

Module two – reflective account

Sheena has now completed module two. For the reflective account activity she has been asked to identify and describe a situation when she was supporting a person with dementia to achieve a personal outcome. The reflective account question suggests that she considers:

- the relationship between person-centred care and support, personal outcome focused approaches and personalised services
- the steps, supports and resources used to achieve the personal outcome, for example Life Story work
- relationships and valued roles.

Read the completed reflective account for module two below, and then explore how this piece of work can help Sheena to progress her practice further.

Reflective account

B is staying at Greenwood on emergency respite while his wife is in hospital (please see my reflective account from module one). I considered it good practice to develop a life story for B and to help with this I asked if I could arrange a visit to see B's wife in hospital. B and my manager agreed. I rang the hospital and we arranged a visit.

B's wife, A, was recovering from surgery and was progressing well. I explained to A that I was B's keyworker and said that there had been very little information about B. I told her that I wanted to get a better picture of B as a person so that we could support him in a way that was meaningful to him. I thought speaking to his carer would be a good way to find out about B. I was nervous but I remembered the core principles mentioned in my dementia learning resource that can help me to think through how to speak with carers. I also was having difficulty developing good communication with B, and I thought speaking to his wife would help me to do this better so that I could identify the things that were important to him.

A was happy to give me some information about B. I asked if I could record some of A's stories which she said was a good idea. I asked her if she would like me to bring B into see her, she said 'yes, at the end of the week'. It was obvious from our meeting that B and A enjoyed a close relationship and they were missing each other.

A told me that B had worked in a bank and that they had two sons. Sadly one son had been killed in a motor bike accident when he was only 18. Both B and A had been devastated by his death, B had taken comfort from his religious beliefs.

I discovered that B went to church every Sunday, this was very important to him.

A told me which church B attended. She gave me some more ideas about B's likes and dislikes and about how their lives had changed over the last while. By listening to A I felt I was demonstrating respect and acknowledging her role as carer to B. A went on to relate how they had met and some happy stories of their life together. I asked A if she thought B would enjoy listening to these. She nodded her head and smiled.

On leaving the hospital I reflected on B's arrival at Greenwood. He was brought there by his son who he had not seen for a while. B was experiencing loss in a number of ways. He had lost his home, his wife, his social contacts and any sense of control over his life. I thought about The Standards of Care for Dementia and also the quality of life indicators mentioned in module two. I realised for B some of these standards were not being met. I hoped gaining more information about B would help me to enhance his care plan using outcomes that were important to him, such as feeling connected to his church.

I also learnt that there had been a misunderstanding when B came to Greenwood and I was pleased to discover that he did have a community psychiatric nurse (CPN). I realised he would be a further source of both health and life story information for B. I contacted him on my return to Greenwood.

B's CPN was able to give me more information about B's dementia and normal day to day life. He had known B for over a year, and had been his named dementia link worker shortly after he was diagnosed. I learnt that he had worked with B and A in the past to develop an outcomes-focused plan which had helped them to live well at home. B's CPN arranged to come in and visit B and also give some advice.

I visited B in his room and explained I had been to see A. He looked concerned about her but I reassured B that she was progressing well and that I would accompany him to visit her on Friday if he would like. He smiled and nodded at this. I told B I had discovered he liked to go to church and offered to go with him on Sunday if he wished. With his permission I played him one of A's recorded stories. Initially I thought I had upset him but I observed his reaction closely and realised he was relieved to hear the sound of his wife's voice.

After B's meeting with his wife and the CPN I had the basis of B's life story which I recorded. I read all the information to B and he showed his agreement by nodding.

When we attended B's church on Sunday I was surprised but delighted to see that B was an enthusiastic singer, he stood up and sung without a hymn book. He knew all the words and had a strong singing voice.

At the end of the service lots of people came to see B and welcome him back, and to say how much they had missed him. B looked happy and confident among his friends.

Following on from the church service I found out that B had many friends in his church community. Some were involved in a walking group which B had previously attended and they had a volunteer driver scheme which would enable B to attend the walking group and attend church. Both B and his wife agreed to access this service (they knew it existed and all drivers were PVG checked). B is only staying at Greenwood on a temporary basis and I believed that accessing the services of his friends meant that B was able to maintain his place within his community. B's G.P. advised that there should be no problem attending the walking group as long as B felt well and didn't walk too far.

At our team meeting I shared some of the learning I had gained from the Dementia Skilled: Improving Practice resource. I believed I had used a person centred approach to gain information about B's life. By focussing on B's life history and the things that mattered to him I was able to put into place a care plan that was meaningful. At home, B could still access advice from others including his CPN but it was principally his friends who were providing the support to B to remain as a valued member of their community.

When I spoke to B after the walking group he was only giving yes or no answers in response to questions, but he was clearly communicating the increase in his self-esteem through his general demeanour.

