

# QOLIVET On-line Training Course

## Module 2: Professional Attitudes & Skills

<b>Module Description</b>	This module aims to identify, explain and elaborate on key attitudes and skills that are essential to the promotion of QoL as an outcome of service participation.
---------------------------	--

### Introduction:

This module aims to explore the key attitudes and skills required by staff in community care and vocational training and education (VET) services when working with persons with disabilities.

In order to place this in context, it is worthwhile to reflect upon the things that you expect, as a service user of an energy provider, a bank, a restaurant or hotel, an airline or your insurance company. The interaction that you have with the frontline staff of your service providers is probably the most important factor that you use to judge the quality of service which you receive. Your experiences when dealing with frontline staff can significantly influence your opinions and levels of satisfaction. The attitude of floor staff and those at the checkouts in a supermarket can determine whether you will continue to shop there. The attitude of the waiter or waitress in a restaurant can influence your enjoyment of a night out with friends. The empathy shown by a person working in a call centre can make you feel valued as a customer. There is no reason why a person with a disability who is accessing community care or VET services should expect anything less.

Flashy websites, persuasive publicity, attractive ambience and décor or formal statements of values mean little if your experiences of dealing with frontline staff are unsatisfactory. This is particularly the case when you encounter an issue that you need to resolve. If you are not satisfied with the service you are getting, you can change your service provider.

The characteristics of frontline staff that are particularly valued include:

- Courteous treatment
- The effort made to meet your needs
- The interest shown in your issues
- The competence of the person and their knowledge of the product or service
- The extent to which they show empathy towards you
- The efforts they invest in resolving your concerns
- The flexibility they show in dealing with obstacles<sup>1</sup>.

Of course, there are key differences between you as a customer of an insurance company and a person with a disability who is participating in VET or who is in receipt of social care services. In particular, there is an inequality of power between the person and the staff. The person concerned is often not in a position to withdraw from the service and may feel intimidated. Nevertheless, from

---

<sup>1</sup> Cambra-Fierro, J., Melero-Polo, I., & Vázquez-Carrasco, R. (2014). The role of frontline employees in customer engagement. *Revista Española de Investigación de Marketing ESIC*, 18: 67-77. <https://www.elsevier.es/en-revista-revista-espanola-investigacion-marketing-esic-393-articulo-the-role-frontline-employees-in-S1138144214000060>

an equal rights perspective, they have a right to the same level of respect and courtesy as any customer of a service.

A good way to ensure that a participant in a service is treated with the respect and dignity they deserve is to adopt a 'rights-based' approach to the way the service is delivered. This module explains the meaning of a rights-based approach and describes some useful approaches that can support this approach in a VET programme or social care service.

M2LO1	Articulate a rights-based approach to service provision and quality of life that embodies the principle of "nothing about me without me"
1.1 The basis for rights-based service delivery	

### A Rights-Based Approach to Service

The ways in which a rights-based approach is implemented will differ depending on the nature of an organisation, programme or service and the purpose of the service or programme in which you working, be that a VET course or a social care service.

Regardless of the service or programme in which you work, it is important that you keep in mind that your attitudes, actions and the language you use when working with a participant are central to a rights-based approach. These can impact on the quality of support you provide, enhance the QoL of the person concerned and protect their safety<sup>2</sup>.

One example of a rights-based approach which has been adopted in Ireland is illustrated in Figure 1. While it was primarily developed to inform the policy and ethos of social care services, it can provide a useful framework for staff in VET providers. It is based on five intersecting principles: fairness, respect, equality, dignity and autonomy (FREDA). The meaning of each of these is briefly defined below. You can get more detail by following the link provided.

**Fairness** involves making sure that decisions about service options are made in a way that is clear to the person and seen as being open and equitable by the person and other people. A decision which goes against a person's wishes or rights should be proportionate, legally justified and only be made after all other options have been considered. Where this is the case, you need to help the person understand the reasons for the decision.

A useful way to ensure fairness in decision-making is to actively engage the person in the development of a person-centred learning or action plan. During the planning process, you can ensure fairness by:

- Placing the person at the centre of the process
- Giving them the opportunity to make their views clear
- Letting them know that you have understood them
- Making them aware of other things that they need to take into account in making the decision.

