in 3 main areas: either in Traditional, Community or Profound Multiple Learning Disability services.

Each D.C.O is assigned specific individual roles which are in: Transport, Programmes, College, and P.M.L.D (Profound Multiple Learning Disability/ A.S.D. (Autistic Spectrum Disorder), Arts, Health and Safety or Gardening.

A D.C.O. describes their role as P.M.L.D. and A.S.D co-ordinator, who has a team of 4 Social Care Officers and 1 Care Domestic.

Main Duties are:

- ◆ Develop individual activity programmes and to monitor, evaluate and review them.
- ◆ Execute physiotherapy programmes and Rebound Therapy
- ◆ Prepare and set up communication programmes
- ◆ Assist with Personal Care
- ◆ Assist with feeding orally and with gastrostomy feeds
- ◆ Staff rotas
- ◆ Staff supervision/appraisal
- ◆ Staff meetings

- ◆ Risk assess/Health and Safety/Moving and Handling covering all areas in P.M.L.D./A.S.D
- ◆ Paperwork/File updates/Referrals/Appointments/Risk assessments Protocols
- ◆ Organise training sessions
- ◆ Liaise with parents/carers and professionals (Care Managers, Occupational Therapist, Physiotherapist, Speech therapist, Community Learning Disability Nurses, Dietician and Doctors of varying disciplines).
- ◆ Autism specific activities and assessment
- ◆ Home visits
- ◆ Mentoring Role

People with profound and multiple disabilities are living longer with complex health needs therefore if has been necessary for day centre staff to train in areas of nursing to support Service-users with necessary medical interventions. Therefore it is necessary to work very closely with the Community Nursing Team on a daily basis and as a result specific D.C.O's are trained in health specific areas such as gastros/traki feeding/suctioning and replacing tubes, cleaning and dressing pressure sores, medication and emergency medical protocols.

Autism specific work is another area which is developing rapidly within the service and part of the D.C.O role is to work with the Autistic Society in training and implementing programmes to meet the needs of individuals.

A typical day for a day centre officer is:

8.45am – Meet with Service Users for a chat while assisting with peg feeding.

9.00am – Full staff meeting

9.20am – Meet with staff team/discuss the days events and any issues arising

9.30am – Meet with Community Nurse Team Leader/ address Service Users medical needs

10.00am – Execute Physio programmes

10.30am – Activities/Communications/Wheelchair skating etc

12.00 noon – Personal care

12.30pm – Working lunch/Assist with feeding

1.15pm – Make telephone calls

1.30pm – Paperwork and prep time

2.00pm – Programmes activities

3.00pm – Complete communication books/personal care

3.15pm – Feed-back to Unit Manager

3.30pm – Make telephone calls/paperwork/prep

4.00/30pm – Finish

The roles previously described are accommodated through the timetable of events throughout the days of the week.

Research Centre and Day Centre

The Research Unit and Day Centre represent a unique collaboration between the voluntary sector and statutory social work and health agencies, together with the University of Dundee. The Centre provides a day service to adults with profound and multiple learning disabilities and respite provision for such adults and children, the Unit has developed a

programme of research into a wide range of topics of importance to people with learning disabilities, their parents and carers, and staff and professional service providers. Research has focused principally on two themes: people with profound and multiple learning disabilities with respect to both their individual characteristics and their service needs; and the impact of ageing on people with learning disabilities and its consequences for their family carers.

Capability Scotland, one of the leading voluntary disability organisations in Scotland runs two centres, whose aims are: to provide a safe, caring and stimulating day centre environment and service for adults with varying abilities, to provide opportunities that offer choice, encourage maximum independence, promote self-advocacy and respect the dignity and privacy of individuals. to acknowledge and support individual needs and aspirations within a culture that recognises their rights to feel valued as an individual, member of their community and society in general.

8.2 Respite Care

◆ Respite care for adults with a physical disability or progressive illness is offered by the Social work Department in a purpose built 12 bedded unit.

The service does not provide nursing care; it provides a service individually tailored to meet the needs of each

person who stays there. Personal choice and dignity form the basis of care plans. The service promotes independence and freedom of choice.

