



# Course Companion for BTEC Nationals (AAQ) in Health and Social Care

## Unit 3: Principles of Health and Social Care Practice

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# Teacher's Introduction

This is a Course Companion for **Unit 3: Principles of Health and Social Care Practice**, part of Pearson's BTEC Level 3 National Extended Certificate in Health and Social Care (AAQ). The aim of this resource is to guide students through the core content of this unit, providing them with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this unit.

For clarity and ease of use, the content of this course companion matches the order of the specification points.

The content is structured as follows against the unit's content:

Chapter	Sections
<b>A:</b> The principles of health and social care practice which underpin meeting the care and support needs of individuals	<b>A1</b> Values essential to health and social care practice <u>and</u> <b>A2</b> Person-centred care and approaches
	<b>A3</b> Communication in health and social care <u>and</u> <b>A4</b> Confidentiality
	<b>A5</b> Duty of care <u>and</u> <b>A6</b> Working with vulnerable children and adults at risk
<b>B:</b> How organisation, legislation and guidance inform practice in health and social care	<b>B1</b> Organisations, legislation and guidance affecting health and social care services
	<b>B2</b> Organisation of health and social care services
	<b>B3</b> How health and social care services are organised to benefit the population
	<b>B4</b> Using critical thinking skills to draw valid conclusions
<b>C:</b> How social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice	<b>C1</b> The effect of social determinants on individuals' health status
	<b>C2</b> Improving health outcomes in practice
	<b>C3</b> Potential barriers to improving health outcomes in practice

Throughout the resource, there are key features to keep an eye out for:

## Keywords

Used to draw students' attention to various keywords throughout the unit.



## Did you know?

Provides further information and additional content to inspire students.



## Case study

Helps students to apply the issues identified in the resource to real-world scenarios.



## Applied activity

Encourages application of knowledge to the case studies or to real-world scenarios in the health and social care sector.



## Research activity

Inspires further research and can be used to stretch and challenge higher-ability students.



Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework.

At the end of each section there are also **two sets of questions**:

- **Checking my understanding:** Multiple-choice, objective-test and short-answer questions to recap students' knowledge of the specification content
- **Developing my understanding:** Short-answer questions designed to apply students' knowledge and understanding to case studies (p. 2) written for the purpose of this Course Companion (similar in style to the PSABs). By breaking down assignment tasks into smaller, manageable parts, these questions serve as practice for assignment preparation. They challenge students to apply their understanding and provide varied responses.

At the end of each chapter there are **practice assignment tasks/questions** similar in style to the PSAB's. Students will be tasked with preparing materials against two of the case studies (see p. 2) used in the 'developing my understanding' questions. It is possible that they can use their answers to some questions of the previous set of questions to support them with their practice task.

Full answers included for easy self- and peer-marking.

## Remember!

Always check the exam board website for new information, including changes to the specification and sample assessment material.

## Case Studies

Questions throughout this pack – ‘Developing my understanding’ and ‘Practice As the following two individual case studies. These should be used to form your answers

### Case Study 1: George

George is 67 years old and has recently been diagnosed with early-stage Alzheimer's disease. He lives with his wife, Mary, in a rural area. George used to enjoy gardening and fixing things around the house, but he has been forgetting how to complete simple tasks and often misplaces items. Mary has to look after George on her own as his behaviour has become unpredictable – sometimes he forgets to eat or remember things. George is still physically fit, but his memory loss has caused him to have a fall on one occasion, which is a growing concern for Mary. They have no nearby family, and it is difficult for them to attend social events or visit friends. Mary is considering getting a dementia care team for support, but she is worried about how George will react to this.



### Case Study 2: Yasmin

Yasmin is 25 years old and has type 1 diabetes. Yasmin recently moved from India to the UK and has found settling in quite hard. Since starting her new job, she has missed several appointments due to her demanding work schedule. This has made it difficult for her to manage her diabetes, leading to complications and increased anxiety about her finances. Yasmin also has a learning disability, which makes it difficult for her to carry out everyday tasks or understand complex information. She is overwhelmed at how to balance her health needs with her job responsibilities and is seeking advice from health professionals.