**Respect** is about treating the person with whom you are working with the consideration and esteem that you would give to any person. It involves ensuring that the person is assisted to communicate their opinions by compensating for any challenges they may face in expressing themselves and

---

<sup>2</sup> Health Information and Quality Authority. (2019). *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Ireland. <https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-Approach-Guide.PDF>

taking their views seriously. There may be cases where their views need to be expressed by another person of their choosing, such as a family member, a friend, or an independent advocate.

**Equality** for persons with disabilities is enshrined in the UN Convention on the Rights of Persons with Disabilities and by national legislation. These require that a person with a disability is treated just as favourably as anyone else and has access to the same opportunities in life. Many countries protect the right to equal treatment through structures such as equality agencies, regulatory authorities or ombudsmen. These work on the basis of complaints or appeals. If you believe that you have been treated less favourably in work, in a restaurant or by a service, you are entitled to bring this to the attention of the relevant ombudsman service or equality agency. While this provides you with some protection, particularly if your employer or service takes steps to avoid complaints, it is retrospective. This means that discrimination has already happened and cannot be undone. A more proactive approach is to create a social and physical environment in which equality is inherent in everything that is done. This is an underlying principle of a rights-based approach.

A rights-based approach to service delivery recognises that some people require additional supports and accommodations and strives to anticipate these needs to ensure they are met. This means that when you are working with a participant, it is essential that you adopt an approach that respects the person's right to equal opportunities and makes sure that they are:

- Aware of their rights
- Understand what they are
- Know how their rights might be infringed
- Feel confident to raise this with an appropriate person, if this happens
- Realise that other people also have rights that they must respect.

**Dignity** is an important principle in any relationship in which there are inequalities of power and status. This is the case in the relationship between a trainer or teacher and their learners and between a member of a social care service and the person in receipt of the service. It is essential to keep in mind that, regardless of the vulnerabilities of the person, they are, above all, human beings who are entitled to be treated with the respect that is due to any person. By adopting an approach in which human dignity is paramount, it is less likely that incidents of harassment, bullying and verbal or physical abuse will occur. There is an onus on staff in VET and social care service to be vigilant that they and their colleagues value the dignity of those with whom they are working.

**Autonomy** is the capability to decide things for yourself and to take action to achieve the things you want out of life. No person is completely autonomous. We all have relationships and interdependencies which limit our options and our autonomy. Nevertheless, being in a position to choose the things to do and make an informed decision about how they are done can have a significant impact on a person's self-esteem and self-concept. In VET, this can mean assisting learners in setting learning goals and providing them with a choice of accessible alternatives to achieve those goals. In social care, it can be about providing a participant with the means to express their wishes and to play a genuine part in making decisions about service and life options. Autonomy is an important component of self-determination. There will be times when it is not possible for a person to do the things they want to do because it could impact the rights of others, it may not be in their own best interests, or because there is a requirement for them to do something else, e.g., they need to follow a set curriculum. The key objective in such situations is to ensure that the person understands the limitations or the reasons why they cannot exercise full autonomy.

The Australian and Scottish Human Rights Commissions issued guidance on a human rights-based approach which can be useful in designing and delivering services in the VET or social care sectors. They adopted the acronym "PANEL"<sup>3</sup>. This stand for:

- **Participation:** Make sure the people with whom you work can participate in decisions which affect them. Participation needs to be genuine and meaningful and can be enhanced by making sure that resources and information are as accessible as possible and that technical aids, accommodations and support are readily available.
- **Accountability:** Keep in mind that you are accountable for making sure that the values, principles and ethos of your organisation are experienced positively by the people with whom you work. This includes knowing about legal requirements and organisational policies, giving people the opportunity to express their views, and reporting incidents in which a person's rights may have been infringed.
- **Non-discrimination and equality:** Be aware of the impact that your attitudes, beliefs and behaviour, and those of your colleagues, may have on the rights of the person with whom you are working. There is always a risk of indirect discrimination, which arises from the way things are done in an organisation. If you become aware of this, you need to bring it to the attention of the organisation.
- **Empowerment:** In your role and relationships with the participants, you are in the best position to empower them by identifying opportunities for them to exercise control over their lives or service options and to contribute to making the decisions that affect them. This works best when the person understands their rights and the reasons for the decisions that need to be made. 'Choice' is an important component of empowerment.
- **Legality:** A rights-based approach is not just a 'nice' thing to do. It is also an effective way to ensure that the legal rights to which participants are entitled, inform your day-to-day interactions with them, the opportunities you provide them to actualise their wishes, and the supports available to make their concerns clear.