Private care providers and voluntary organisations also offer respite care within care homes or through support to families at home.

Case Study

Gregor thoroughly enjoyed attending the purpose built unit for respite. He saw it as a step to independence where he was able to enjoy a number of activities. He particularly enjoyed going out to the local bars to watch football matches on TV.

8.3 Supported Accommodation/Living

◆ **Cornerstone Community Care** is a voluntary organisation with charitable status which is a Scottish wide organisation, the majority of their funding comes from local authorities who commission their services. Their aim is to enable people who require their support to enjoy a valued life. Within the Dundee area they have developed services for people with learning disabilities and currently support 18 people in 5 properties. Each person has their own tenancy and receive 24 hours a day, 7 days a week service from Cornerstone.

Cornerstone supports their service-users to be as independent as possible and to access local facilities by using a person centred approach. The support they provide is tailored to meet the individual's specific needs.

They also provide a community support service for people with learning disabilities to either live independently or with relatives. This is an enabling service where service-users are supported a few hours a week to participate in an activity of choice. For example being supported to attend a local drama club or being supported to live independently through support to prepare meals, take medication and keep the house clean.

Case Study example:

“It was always harrowing visiting my brother in hospital, he was born with severe learning disabilities and it was distressing to see him spend a lifetime in an institution, entirely dependent upon others. I always felt sad as I drove away from the hospital. But a miracle did occur! At the age of sixty and almost blind, he has recently been transferred to a Cornerstone house nearby. The transformation is incredible. Seeing him relish the luxury of his new life, I was overwhelmed by the devoted attention he receives from his exceptional carers.”
Relative of a Cornerstone service user

Carr-Gomm Scotland is a professional non-profit making voluntary organisation and charity that offers a support service in the Dundee area. Their mission is to assist people to live in their own homes and to lead their lives safely. They support people who are affected by mental health difficulties or who have learning disabilities. They do this by providing supported living and community care services with a person centred approach.

They can help with: staying safe and well, taking medication, managing money, making and keeping appointments, looking after the house, shopping and cooking, making friends, trying out new interests, personal care and any other part of an individual's life that they need support with.

Gowrie Care is a registered charity. They offer support to people with learning difficulties, people on the Autism Spectrum and people with physical disabilities in the Dundee area. They provide a wide range of person centered support.

In the Dundee area they operate various small group homes for people with a learning disability and a physical disability which are staffed 24 hours a day. They also offer home support to individuals with learning disabilities or individuals affected by head injuries in their own homes.

Case Study

Gregor was eventually offered the chance of moving to his own specially adapted flat provided by one of the local Care organisations. Gregor receives support with cooking, shopping, budgeting, looking after the flat and personal care. He also receives assistance from Support Workers and his circle of friends to go out socially. Gregor's flat is in a small complex of similarly adapted flats and has an alarm system for 24 hour assistance. Initially Gregory had someone stay over night with him until he felt confident in staying alone. The complex also has a communal lounge area where the tenants can meet up with each other.

It was the happiest day of Gregor's life when he received the key to his flat.



8.4 Supported Employment, Training and Education

◆ There is an **Employment Unit** which creates employment opportunities for people with disabilities and assists individuals to find and maintain work in the Tayside area.

The Unit provides a one:one service to an individual to enable them to access

a variety of services. The activities the unit uses to deliver their service to meet the employment needs of people with disabilities are:

- ◆ Job Clubs
- ◆ Work Experience Placements – to enable individuals to develop their skills
- ◆ WORKSTEP – providing employers with support for disabled employees
- ◆ Support Team – providing on-going support and assistance to individuals
- ◆ Consultancy and Advisory Service – to local employers, voluntary organisations and disabled people regarding good employment practice.

College offers students with additional support needs a range of services to assist them in accessing their course of choice. At Dundee college the Students support service will offer any student who identifies they have additional support needs an assessment at the start of their studies to identify with the student how best to meet their needs. Support varies and can include; scribes, readers, adapted materials, specialised equipment, individual computers and extra time when sitting exams. As well as offering additional support the college offers Introductory courses and a Special programmes course for individual students with learning difficulties.