How Sheena can use this work towards her SVQ award

As described in the case studies (see [Guidance for assessors and learners¹](#)) Sheena is currently working towards her SVQ in Social Services and Healthcare at SCQF level 7. Set out below are the core and optional units that make up Sheena's award.

Core units

- **SCDHSC0031** Promote effective communication
- **SCDHSC0032** Promote health, safety and security in the work setting
- **SCDHSC0033** Develop your practice through reflection and learning
- **SCDHSC0035** Promote the safeguarding of individuals

Optional units

- **SCDHSC0328** Contribute to the planning process with individuals
- **SCDHSC0331** Support individuals to develop and maintain social networks and relationships
- **SCDHSC0332** Promote individuals' positive self-esteem and sense of identity
- **SFHCHS3** Administer medication to individuals

Sheena's second reflective account, created after completing module two, provided her with evidence that she could use towards two core units and three of her optional units:

- **SCDHSC0031** Promote effective communication
- **SCDHSC0035** Promote the safeguarding of individuals
- **SCDHSC0328** Contribute to the planning process with individuals.
- **SCDHSC0332** Promote individuals' positive self-esteem and sense of identity
- **SCDHSC0331** Support individuals to develop and maintain social networks and relationships

Sheena's assessor also thought that some of the knowledge and skills demonstrated by Sheena in her reflective account for module two could be extended to support good practice in record keeping.

As with the first module, Sheena was able to copy this reflective account onto a Scottish Qualifications Authority (SQA) evidence form so that it could be used towards her award.



Remember, this reflective account was not written for an SVQ however it can be used as evidence as long as the work is relevant.

¹ <http://learn.sssc.uk.com/s/dg2>

Personal capabilities demonstrated after completing module two

(See [Guidance on using the Continuous Learning Framework and the leadership capabilities for social services²](#).)

As explained in the first case study, Sheena was able to use her dementia learning and her experience of supporting B to reflect on the range of soft skills and behaviours that she was demonstrating in practice. Sheena and her manager used the personal capabilities from the Continuous Learning Framework to guide and enhance supervision.

Managing relationships

Empowering people- working in partnership with individuals, families and communities to enable them to lead their own lives.

Engaged

- I am committed to making a positive difference to the lives of the people I support and those who care for them.
- I recognise and value the carers and families of the people I support as equal partners in care.

Established

- I use the resources and capacity of communities to maximise choice and opportunity for the people I support.

Working in partnership – working collaboratively with people I support and other partners.

Engaged

- I understand the importance of relationships and value the diverse perspectives of others.
- I can build helping relationships with the people I support and sustain these through challenging situations.
- I can build effective working relationships with people from diverse background, with people in different roles in my own service and colleagues in partner organisations.
- I put outcomes for people supported by my service first and can recognise that I need to work with colleagues in other organisations to achieve this.

Established

- I take active steps to build positive relationships, develop networks and promote partnership working.

² <http://learn.sssc.uk.com/s/dg3>

Personal capabilities demonstrated after completing module two

Managing relationships (continued)

Empathy – sensing and understanding others’ feelings and emotions.

Established

- I use creative ways to help the people I support and those who care for them to communicate their feelings, concerns and hopes.

Flexibility – being adaptable and open to change.

Established

- I am flexible in dealing with circumstances as they arise and I can manage a degree of uncertainty.

Managing Self

Awareness of impact on others – being aware of the effect you and your behaviour have on others.

Engaged

- I am aware of how what I do and say and how I behave affects other people.
- I am open to constructive feedback about the impact I have on others and using it to change my behaviour.

Awareness of wider context - recognising the wider context in which you are working.

Engaged

- I understand that I am part of a wider multi-agency workforce that provides public services, whether I work in a public, third or independent sector organisation or am self-employed.
- I am aware and understand the value of other services and sources of support that are available in communities for the people supported by my service and those who care for them.

Leadership capability demonstrated by Sheena after completing module two

(See [Guidance on using the Continuous Learning Framework and the leadership capabilities for social services](#)³.)

As explained in the first case study, Sheena was able to use her dementia learning and her experience of supporting B to reflect on her leadership role at Greenwood. In her reflective account, Sheena is demonstrating the additional capabilities below.

Leadership capabilities

Motivating and inspiring

By encouraging B to take part in activities within his church community Sheena was demonstrating that she was able to motivate and inspire B.

Collaborating and influencing

Sheena recognised that B's wife was a carer, and acknowledged her as an important source of information and support for compiling a Life story for B. She also used this knowledge to help B to engage in activities that were meaningful to him.



Sheena can develop her leadership capability by planning a development pathway on the SSSC's [Step into Leadership](#) website.

³ <http://learn.sssc.uk.com/s/dg3>