M2LO2	Outline the importance of communicating in an authentic way - empathising and active listening
<p>2.1 Define empathic communication and elaborate on how practitioners can incorporate this skill into their practice</p> <p>2.2 Define active listening and elaborate on how practitioners can incorporate this skill into their practice</p>	

### Active listening and empathic communication are the heart of a rights-based approach

Active listening and empathic communication between you, as a staff member, and a participant is the engine that drives a rights-based approach at the individual level. Consequently, it is essential that you reflect on how you are communicating, how you can facilitate a participant to communicate more clearly, how well channels of communication channels are working for the participant, how clearly messages are being delivered and whether they are being understood. This applies to both the messages being sent by the participant and those being sent by you.

<sup>3</sup> Australian Human Rights Commission (AHRC) (n. d.) Human rights-based approaches. <https://humanrights.gov.au/our-work/rights-and-freedoms/human-rights-based-approaches>

Scottish Government. (2015). National health and wellbeing outcomes framework – 9. Embedding a human rights-based approach

Given the crucial role they play, it is worthwhile exploring active listening and empathic communication.

Empathic communication needs, in the first place, to be effective. Effective communication is about transmitting and receiving information in a clear manner. It also involves understanding the emotional content and intentions behind the information. It hardly needs to be said, but you need to 'listen' in a way that allows you to receive the 'full' meaning of what is being transmitted and reassure the other person that they have understood. Effective communication needs to start with providing the other person with the means to transmit and receive information.

Empathic communication refers to being able to view things from the other person's perspective. You need to allow and accept different points of view and acknowledge the emotions of the other person if they are in distress or troubled. Active listening is one useful way of gaining a sense of what the other person is feeling.

### **The Components of communication**

At its most basic, communication involves sending and receiving messages. This includes:

- Transmitting ideas, feelings or perceptions using language, symbols or signs that the other person can understand. It could be sounds, colours, shapes or body language such as a smile.
- Creating meaning which is different to transmission. Meaning is constructed by the receiver; it is not transmitted by the sender. The meaning of a message is created by the receiver based on what was said, how it was said, what communication channel was used, their cultural background, their relationship with the person sending the message and the environment in which they receive the message is received. A good example of this is the question, "How do you feel?". If this is asked by a doctor in his office, it will have a different meaning than if it is asked by a friend after a marathon, or a staff member in a VET or social care service.
- Incidental or unintentional messages which can influence how the main message is interpreted. For example, crossing your legs or folding your arms can be interpreted as being defensive. The tone of your voice can communicate frustration even when you are trying to disguise it. Such messages are generally processed unconsciously by the other person, but they can change the meaning of your message for them.
- The context in which a message is transmitted or received needs to be supportive. There are a number of contexts that impact on communication:
  - The psychological context, which includes previous experiences, anticipations, feelings, values and beliefs
  - The relationship context, which involves the shared history of previous encounters, the relative status and roles of each of the people involved, the roles and the extent to which trust and rapport have been established
  - The situational context, which includes the reason for the communication
  - The environmental context, in which the communication is taking place, including the location, the presence of other people, the distractions around the people and the ambience
  - The cultural context, which covers the ways in which a person's ethnic, religious or linguistic background can influence the way they transmit or receive messages or create meaning.

## **Active listening enables empathic communication**

Active listening provides you with a method to interact with a participant to enhance your relationship with them, build their trust in you and assist them in clarifying and resolving challenges. Active listening involves both verbal and non-verbal communication.

Assuming that you have the basics right in terms of context, the next step is to ensure that the non-verbal cues that you give to the participant signal openness and understanding. The main components of active listening are illustrated in Figure 2.