The following is a recount by a Tutor who works with students on the Special Programmes course:

“The students come to Special Programmes from secondary school. They either attend a Special School or come from Learning Support Units in Mainstream School. During the first 2 years we work on their Life and Social Skills in a variety of ways depending on the needs of the young person. They study a mixture of Core Skills, Vocational tasters and Personal and Social Development subjects that hopefully will improve their social skills and encourage them to identify their strengths and also their weaknesses. They also get a chance in their second year to make choices in different vocational areas such as gardening or cookery as well as drama and music. The job of tutor involves working with each young person individually and as part of the group. Each young person will have their own difficulties both learning and often social and emotional. Through networking with them and their families and the professionals involved with them, and in some cases helping to put a support network in place, the tutor gains the confidence of these youngsters and hopefully helps them to develop into decent well rounded citizens and fulfil their potential.



In the third year that these young people are in the section they develop their talents further in their chosen vocational area and may get a work placement e.g. in caring for children or old people or

catering or fixing cars. Much guidance work is done in this year towards their leaving and where they are going to move on to. Here the tutor can link up with Careers Scotland, The Employment Disability unit or a further course within the College e.g. Introduction to Care or Introduction to Catering.”

8.5 Care Homes/ Nursing Homes

◆ In and around the Dundee area there are several homes which provide residential or nursing care for people with a physical disability or a learning disability. The majority of the care and nursing homes are run by private organisations or companies with the exception of one which is run by National Health Service.

The homes vary in size from as large as 67 residents to smaller homes for up to 6 residents. The majority of the homes offer short stays and some run their own day care facility.

9. Education

◆ Scotland's education system is quite different to that of the rest of the United Kingdom as well as to the system in your own country.

When Scotland got its own parliament in 1999, as a result of devolution, the responsibility for education became that of the new Scottish Parliament.

The education and training policy in Scotland is overseen and administered by the Scottish Governments Education Department and the Scottish Governments Enterprise and Lifelong learning Department.

At a local level it is the responsibility of one of the 32 councils to deliver the education services in preschool, primary and secondary education. The Scottish Government gives a sum of money each year to support education and it is up to each local authority to decide how to allocate the money given to them. Both Further and Higher Education are funded by the Scottish Government. The Funding Council supports both Further and Higher Education.

The SQA is a very important body in Scotland and has responsibility for the vast majority of qualifications which



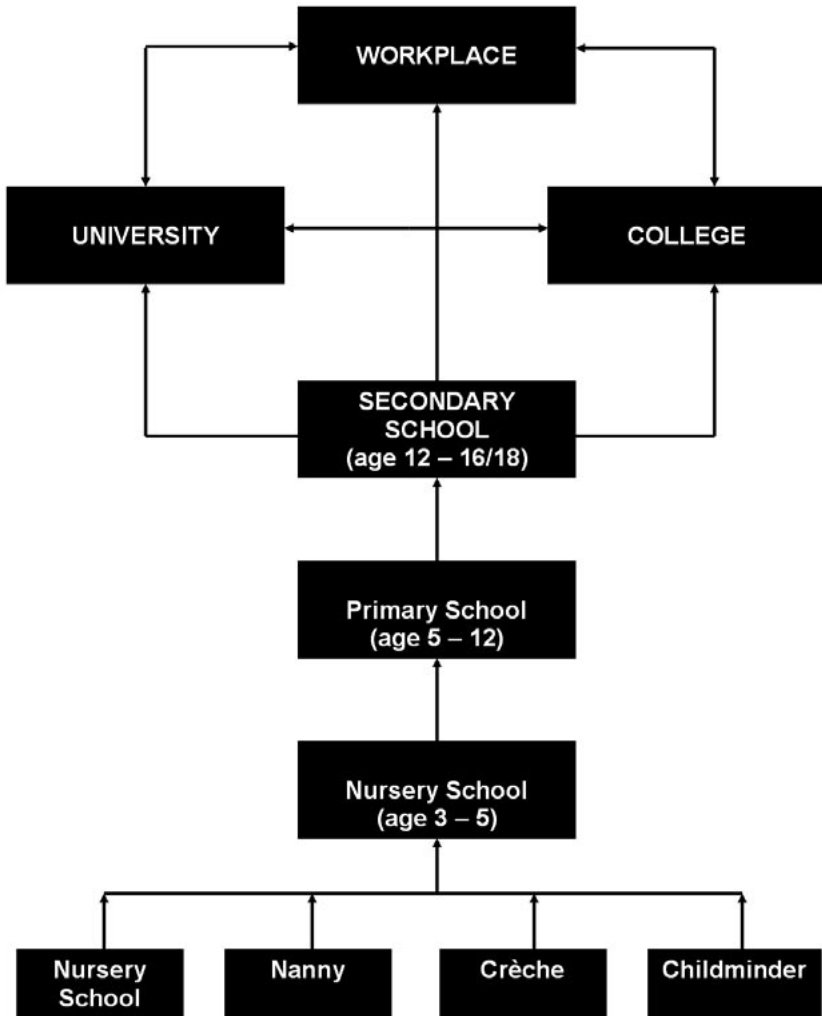
are completed in school and college environments. They **are not** responsible for developing, accrediting, assessing or certification of University qualifications. The SQA can best be described as a 'national body' for qualifications in Scotland. There are many different types of qualifications which people can undertake and which allow for progression to take place.