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# Chapter A: The principles of health and social care practice which underpin meeting the care and support needs of individuals

Principles act as guidelines for making decisions and taking actions. In health and social care, principles ensure the care and support needs of everyone are met. Whether you aspire to work in health and social care or not, it's crucial to understand these principles in order to consider how to apply them. By the end of this chapter, you should understand what these principles are, and why they are so important in health and social care. Let's begin by looking at the essential values.

## A1: Values essential to health and social care

Values are the things that are most important to us and guide us to do the right thing. In health and social care, values shape the purpose and mission, providing guidelines for professionals to ensure they meet the care and support needs of everyone. In this chapter, we will explore the NHS core values, and the 6Cs.

### NHS core values

The NHS core values work just like a heart, which keeps the body alive and ensures it works as it should. These values keep the purpose of the NHS alive and make sure it functions effectively, by providing guidelines for professionals to follow to ensure everyone gets the best care they need. We will now look at these core values in more detail.



### Working together for patients

You may have heard the famous quote, 'Alone we can do so little; together we can do so much.'<sup>1</sup> This idea is central to the NHS, where working effectively as a team is essential to making sure patients get the care they truly need. This means working with others to achieve a common goal (e.g. making sure an individual gets the best possible treatment), known as collaborating. It also means working together in a way that makes things better for everyone (e.g. helping other departments on a busy shift to make sure everyone gets the care they need), known as cooperating.

### Respect and dignity

The goal of this value is to ensure those who work in the NHS give the best possible treatment to all individuals, regardless of characteristics such as age, gender and ethnicity, as well as their circumstances or health condition. Respect refers to treating all individuals with kindness and understanding. Each individual should be understood as unique, and their rights, choices and feelings should always be honoured. Dignity refers to seeing the worth in each individual regardless of their characteristics, circumstances or condition. Dignity is built upon respect as well as an individual's right to privacy (ensuring all personal or sensitive information is kept safe). By embedding these values, this ensures that the NHS creates a supportive and **non-discriminatory** environment.

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<sup>1</sup> Helen Keller <https://www.teamwork.com/blog/25-quotes-inspire-collaboration/> (accessed on 22/11/2024)

## Commitment to quality of care

This core value reflects the NHS's mission to make sure every individual is delivered the best possible care. They do this in many ways, such as consistently ensuring person-centred approaches (to be delved into soon), providing regular training to staff, and actively engaging in feedback loops to identify areas that may need improving. This value shows that the NHS understands there is always room for improvement and makes sure they continue to provide the highest quality of care possible and measure success against their experience in this service.

## Compassion

The foundations of compassion are understanding, showing kindness and empathising with others. Health professionals need to think about the patient's feelings and consider how they would want to be treated in their situation. This value recognises that each individual's experiences are unique, and makes sure they receive care and support tailored to their individual needs.

## Improving lives

The NHS has a goal to improve people's lives not only within the NHS, but outside of it. They want them to walk away with a chance of living a better, healthier life. This is achieved by applying some of these values above, such as their commitment to providing quality of care, and making sure individuals receive support and care which suits their current life circumstances. They also give out educational resources, such as leaflets, to help guide people how to live a healthier life. This value not only helps improve a person's overall life through the care they receive but also reduces the chances of them needing to return because of poor health.

**Resources**  
Can help you  
explore  
web

## Everyone counts

The NHS believes that no one should ever be left out from accessing care. We all matter and should be treated fairly and free from discrimination. This value emphasises that each individual has unique needs and circumstances, and is closely aligned with respect and dignity. Those who work in the NHS need to recognise this and provide care that is suitable and tailored to each person's unique needs.

### Case study

Mohammed recently had an operation on his leg after breaking it while playing basketball. During his stay, many different healthcare professionals supported him on his journey to recovery, such as doctors, nurses and physiotherapists. They treated him with kindness and understanding, listening to his concerns and respecting his unique needs. Before he left, his doctor provided clear guidance and leaflets to help him recover and allow him to start living more independently again.

### Applied activity

Read the case study and discuss how the NHS values are reflected in Mohammed's care.