These can include:

- Adopting a posture and tone of voice that indicates empathy and interest
- Maintaining eye contact where this is appropriate
- Periodically summarising what the person has been saying to show that you have understood
- Using gestures, such as nodding, to indicate that you are hearing what the person is saying
- Using encouraging sounds to let the person know that you are interested
- Asking open questions which allow the person to explore their feelings and thoughts
- Giving the person plenty of time to express their thoughts and feelings
- Not talking too much yourself and or interrupting the person when they are talking.

## **Open Questions and paraphrasing enable problem-solving**

Open questions are an important part of active listening. In contrast to closed questions, which can be answered with a minimal response (often as little as “yes” or “no”), open questions cannot be answered in a few words. These can encourage a participant to speak about their concerns.

The primary forms of open questions include the words ‘what’, ‘when’, ‘where’, ‘why’, and ‘how’. These types of questions can allow a participant to talk about their feelings, describe an event or experience and explain their thoughts and concerns. They can help to focus a person.

Some examples of questions prompts or cues that can deepen communication include:

- Can you tell me more about ....?
- What does that mean for you ....?
- How did that work for you?
- Is there anything else that you would like to talk about?
- How did you feel about that ....?

Examples of paraphrasing or summarising include:

- It seems like you were worried about ... have I heard you right ....?
- I get the impression that made you anxious is that accurate...?
- I am hearing that you would appreciate it if... am I reading that right ....?

Questions can also provide a means to explore possible actions or solutions that a participant can put into practice. For example:

- Is there anything else you could try?
- Are there any clues there to ....?
- Ideally, what would you like to achieve?
- What kinds of things get in the way of ....?

- What would the next step look like to you?
- What kind of information would you need to answer that question?

M2LO3	Describe the process involved in discovering, assessing and planning in relation to what a person wants to achieve or change in terms of quality of life through person-centred planning
<p>3.1 Define Person-Centred Planning &amp; give a brief overview of PCP approaches/tools</p> <p>3.2 Elaborate on an approach of 'Discover, Assess, Plan, Do'; Detail the importance of planning &amp; supports that reflect both individual learning strengths and needs</p> <p>3.3 Discuss co-production and reflect on the balance of 'Important to' vs 'Important for'</p> <p>3.4 Explain the importance of service delivery models that are underpinned by the principles of parity of esteem, co-production, active participation, and respect for self-determination.</p>	

**Person-centredness is a founding principle of rights-based services.**

Person-centred planning (PCP) is a key mechanism to ensure that participants are at the centre of decision-making about the goals of their service and the actions, interventions and supports to achieve them. PCP values reflect an approach that acknowledges that disability can be reduced and that the strengths, needs and aspirations of the person concerned are the basis for action. The principles of PCP in VET and social care services include:

- The focus is on the person at the centre of the process
- They can exercise choice and self-determination about services and supports as well as decisions regarding their own health, well-being and life goals
- They must have full access to the community and be treated with dignity and respect
- They should have access to an array of individualised interventions that meet their particular needs
- Information should be provided in a clear and meaningful way in order for the person to understand options and make informed decisions
- The process needs to adopt positive expectations as a starting point for planning.

**Active listening and empathic communication are central to person-centred planning (PCP)**

Active listening, empathic communication and positive problem-solving are at the core of a PCP approach. These can empower the proactive engagement of the person in all aspects of the PCP process (See Figure 2), including contributing to:

- The assessment of strengths, needs and aspirations
- The action planning process
- The activities of the PCP team on an equal basis with staff
- The implementation of the PCP
- Monitoring the plan during the implementation process
- Contributing to the evaluation of the success of the plan and its revision.