SQA is responsible for different qualifications which can be described as: Units, Courses and Group Awards.

The Scottish Social Services Council is responsible for registering people who work in social services and regulate their education and training. The Council are in the process of registering the 138,000 workforce and have specified which qualifications are appropriate for particular posts, see their web site for full details www.sssc.uk.com

The Council have stated: *their vision is a competent and valued workforce capable of delivering high standards of care to meet the demands of the 21st Century. As the sector skills council for the social services sector in Scotland, they work with their partners to:*

The following diagram depicts the Education System in Scotland



Scottish Qualifications Authority (SQA)

- ◆ improve and develop the workforce
- ◆ identify skills gaps and shortages
- ◆ provide information on workforce development opportunities
- ◆ achieve a better understanding of the funding streams available for training

There are a wide range of qualifications applicable to care work. The Scottish credit and qualification framework (SCQF) helps people to understand and compare different qualifications in Scotland.

Individuals can gain qualifications by either following a particular course of study at college or university or undertake Scottish Vocational Qualifications (SVQ's) specific to their work role.

SVQs are flexible; there is no condition that a candidate need complete all of the units of an SVQ within a set period, though the national average is around 6–12 months.

Some of the SVQ's available and relevant to working with people with disabilities are:

- ◆ Health and Social Care – Level 2
- ◆ Health and Social Care – Level 3 (Adults)
- ◆ Health and Social Care – Level 3 (Children and Young People)
- ◆ Health and Social Care – Level 4 (Adults)
- ◆ Health and Social Care – Level 4 (Children and Young People)
- ◆ Registered Manager in Health and Social Care Level 4

An SVQ candidate must complete a certain amount of core units and optional units to achieve the whole award. The amount of units varies depending on the Level of award.

For example for the Health and Social Care award – Level 2 the candidate must achieve 4 core units and 2 optional units. The core units for this award are:

- ◆ Communicate with and complete records for individuals
- ◆ Support the Health and safety of yourself and individuals
- ◆ Develop your knowledge and practice
- ◆ Ensure your actions support the care, protection and well
- ◆ being of individuals

There are a wide variety of optional units to choose from given the wide variety of work settings.

A diagram showing a Career path for working in care can be viewed in Appendix Three.

10. Employment Opportunities

◆ According to a Labour Force survey there are around 138,000 people working in the Social services sector across Scotland. This covers the public, private and voluntary sectors. Over the 10 year period of 1994 – 2004 the Social service workforce has grown by around 44% compared to a 7% increase in employment in Scotland overall.

The workforce continues to grow; the voluntary and private sectors have expanded whilst local authority employment has remained the same.

Full-time employment has been stronger than part-time and male employment has grown faster than female employment in contrast to the wider economy.