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## Skills for care values

Skills for care are like a jigsaw puzzle; they involve many aspects which fit together to uphold the NHS core values. Without the missing piece, these values won't work as effectively. Those who work in health and social care need to apply these key skills, to ensure that everyone can get the highest standard of care, and this helps to ensure the mission of the NHS is kept alive. Let's look at these skills in more detail.

### Dignity and respect

Can you remember what these terms mean? To refresh, respect refers to treating everyone with kindness and understanding. Every person needs to be treated with respect. Their rights, choices and feelings need to be honoured. Dignity refers to seeing the worth of their characteristics, circumstances or personality. Treating individuals with dignity means maintaining their right to privacy and ensuring that these skills are applied, even if they are not always easy. This helps uphold the NHS value of dignity and respect.

### Learning and reflection

Learning from mistakes is a crucial part of life and helps us to improve. In health and social care, learning and reflection are essential skills. As we briefly discussed, the NHS recognise that there is always room for improvement. This skill places focus on ensuring that learning is always taking place, including reflecting on what went well and what may not have. This ensures that any necessary changes are made, so care is always appropriate, effective and up to date. Implementing these skills helps to ensure that NHS values such as their commitment to quality care are consistently being met.

### Working together

As mentioned, working together is a fundamental skill in health and social care. It means working with others to achieve a common goal (e.g. making sure an individual gets the care they need) known as collaborating. It also means working together in a way that makes things easier (e.g. helping other departments on a busy shift to make sure everyone gets the care they need) known as cooperating. It also involves sharing knowledge, skills and resources. Applying these skills ensures individuals get the care they truly need and helps reduce the pressure on healthcare professionals, allowing responses to challenges such as emergencies to be more smooth and efficient. This means again that values such as quality of care can be met.

### Commitment to quality care and support

This skill is essential not just for providing quality care, but for achieving all of the NHS core values. A commitment to quality of care means applying the best practices in every area, from working as a team to treating everyone with dignity and respect. It's about making sure all aspects of care are delivered to the highest standard. Like we mentioned, these skills are developed through regular staff training, applying person-centred approaches and addressing any areas that need improvement, etc.


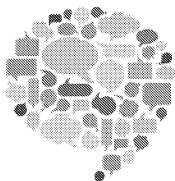

#### Did you know?

The NHS workforce is made up of over 1.5 million professionals and staff members. Each role, no matter how big or small, plays a vital part in upholding these skills for care values.<sup>2</sup>

<sup>2</sup> <https://business.itn.co.uk/16-fascinating-facts-about-our-nhs/>

## The 6Cs

The 6Cs are six important qualities which every healthcare **service provider** should have. These qualities represent the core values and principles that are essential for providing high standard of care. They do this by promoting person-centred values and making sure that quality care is always being delivered. Let's have a look at each one in more detail.

Value	Description	
<b>Care</b>	The care that is offered must be right for the service user and reflect their needs. This goes beyond physical needs and should also support their emotional, intellectual and social well-being.	An occupational therapist provides personalised care for a service user who just had a stroke, ensuring they meet their medical needs and need to take each step towards physical support to become more independent.
 <b>Compassion</b>	Compassion is based around empathy, respect and dignity. It is about understanding and empathising with others' experiences regardless of their background. Health practitioners should listen carefully to individuals' challenges, and provide reassurance.	A nurse sits with a service user, offering a comfortable environment for them to express their concerns without judgement, regardless of the time of day.
<b>Competence</b>	A service provider has the responsibility to ensure they have the most up-to-date training and knowledge about the service they are providing.	A doctor should ensure they have the most up-to-date training and knowledge about the service they are providing, ensuring the best standard of care for their service users.
 <b>Communication</b>	Communication can be met in a number of ways, through verbal, non-verbal or other special measures, to ensure the service user understands the care they are receiving. It can also include actively listening and demonstrating empathy. It helps create successful relationships between service providers and users.	A paediatric nurse communicates with a non-verbal service user using communication aids, toys or using communication boards.
<b>Courage</b>	Courage helps a service provider or user voice their concerns if they have any. Service providers should also advocate for the rights and well-being of service users.	A doctor may challenge a service user's practice or advice if it is not in the best interests of service users.
 <b>Commitment</b>	Service providers should maintain professional standards and uphold ethical principles, as well as remain up to date with any training or knowledge they need to provide a service.	A caregiver may ensure their knowledge is up to date to ensure they can provide the best care for their service users.