**There is a wide choice of PCP methodologies and tools**

While there is a range of PCP approaches and frameworks, they all reflect the principles and processes and values described above. Some of the more frequently used approaches include:

**Essential Lifestyle Planning (ELP):** ELP focuses on a person's life in as it is in the 'NOW' and seeks to find ways to improve it. It identifies who and what is important to the person, explores what types of

supports are needed to enhance their quality of life, and how these should be provided on a day-to-day basis. It can also be used to address the things that are not going well for the person in their current life circumstances. <http://www.nwtdt.com/Archive/pcp/1dayoverview.pdf>

**Planning Alternative Tomorrows with Hope (PATH):** PATH is intended to facilitate direct and immediate action. The planning process focuses first on the dreams and aspirations of the person and works backwards from these goals to create the steps and actions necessary to move from the present situation to the desired objective. <http://helensandersonassociates.co.uk/person-centred-practice/paths/>

**Making Action Plans (MAPS):** MAPS uses a person's 'STORY' to discover a dream and the steps needed to attain a person's aspirations. It is a process that can be used with a group which includes family and peers. One goal of the MAPS process is to enhance a person's social connections. <https://www.ldw.org.uk/wp-content/uploads/2019/02/MAPs.pdf>

**Personal Futures Planning (PFP):** PFP seeks to learn more about the person's life and to find ways to achieve a person's vision. It identifies the aspects of a person's life which are working well, and it builds on these to create a plan of action to progress towards desired goals. It does not always consider the details about what a person needs on a daily basis, but it is a good way of identifying areas that need to be addressed to attain a person's aspirations. <https://www.perkins.org/resource/tools-planning/>

**Individual Educational Planning / Individual Learning Plans:** Individual educational plans (IEPs) or individual learning plans were first introduced in 1975 in the United States for learners with disabilities. They have been adopted as a standard in the field of education internationally and are a legal requirement in many countries. More recently, the principle of person-centredness, which evolved in the health and social care sector, has become an essential characteristic of IEPs. The IEP process needs to incorporate the values of person-centredness, mutual respect, and collaboration. The methodology involves identifying individual strengths rather than deficits and encouraging co-constructed and realistic solutions.

It is essential that you are fully competent to implement the steps or stages of the specific approach adopted by your organisation, so that you can engage more effectively with the person through active listening and empathic communication.

### **PCP allows a participant to co-produce their own service**

One useful way to view the PCP is as a mechanism that allows you to empower a participant to co-design, co-deliver and co-assess their own customised program. Through a PCP process, which builds on their strengths, a participant can contribute to goal setting, planning actions, implementing the activities assigned to them, assessing the extent to which goals have been met and revising the plan for the future.

In working with a participant in the plan, do, act, check cycle, there is an onus on you to ensure that the participant is regarded as an active member of the PCP team, that they are treated with a parity of esteem and that their views are assigned a similar weight to the opinions of staff.

This involves making certain that the person has the technologies and support they need to communicate their views as clearly as possible. In addition, the ethos of the team must value genuine and proactive participation on the part of the person, and the way it does its business must avoid situations where inequalities of power and esteem inhibit the person from expressing their views.



M2LO4	Explain strategies to foster resilience, stress management skills and skills to cope with adversity
4.1 Elaborate on strategies to foster personal & interpersonal competencies 4.2 Elaborate on strategies to navigate challenges and build resilience	

**Diversity is the norm among service participants**

A person’s diagnosis or the category of impairment within which they fit is often the basis for referral to a social care service. In a VET program, a learner with additional learning needs may present with a diagnosis. However, a diagnosis provides little indication of their strengths and needs. Persons designated as having a disability are as diverse as any category of people. While it is well documented that specific health conditions can be consistently associated with certain cognitive processes and social interaction styles, it is essential to base the PCP process on the assumption that each person is unique.

Diversity arises from personal characteristics and health status, but it also is generated by a person’s history (where they are coming from), their present (where they are now) and their future (where they wish to be). For example, a person may present with additional needs in VET or may be referred to a service on the basis of a diagnosis such as autism or intellectual impairment, brain or spinal injury, sensory impairment or mental illness. However, within these broad and mainly administrative or medical categories, the diversity of individual differences is infinite.

The environment within which the person lives will consist of barriers, facilitators and neutral factors. The person’s characteristics (age, gender, religion etc.) will intersect with their impairment to create strengths and needs. The reduced capacity that the person is experiencing will differ in terms of their ability to carry out actions and participate in activities. They may be experiencing other health issues in addition to the primary diagnosis they have been assigned. The person’s aspirations can range from feasible to ambitious. The person’s previous experience and culture will result in different values, beliefs and expectations.