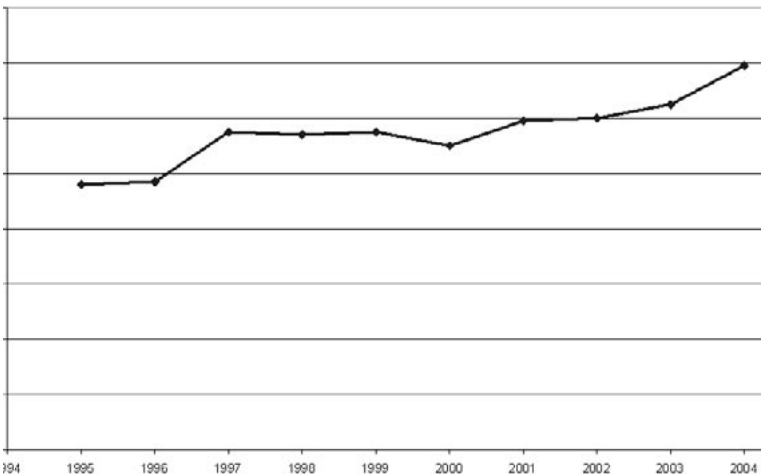
There is a wide range of jobs within the care sector and people can work in a variety of different settings and in many different roles when working with people with disabilities.

The Scottish Social Services Council has produced a booklet entitled A Career in Social Services – a job like no other. In this booklet they list the skills and qualities a care worker must have. They are:

- ◆ empower service-users and assist them to make choices about their future
- ◆ be non-judgemental and promote tolerance in others



Social Services Employment



Social Services Labour Market: 2nd Report of National Workforce group

- ◆ be supportive, considerate and have good listening skills
- ◆ be able to build relationships with service-users, relatives and other professionals
- ◆ work well as part of a team
- ◆ be able to communicate well with service-users, carers and other professionals
- ◆ be able to work calmly and quickly in an emergency
- ◆ be able to administer basic first aid
- ◆ be prepared to gain relevant qualifications as set out for registration with the SSSC
- ◆ be prepared to work flexible hours including evenings, weekends and public holidays

The following are typical job opportunities in the field of working with people with disabilities:

Job Title: Day Centre Officer

Salary: £17,181 – £21,471* Euros 21,476 – 26,838

Ideally you will have a qualification in Social Work, (Dip. SW, CQSW, CSS, DipTMHA) or an SVQ3 in Social Care or the ability to undertake this within a reasonable timescale and other relevant experience as indicated would be welcome.

We are seeking a suitably qualified and experienced person who is interested in joining our team to provide Day Services for Adults with learning disabilities. You should possess an understanding of the needs of clients with learning disabilities and have the ability to stimulate, encourage, be enthusiastic, imaginative, creative in your approach and use personal initiative to work unsupervised when necessary.

You should be able to adapt to existing practices within the Centre and ideally possess skills, which would positively contribute to the staff team structure. As a Day Centre Officer you will be required to implement Individual Care Plans, which will involve introduction of the clients to the larger environment by increasing opportunities of access to community resources. You should also have awareness and knowledge of working with service users with Profound and Multiple Learning Disabilities.

Job Title: Social Care Officer **Ref No:** 684

Salary: £16,067–£18,639* Euros 20,083–23,298

Working 35 hours per week, on a shift-based system, including night duties and weekends, you will work as part of a team providing support to adults with learning disabilities. Duties include working with individuals to implement life plans, using person-centred approaches and promoting inclusiveness in local community settings. Excellent oral and written communication skills and experience of working with vulnerable people are essential along with an understanding of the needs of people with learning disabilities. You must have knowledge of assessment and care planning, an understanding of the principles of person-centred planning and have a non-judgemental attitude, displaying values of respect, privacy, dignity and choice, along with the ability to liaise with other professionals and carers. The ability to cope under pressure, to work unsupervised and as part of a team, as well as on your own initiative is also essential. You will be required to work flexible hours including shift patterns and night duties. Ideally, you will have an SVQ Level 2 in Health and Social Care or equivalent, or be willing to undertake assessment to attain this.