### Applied activity

Come up with **one** more example of each value in a health or social care setting.

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## A2: Person-centred care and ap

A person-centred approach means putting the individual at the heart of their own needs, goals and preferences to ensure they can receive the best possible care and treatment. This approach is incredibly important for health professionals to use, and supported throughout their care. In this section we will look at the key features w

### Working towards a standard of care

All health and social care professionals need to work towards a standard of care. What this means is that everyone involved in providing care, whether that's doctors, nurses or physiotherapists, needs to aim to deliver care that meets a specific level of quality. This quality must include the following:

<b>Individual</b>	Because everyone is unique, their care must be personalised. This involves considering aspects such as preferences, beliefs and values. By doing so, it ensures that an individual's respect and dignity are maintained.
<b>Choice</b>	This is giving individuals options about their care. This can be as simple as what they would like to eat at hospital, to where they would like to go. Choice helps them to feel more empowered, respected and in control of their care.
<b>Independence</b>	Health professionals should seek to maintain service users' independence wherever possible. It's about considering what someone can and cannot do, and where needed. This helps individuals to maintain their dignity and continue to lead fulfilling lives despite the struggles they may face.
<b>Rights</b>	This refers to upholding someone's rights, such as their equality and freedom. Doing so ensures that individuals are treated fairly and respect their legal and human rights.
<b>Privacy</b>	This refers to ensuring someone's confidentiality is respected. Sensitive or personal information disclosed to a health professional should be kept private or only shared if the individual consents. This helps the individual feel safe, respected and in control of their personal information.

#### Case study

Connie has just been to the doctor. During her visit, they gave her a few treatment options, and she was able to choose the one that would work for her. She also disclosed sensitive and personal information, but the doctor reassured her that it would remain confidential unless she gave permission for it to be shared.

#### Applied activity

Read the case study and think about how your own experience shows the importance of a standard of care. What could you have done?

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## Importance of people skills

No matter how talented you are as a healthcare professional, strong people skills are absolutely essential. Patients need to feel they can trust the person treating them. This helps everyone feel more at ease during care. This is especially important because hospitals and doctors' offices can be intimidating or even frightening for many people. Below are the key people skills that every healthcare professional should strive to develop.

<b>Empathy</b>	This involves recognising emotions expressed by individuals and showing compassion and sensitivity towards their situations. Empathy strengthens relationships, and ensures that service users are heard and understood.
<b>Patience</b>	Making sure you remain calm, observant and understanding of others. This can be crucial in challenging, upsetting or frustrating situations. Being patient involves controlling impulses or refraining from interrupting someone. Doing so can help individuals build trust.
<b>Engendering trust</b>	This means developing a sense of confidence and safety between a healthcare professional and their patient. This is built by authentic communication and listening.
<b>Flexibility</b>	Flexibility is about adapting to changing situations, and being open to change. It is an essential quality given the dynamic nature of healthcare. Flexibility means individuals can get care which suits their needs, and things change.
<b>Sense of humour</b>	Being able to make someone laugh can be really important in healthcare, especially if a patient is going through something particularly distressing or challenging. A sense of humour can help an individual to feel at ease, as well as keep their spirits high, both of which can be crucial to recovery.
<b>Negotiating skills</b>	Healthcare professionals need to be able to find solutions that work for both the patients and the healthcare team. This requires balancing needs, preferences and available resources. When done well, everyone is happy and patients can get the best possible care.
<b>Honesty</b>	Honesty is based on trust. Healthcare professionals should be communicating with their patients in a clear and transparent way. This builds trust between the patient and provider, ensuring they are not in the dark about their care.
<b>Problem-solving skills</b>	Due to the dynamic and complex environment of healthcare, professionals need to be highly skilled in problem-solving. They need to make decisions in a timely, effective manner while considering patient needs, available resources and potential risks.