A PCP process is the catalyst that transforms organisational and program values, objectives, policies and ethos into a positive and constructive, and hopefully, life-transforming experience for each participant.

**Building competence and providing assistance are key components of a rights-based service**

The PCP process can be likened to a systematic approach to resolving the challenges that a person faces in attaining their goals and aspirations. It is effectively a means-ends problem-solving process where the desired outcome is specified at the outset, and then a selection of possible solutions is implemented. Each solution is evaluated on the basis of whether it has moved the person closer to their desired objectives. If it has, it can be adapted and enhanced to make it more effective. If it has not, it needs to be substituted for another solution which could achieve the required outcome.

Solutions come in different sizes and shapes. Nevertheless, it is possible to classify solutions into three categories. The least useful option is to ignore the challenge and hope that it will go away or become less important (do nothing). The other categories are more constructive. They involve building the capacity within the person so that they can overcome the challenge or changing the environment so that the challenge is removed, reduced or loses relevance (work around solutions).

These latter types of solutions are most often adopted in PCP implementation. A few examples can serve to illustrate the two types of solutions. In the case where a learner has literacy difficulties, it is

possible to either teach the person to read (build capacity) or provide them with a screen reader and audiobooks so that the barrier to learning that literacy is creating is removed from the equation. Another example is when a person has a mobility or strength impairment. The solution, in this case, can be providing therapy to build their physical functioning or providing them with a technical aid or personal assistance to enhance their mobility or adapt the environment so that mobility or lack of strength is less of a barrier.

It is important to keep in mind that these are not mutually exclusive solutions and that, often, it is a combination of both which is most effective. At other times, it may be that capacity building is the first option, and where this is proving ineffective, environmental facilitators are introduced.

### **Resilience in the face of challenges is a key success factor in achieving a quality life**

There are a number of life domains in which environmental solutions can lead to participation restrictions. One of these is the emotional response of a person to frustration or challenges. It is generally accepted that getting angry or giving up are two particularly counterproductive problem-solving strategies. Two environmental solutions for someone who reacts in this way are to provide appropriate spaces in which stimulation is reduced (e.g., calm zones or sensory rooms) or to remove the stimuli which create frustration from their environment. For example, there is a movement towards autism-friendly facilities, including cinemas, shops and universities<sup>4</sup>. While these are excellent solutions in their own right, they necessarily restrict a person to participating in locations that are autism-friendly.

In contrast, building a person's resilience to cope with challenges in a wide range of contexts can reduce their restrictions in community participation more generally. Resilience is about being able to adapt to adversity, trauma, tragedy, or significant stress. Being resilient is not about being impervious to stress or disappointment, but about being able to rebound from setbacks and painful experiences. Resilience can involve personal growth. It can be learnt and developed. It operates in an interaction between the person and their environment. In this regard, it is not only about building the capacity to respond positively to challenges and stressors but also about building a robust circle of supports within the person's environment. The key domains that can contribute to resilience include:

- Connectedness,
- Fostering Wellness
- Finding a Purpose
- Fostering Healthy Thoughts
- Accessing Support.

Positive and constructive relationships can provide a strong foundation for resilience. Having connections with people who are empathetic and understanding can help a person to bounce back after a setback or to endure a distressing experience. Active listening and empathic communication can play a key role in enhancing a person's capacity for resilience.