The following is a career profile which featured in *A Career in Social Services – a job like no other*

CURRENT JOB TITLE AND WORKPLACE: Depute Manager, The Jean Drummond Centre

BRIEF DESCRIPTION OF DUTIES:
I work alongside my Manager and two Day Centre Officers to provide a Day Support Service for adults over the age of forty who have been assessed as having a learning disability. This day support service is person centred and concentrates on the needs of each individual service user.

HAVE YOU ALWAYS WORKED IN SOCIAL SERVICES?

I originally trained as a chef in Edinburgh at the same time I was pursuing a career as a professional golfer. When I realised that a career in golf was not going to materialise, I undertook a course in physical education and community studies. During this course I undertook a placement at a facility that catered for children and young adults who had severe communication difficulties, and at this point I realised that I would like to try to make a career in this direction. I moved to Dundee after meeting my wife and I commenced work at The

Jean Drummond Centre in autumn of 1995 as a Day Centre Officer. By 1998 I had progressed to the position of Deputy Manager, a position I still hold and enjoy to this day.

I have also gained the following qualifications while working in social care: Community Care 1 and 2 and SVQ 4 in Social Care from UK Centre for Continuing Professional Development in 2005. I am currently completing the Registered Managers Award in Social Care.

WHAT WOULD YOU SAY TO SOMEONE WHO IS CONSIDERING A CAREER IN SOCIAL SERVICES?

I love working in this sector and cannot see myself doing anything else. It is a hugely rewarding career and you have the opportunity to work with some really wonderful individuals. I am delighted I decided to pursue a career in social care and I have absolutely no regrets. You can benefit from a huge sense of satisfaction and the people who use the service are among some of the best people I have had the privilege to meet.

WHAT CHALLENGES DO YOU FACE IN YOUR JOB?

Every day is different and you never know what will happen. Since the introduction of the Care Commission and the SSSC the whole of the social care sector has had to adapt and become far more professional. Obviously having to adhere to the Care Standards and Codes of Practice has

meant that we have had to develop and implement many more policies and procedures, but although demanding, this has been very enjoyable and eye opening as to the legal requirements of the service.

IN WHAT WAY IS A CAREER IN SOCIAL SERVICES REWARDING?

The people you have the opportunity to work with, and alongside. The satisfaction of knowing that you are enabling the service users to achieve dreams and aspirations that they might have thought were beyond them, an example being, we are taking a group of six service users to London in May to visit the Houses of Parliament, a logistical challenge, but one which has given the service users such a thrill.

HOW DO YOU SEE YOUR CAREER PROGRESSING?

How long is a piece of string? Seriously though, I am very happy in my present position and we are fortunate enough to have a dedicated, professional and excellent team at the Jean Drummond Centre. Opportunities are always there in the social care sector and who knows what the future may hold, but if anyone is considering a career in this sector my advice to them would be "Go for It".

Appendix 1 Care plan checklist

Client

Issue – circle areas of need	Care plan required	Care plan not required	Risk assessment required
Personal hygiene Bathing/showering/hair-washing/shaving/dental care/dressing/menstruation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting Hygiene/continence/mobility/prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Physical assistance/appropriate dress/managing fastenings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Physical assistance/establishing routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility OT assessment for complex needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Escort required/planning/familiar journeys/unfamiliar journeys/roads skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Washing/ironing/sorting/putting away/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic tasks Cooking/menu planning/shopping/dish washing/general cleaning/bedroom cleaning/awareness of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health Diet/aids or adaptations/ongoing health needs/short-term health needs/exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Self-medicating/not self-medicating/ordering prescription/compliance with medication/understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health Self esteem/assertiveness/confusion/anxiety/behavioural difficulties/social awareness/vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationships Family/partner/developing relationships/sexuality/vulnerability/protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication Verbal/non-verbal/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection Physical/psychological/financial/sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring Parenting skills/pet care/caring for dependants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Understanding/budgeting/collecting/paying debts/saving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation Security/use of intercom/gardening/reporting repairs/anti-social behaviour/moving on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and employment Reading/writing/telling time/day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Social activities/holidays/hobbies/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual/religious Attendance at services/exploring faith/funeral preferences/dietary needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers' needs Contact with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This checklist should be completed on initial assessment and reviewed at each 6-monthly review. It should be stored at the beginning of the care planning section of the client's file.