**Did you know?**  
Laughter is good for you.  
Not only does it help you feel pain, but it also helps you sense of well-being.

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## Focus on needs-led care

This is an approach which places importance on addressing individual needs. It requires a care plan to be put in place in order to do this.

### Supporting inclusive practices

Inclusive practices ensure that no one is excluded from accessing the care they need in an environment where each person's unique needs are considered. We all have different characteristics such as ethnicity, religion, etc. These differences are known as diversity. Inclusive practices ensure that all people's needs are met, and treated with respect and fairness. For example, healthcare facilities support people with limited mobility by providing features such as wheelchair ramps.



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### Enabling individuals to make choice

It is important to empower individuals to make decisions about their care and support their preferences, needs and values, while also providing education to support them. This increases a person's sense of **autonomy** over their own care, and helps maintain their independence. Supporting a patient to choose between different treatment options after being informed of each.

### Actively participate in planning their own care

Encouraging patients to be actively involved in their treatment – by participating in decisions about their care, sharing their preferences, and working with health professionals to create a personalised care plan – enhances their **autonomy** and ensures they receive care tailored to their needs. For example, a patient working with their physiotherapist to create a personalised care plan that helps them achieve their goal of being able to exercise again.

## Empowering individuals by valuing their individuality and respecting their opinions and feelings

This means helping individuals feel empowered by valuing who they are as a person and respecting their opinions and feelings towards the care they receive. This involves recognising the uniqueness of each individual and giving them an opportunity to express their voice on how they feel about aspects of the care, from where they would like to be treated to what treatment they would prefer. This then empowers individuals by providing them with a sense of **autonomy** over their care. This can not only improve someone's experience but increase their satisfaction with the care they receive.



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## Care/support plans, electronic health records

Care and support plans outline what support an individual needs, and how this will be provided. Care plans can help individuals to regain their independence, improve their quality of life and meet their unique needs.

Electronic health records (EHR) store patient details, such as medical history, in one place. All important information about an individual's health can be in one place, giving a clear snapshot of their condition. As a result, individuals can receive more personalised care, improving the overall quality of the care they receive.

The following are needed in these plans and records:

- Records of care and support needs must be kept clear and up to date.
- A record must always be logged in all health and social care environments. This means that every action or decision in health and social care settings (such as doctors' surgeries, hospitals, or care homes) must be documented.
- The plans must reflect an individual's preferences, needs and values.
- Individuals should be involved in all aspects of planning and updating their care and support plans.
- The individual must be empowered to report any changes in their needs.
- Records should be regularly updated to ensure information can be shared between healthcare professionals, particularly important during shift changes or staff changes. It is also important during multidisciplinary working, when multiple staff will care for one person.

## Supporting individuals to raise care concerns

Health and social care settings need to create a safe and open environment where individuals can raise any concerns, especially about their care and who they can go to for support. This can be done by encouraging feedback, providing opportunities for open conversation, using tools such as feedback forms, and guiding individuals on who they can talk to if they have concerns. By doing this, any issues affecting someone's care can be addressed, helping individuals feel more in control of their treatment, more satisfied and more comfortable.

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## Questions (A1: Values essential to health and social care and A2: Person-centred care and approaches to care)

### Checking my understanding:

1. State **three** NHS core values.
2. Give an example for each of the following skills for care values.
  - i) Learning and reflection
  - ii) Commitment to quality care and support
3. Define the following of the 6Cs of care.
  - a) Compassion
  - b) Commitment
4. Which courage important in healthcare? Select one.
  - a) Helps professionals build strong communication with service users
  - b) Encourages healthcare service providers to speak up and challenge unsafe practice
  - c) Ensures service providers have necessary skills to deliver care
  - d) Allows service providers to empathise and connect with service users
5. Why are the following people skills important in delivering person-centred care?
  - i) Empathy
  - ii) Flexibility
6. Explain the importance of empowering individuals in person-centred care and how it supports their independence and well-being.

### Developing my understanding:

Read the case study on **George** and answer the questions below.