---

<sup>4</sup> <https://www.dcu.ie/students/autism-friendly-0>

## Annex 1 Module 2: Professional Attitudes & Skills Figures

Figure 1: A Human-Rights Based Approach to services

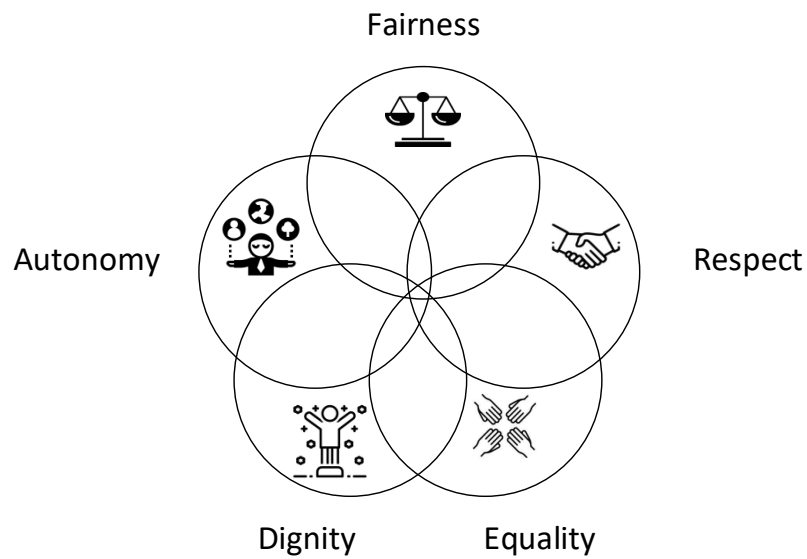
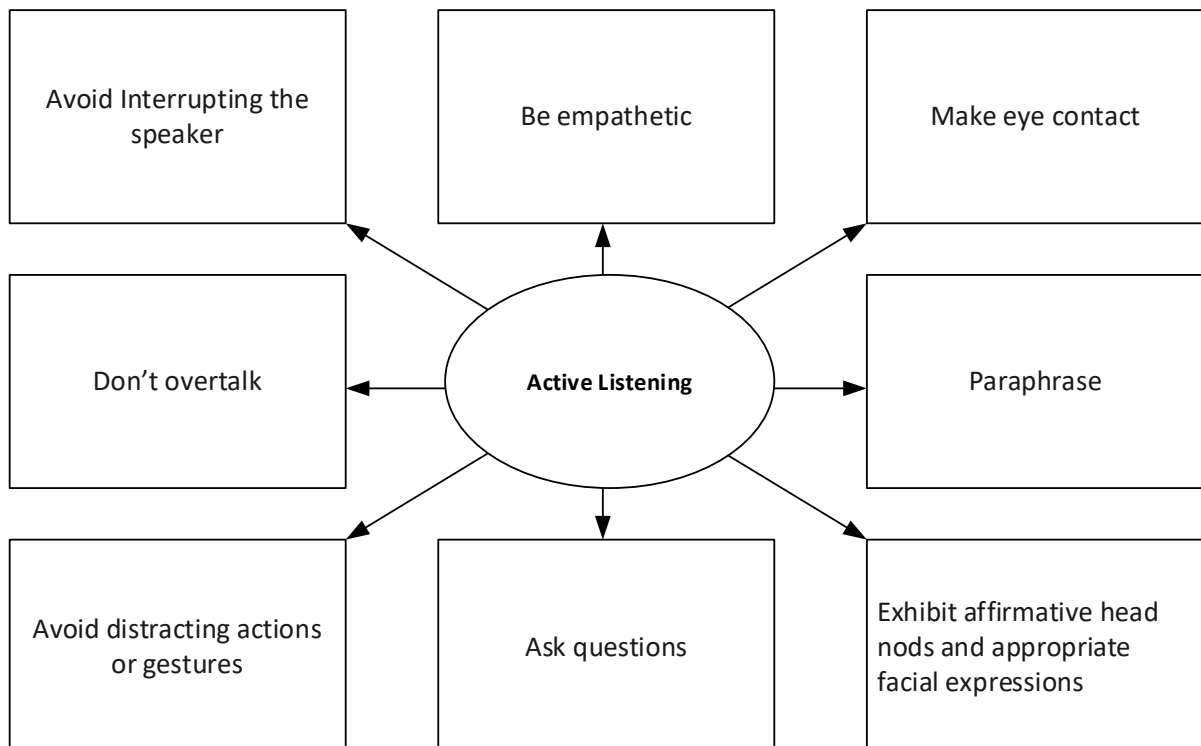


Figure 2 Active Listening Components



**Figure 3 Active Listening and Empathic Communication in the PCP Process** <sup>5</sup>



<sup>5</sup> <https://www.scie.org.uk/mca/practice/care-planning/person-centred-care>