

# **Appendix 1: Particular Service User Circumstances**

The approach to how an organisation communicates with a service user / family may need to be modified according to the service user's personal circumstances.

The following gives guidance on how to manage different categories of service user circumstances.

## **1.1 When a service user dies**

When a SAI has resulted in a service users death, the communication should be sensitive, empathetic and open. It is important to consider the emotional state of bereaved relatives or carers and to involve them in deciding when it is appropriate to discuss what has happened.

## **1.2 Children**

The legal age of maturity for giving consent to treatment is 16 years old. However, it is still considered good practice to encourage young people of this age to involve their families in decision making.

The courts have stated that younger children who understand fully what is involved in the proposed procedure can also give consent. Where a child is judged to have the cognitive ability and the emotional maturity to understand the information provided, he/she should be involved directly in the communication process after a SAI.

The opportunity for parents / guardians to be involved should still be provided unless the child expresses a wish for them not to be present. Where children are deemed not to have sufficient maturity or ability to understand, consideration needs to be given to whether information is provided to the parents / guardians alone or in the presence of the child. In these instances the parents' / guardians' views on the issue should be sought.

## **1.3 Service users with mental health issues**

Communication with service users with mental health issues should follow normal procedures unless the service user also has cognitive impairment (see 1.4 Service users with cognitive impairments).

The only circumstances in which it is appropriate to withhold SAI information from a service user with mental health issues is when advised to do so by a senior clinician who feels it would cause adverse psychological harm to the service user. However, such circumstances

are rare and a second opinion may be required to justify withholding information from the service user.

In most circumstances, it is not appropriate to discuss SAI information with a carer or relative without the permission of the service user, unless in the public interest and / or for the protection of third parties.

#### **1.4 Service users with cognitive impairment**

Some individuals have conditions that limit their ability to understand what is happening to them.

In these cases communication would be conducted with the carer / family as appropriate. Where there is no such person, the clinicians may act in the service users best interest in deciding who the appropriate person is to discuss the SAI with.

#### **1.5 Service users with learning disabilities**

Where a service user / family has difficulties in expressing their opinion verbally, every effort should be made to ensure they can use or be facilitated to use a communication method of their choice. An advocate / supporter, agreed on in consultation with the service user, should also be identified. Appropriate advocates / supporters may include carer/s, family or friends of the service user or a representative from the Patient Client Council (PCC).

#### **1.6 Service users with different language or cultural considerations**

The need for translation and advocacy services and consideration of special cultural needs must be taken into account when planning to discuss SAI information. Avoid using 'unofficial translators' and / or the service users family or friends as they may distort information by editing what is communicated.

#### **1.7 Service users with different communication needs**

Service users who have communication needs such as hearing impaired, reduced vision may need additional support.

#### **1.8 Service users who do not agree with the information provided**

Sometimes, despite the best efforts the relationship between the service user / family and HSC staff breaks down and they may not be content with the information provided. In these circumstances, the following strategies may assist:

- Facilitate discussion as soon as possible;

- Ensure the service user / family has access to support services;
- Offer the service user / family another contact person with whom they may feel more comfortable.
- Use an acceptable service user advocate e.g. PCC to help identify the issues between the HSC organisation and the service user / family and to achieve a mutually agreeable solution;
- Ensure the service user / family are fully aware of the formal complaints procedures;
- Write a comprehensive list of the points that the service user / family disagree with and where appropriate reassure them you will follow up these issues.