1. Explain how professionals can apply NHS core values such as respect and dignity in their interactions with George and Mary.
2. Assess how the values of working together and commitment to quality help professionals support both George and Mary during this challenge.
3. Assess how the following of the 6Cs – *compassion, communication, commitment* – can be applied in the care of George and how they can be used to support both George and Mary.
4. Describe **one** strategy that person-centred care approaches can use to support George's independence despite his memory loss.

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## Assignment Practice Task 1a: Evaluation of values required for person-centred care

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the methods and strategies used by professionals to overcome barriers to providing person-centred care and offer guidance for similar situations**

You should write a report to:

- A.** Evaluate which values (NHS core values, skills for care values, and the 6 values) are most important for successfully providing person-centred care for *George* and *Yasmin*
- B.** Justify your evaluation by explaining how these values address specific barriers to person-centred care in the two case studies
- C.** Include a recommendation on how these values could be applied practically to meet the needs of *George* and *Yasmin*



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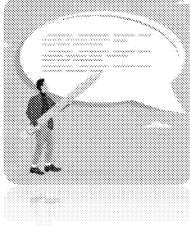

## A3: Communication in health and

'Healthcare the patients involved to be communication vital clear for is.' This is di  
If your doctor spoke to you like this, you'd probably be confused.

What this message is really saying is 'Clear communication is vital for patients to b  
Good communication goes beyond just words; it involves a range of skills and app  
messages are clear and understandable. In this section, we will discuss what com  
social care, and how to apply it effectively in practice.

### Types of communication

Communication comes in many forms. The type of communication a health profe  
factors. Some types work better than others depending on the context. Everyon  
so health practitioners need to adapt their communication to suit each person. Le

Type of communication	Description	
<b>Verbal</b> 	<p>Verbal communication involves using spoken words to express information. This type of communication is really important in health and social care, as it allows for conversations between health professionals and patients. These conversations can be used to explain things, answer any questions, provide feedback, etc.</p>	<p>A doctor u explain the treatment</p>
<b>Non-verbal</b> 	<p>This refers to conveying information without the use of words, and instead through things such as body movements, facial expressions and gestures. It is common for non-verbal and verbal communication to be used alongside each other to help improve understanding.</p>	<p>A physioth of the bod injury is w</p>
<b>Written</b> 	<p>This is communicating information through words that are written. This type of communication is used across health and social care, from leaflets to information letters. It is crucial that this type of communication is clear and accurate to ensure that the information can be understood easily and in a way that suits individual needs.</p>	<p>A nurse giv recovering</p>
<b>Digital</b> 	<p>This is information which is conveyed on a digital platform or network. These digital types of communication can be anything from online websites to online tools.</p>	<p>Reading in treatment the NHS w</p>

#### Applied activity

Come up with **one** more example for each type of communication in a health and social care setting.

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## Importance of communication to provide person-centred care

Communication is more than just talking; it's about understanding, connecting and working in health and social care share clear information, listen carefully and show empathy. A person-centred environment where patients can feel respected and supported. It's this kind of meeting that is at the heart of person-centred care. Here are some of the key ways that health practitioners can provide person-centred care.

### Providing accurate information

Health practitioners should ensure they always provide correct and up-to-date information. Patients are well informed and not misled. This helps individuals to make the right decisions, understand their care, builds trust, and ensures they understand their health conditions correctly. Providing inaccurate information can lead to confusion and risks a breakdown in trust between the patient and the healthcare professional.

### Support privacy and dignity

This refers to communicating with someone in a way that respects their privacy, such as being confidential and discussing sensitive matters in a respectful way; for example, asking a patient to come to a personal appointment in a quiet room where no one outside can hear. Healthcare professionals should communicate in a way that maintains someone's dignity, such as making sure patients are in control of their care. This also involves avoiding actions or language that could make someone feel embarrassed or dehumanised, for example.

### Use of listening skills

Showing an individual you are listening is absolutely crucial when they are communicating with you. Being a good listener involves responding to the person as they speak (e.g. nodding), allowing an individual to talk uninterrupted, and giving them your full attention. It also means asking thoughtful questions to show that you value their thoughts, feelings, and experiences.