Appendix 2 Care Plan

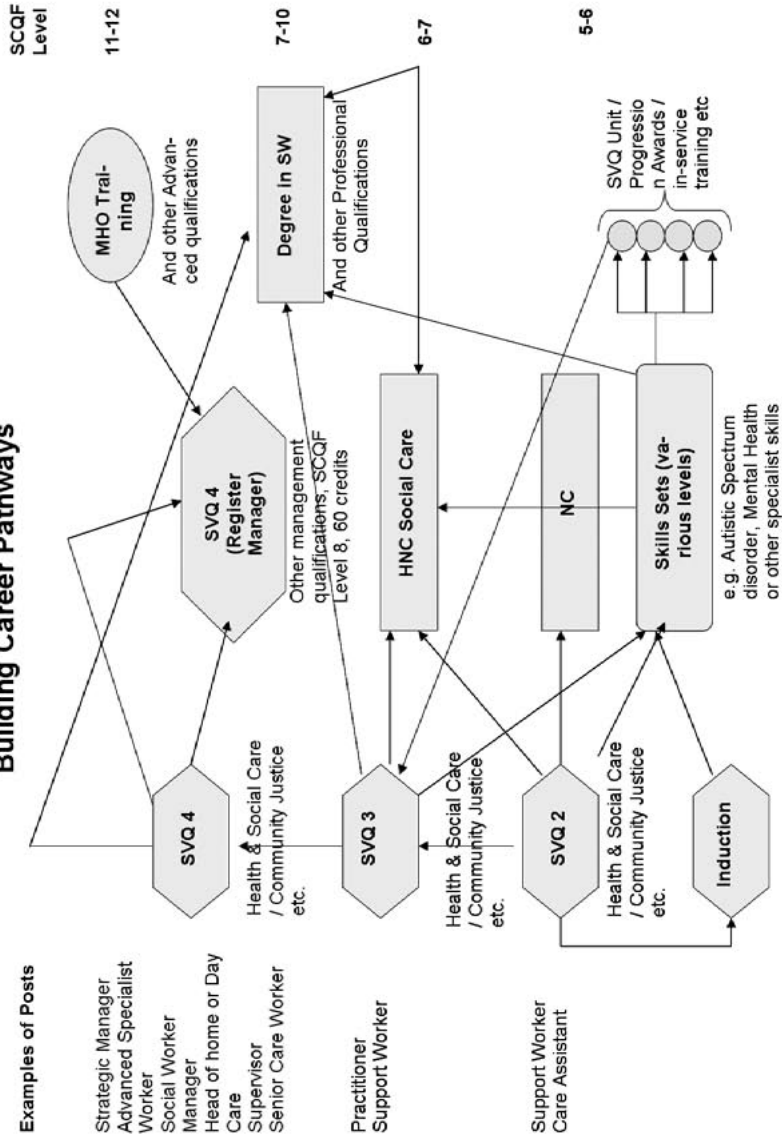
GREGORS NEEDS

CARE PLAN

NEEDS CATEGORY*	DESCRIPTION OF NEEDS	ACTION TAKEN/TO BE TAKEN
1. Personal Hygiene/Dressing	Requires assistance with all areas of personal hygiene and assistance with pull on tops, pants, trousers and socks	Male Social Care Officer to assist Gregor in the mornings with showering, washing his hair, shaving and dressing. Whilst living at home parents will assist Gregor in the evenings to undress and prepare for bed
2. Toileting	Requires use of a wheelchair accessible toilet, Gregor is able to transfer himself but requires assistance with pulling up pants etc	Downstairs toilet to be adapted with suitable grab rails and alarm cord. Gregor to ask for assistance when required
3. Mobility	Due to nature of disability requires Occupational Therapist assessment	Occupational therapist to assess for future needs on move to independent living
4. Travel	Requires suitably adapted vehicles to accommodate wheelchair Requires initial assistance with unfamiliar routes	Requires assistance to plan journeys initially, parents, befriender and support worker to assist
5. Domestic tasks	Requires assistance with cooking, shopping, household chores and laundry	Whilst living at home Gregor will be encouraged and supported by his parents to work on developing skills Independent living training to be considered at local Adult Resource Centre