### Avoiding jargon, slang and acronyms

These are all ways of communication which not everyone can understand.

- **Jargon** is using technical language or terms that may not be understood by everyone (e.g. saying 'titrate the dosage', instead of 'adjust the dosage')
- **Slang** is using informal language (e.g. 'Yo!')
- **Acronyms** are abbreviations used to make longer phrases easier to say or write (e.g. using BP for blood pressure)

Healthcare professionals need to avoid using these ways of communicating because they can create a barrier for understanding things clearly.

This language can also be informal and unprofessional, and lead to confusion.

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#### Applied activity

Read the case study above and identify what might be problematic about the way John communicates with his patients. How this could affect the patient's understanding and experience.

### Provide empathy and emotional support

Expressing empathy and providing emotional support are key to helping patients. Healthcare professionals should aim to use language that is supportive, reassuring and acknowledges the patient's challenges. This helps to build trust and creates a safe, supportive environment.



## Demonstrate respect and patience

When health practitioners communicate, they must ensure they demonstrate respect to individuals but also with their families, friends, carers, colleagues, and members of the community. Let's have a look at what these mean in more detail:

### Respect

Being respectful means treating others with kindness and understanding, while always honouring their unique needs, choices, feelings and rights. Health practitioners can show respect by actively listening, using polite language and valuing diversity with everyone. For example, a nurse making sure to correctly use a patient's preferred name and pronouns while communicating with them.



Patience means understanding and communicating calmly, even when frustrated. This includes avoiding interruptions. For example, a nurse waiting for a patient to finish speaking before responding.



By demonstrating these skills, individuals will feel valued and heard, and a deeper understanding will be built between health practitioners and those they communicate with.

## Importance of effective communication with other professionals

Good communication is important not only with patients but also between colleagues. Applying good communication helps everyone who works in health and social care to ensure the right information gets passed on, and means that people receive the care they need. Good communication looks like in a team.



- **Collaboration:** can you remember what this is? This means working with others. Communicating in a collaborative way means sharing knowledge, feedback and improving things for everyone, for example.
- **Open communication:** this means communicating in a way that is honest and any concerns, feelings or ideas to be expressed freely, which means these can be shared. This helps to ensure that potential issues are identified early.
- **Coordination and responsibilities:** coordination means working together in a team; it outlines what everyone needs to do and when. Communicating ensures everyone can understand what their roles and responsibilities are, and ensure they are carried out effectively and efficiently. For example, a team of health professionals communicating to coordinate lifting a patient's body, outlining everyone's responsibilities during the process of positioning the patient and who is responsible for lifting them).

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- **Shared decision-making:** this means that no decisions should be made without everyone involved. It ensures that all views, feelings and ideas are considered, which increases the likelihood of making a better decision that meets the needs of all healthcare workers.
- **Shared responsibilities for planning and problem-solving:** those who work in health and social care should always be involved in the communication of responsibilities for planning and problem-solving, and that everyone is involved in coming up with strategies to make things work better, which needs changing (problem-solving). This means each health professional is responsible for their own processes, leading to better teamwork and efficiency, and better care for everyone.

## Adapting communication according to the needs of individuals

As we briefly discussed, everyone understands information differently. However, some individuals may need additional support to understand information. For those working in health and social care, it is crucial to consider these needs and adapt communication to ensure everyone, regardless of their challenges, is supported in understanding (the example of non-verbal communication being applied). Below are examples of individual needs and situations where different communication methods are needed.

Learning disabilities	Dementia	
This involves disabilities that can hinder someone's ability to understand information, particularly if it is difficult or unfamiliar. Some individuals with learning disabilities can struggle to read or speak, which makes communication more challenging.	This is a <b>neurodegenerative disorder</b> that causes decline in brain functions such as memory, making decisions, and thinking. As a result, individuals with dementia may struggle to understand information, especially as they might forget what has been communicated.	The individual may have difficulty understanding written information and may struggle to remember what has been said.
Health professionals need to consider these specific needs in order to use communication that is appropriate for each disability. For example, a nurse might use simple, clear words to help an individual with a learning disability better understand their health condition.	Health practitioners need to recognise these challenges and put measures in place to help individuals with dementia understand their care. For example, they could repeat information each time they see the patient or provide written communication (such as a leaflet) that the patient can refer to whenever they forget.	Health professionals should adapt their communication by using simple, clear words and repeating information. In addition, they should use visual aids to support communication and provide written communication to help the individual remember what has been said.