<p>6. Physical Health</p> <p>7. Personal Relationships</p> <p>8. Communication</p> <p>9. Financial</p> <p>10. Accommodation</p> <p>11. Education/Employment</p>	<p>Due to nature of physical disability requires regular exercise programme</p> <p>Friction developing with parents Requires to be involved with others of a similar age</p> <p>Due to disability Gregor has difficulty making himself understood at times</p> <p>Financial support required</p> <p>Gregor to live independently of parents</p> <p>To develop commuter skills</p> <p>To find employment</p> <p>To go out on a regular basis to local bars and watch local football team playing</p> <p>Have a holiday without parents</p> <p>Require breaks from caring for Gregor</p>	<p>Physiotherapist sessions on a weekly basis</p> <p>Advocacy worker to be introduced to Gregor Referral to Circles around Dundee</p> <p>Speech Therapy sessions on a weekly basis Use of IT equipment and software</p> <p>Care Manager to ensure all financial benefits are in place</p> <p>Ensure funding for adaptations, respite care and support workers</p> <p>Care Manager to refer to suitable Care providers</p> <p>Gregor to receive assistance from a Support worker to attend computer class</p> <p>Referral to Employment Unit</p> <p>Use of befriender scheme to develop interests</p> <p>Consider use of suitable Care provider</p> <p>Respite care arranged at local Specialist Unit</p>
<p>12. Recreational</p> <p>13. Carers needs</p>		

Building Career Pathways



11. Bibliography

Disability Rights Commission 2001:
Disability in Scotland – A Baseline
Study, Executive Summary

Disability Rights Commission 2002:
Independent Living in Scotland,
Executive Summary

Bob Gates: Learning Disabilities
Towards Inclusion – 5th Edition 2007

National Health Service Tayside +
Dundee City Council 2004:
The Development of Services for
People with Learning Disabilities
and their Families in the City
of Dundee

National Health Service Tayside 2004:
A Strategic Framework for Learning
Disability Services for Adults in Tayside

Scottish Credit and Qualification
Framework 2003: Credit Learning
Qualifications, Introducing the new
Scottish Credit and Qualification
Framework – An Initial Guide for
Employers

Scottish Commission for the Regulation
of Care 2005: The Quality of Care
Services in Scotland

Scottish Executive 2000: The Same As
You – A Review of Services for People
with Learning Disabilities

Scottish Social Services Council 2006:
A Career in Social Services (A Job Like
No Other)

Scottish Social Services Council 2007:
Social Care – Life Changing Work

Useful Web pages:

www.angus.gov.uk
www.bild.org.uk
www.carecommission.com
www.capability-scotland.org.uk
www.circlesarounddundee.org.uk
www.cornerstone.org.uk
www.drc-gb.org
www.dundeecity.gov.uk
www.enable.org.uk
www.pkc.gov.uk
www.sclد.org.uk
www.sensescotland.org.uk
www.scotland.gov.uk
www.sssc.uk.com

12. Glossary

WHO	World Health Organisation
Antenatal	Before birth
Perinatal	Around the time of birth
Postnatal	After birth
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
ASD	Autistic Spectrum Disorder
UPIAS	Union of Physically Impaired Against Segregation
Non Verbal	Communicates without the use of speech
DOH	Department of Health
NHS	National Health Service
PCA	Personal Capability Assessment (for Incapacity Benefit)
DCO	Day Centre Office
PMLD	Profound Multiple Learning Disability
SQA	Scottish Qualification Authority
SCQF	Scottish Credit and Qualification Framework
SSSC	Scottish Social Services Council

Notes

A series of 20 horizontal dotted lines for taking notes.

Notes

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www.stevenson.ac.uk
www.oszee.de
www.dundeecoll.ac.uk/?about_us/european_projects.xml