### Keyword

**Neurodegenerative disorder:** one of a group of disorders where the brain and nerves slowly become damaged over time. These damages lead to changes to cognitive function, such as memory.

### Applied activity

Come up with examples of how health professionals could communicate with someone who has a learning disability.

### Research activity

Research **three** different types of learning disabilities, and consider how each one may make it difficult to understand information.

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## How communication may impact on outcomes

How health professionals communicate both with their patients and colleagues is important. We should now understand what communicating effectively looks like, and will now look at what bad communication is. On the flip side, can you think what bad communication is? In simple terms, it is unclear and ineffective. This could include using language such as jargon, not listening, not understanding someone's unique needs, being impatient and so forth. Communication shapes the quality of care people receive, patient satisfaction, and the health and social care settings. We will now look at these impacts.

The impact of good communication	The impact of bad communication
✓ People are more willing to share important information	✗ Can lead to harm, unnecessary use of resources, and staff morale
✓ Professionals can share clear and easy to understand information with individuals and teams	✗ Professionals may not share important information about patients
✓ Encourage people to adhere to and follow their treatment plans	✗ Delayed communication can prevent effective care
✓ Increase the chances of people following advice for a healthy lifestyle	✗ Records might not be up to date or accurate
✓ Improves a person's mental health and overall well-being	✗ Important problems may not be noticed until they become urgent

### Applied activity

Consider what the consequences may be for the impact of good and bad communication on both patients and those who work in health and social care.

## Digital communication

Technology has made it possible for digital communication to play a big role in health and social care. It allows more people access the services they need and making communication between health professionals and patients more efficient. Now we'll look at how digital communication is used in practice and what health providers need to think about to make sure it works well.

### Current ways digital tools are used to communicate in practice

Digital tools are electronic devices, systems or software which can be used as a way to communicate in health and social care.

Here are some examples:

- **At-home monitoring:** these are tools which allow healthcare professionals to monitor an individual's health while they are at home. They allow for detecting changes in health status and the need for frequent in-person visits. For example, individuals with diabetes can use devices to monitor changes in their blood sugar levels throughout the day (known as a continuous glucose monitor).
- **Virtual wards:** this is where individuals who are well enough to stay at home can be monitored and help manage conditions without going to hospital. This means individuals can stay in their own homes, which is more comfortable for them, while also freeing up space in hospitals. Virtual wards often use a mix of in-person practices (e.g. blood tests) and digital tools to monitor and treat patients.
- **Video consultations and check-ups:** these involve consulting or checking up on patients remotely, such as through video calls. They allow healthcare professionals to talk with patients about their health, monitor conditions, prescribe medications, and so forth. These tools make services more accessible for individuals, especially for those who may have limited access due to where they live, and help prevent the spread of infection.

### Research

Read the following article: <https://www.bbc.com/health/healthcare/digital-health-12345678> about what digital health includes to improve care and how they are used.

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## How it improves person-centred care

Digital communication allows healthcare professionals to choose methods which consider their needs, preferences and conditions. By considering these needs, care, ensuring individuals receive care that is right for their unique needs. This is digital communication that work well considering the following.

For whom:	Where:	
This is considering the patient's needs, preferences and conditions to choose what the best type of digital communication is for them. For example, an elderly person may have difficulty using certain digital tools, so simpler methods, such as phone calls, could be used. However, those living in more remote areas may struggle with good access to the Internet, meaning the types of digital communication used need to accommodate this.	Where an individual lives also needs to be considered. Digital tools are most suitable in locations where patients may not be able to easily access healthcare facilities, such as rural areas. However, those living in more remote areas may struggle with good access to the Internet, meaning the types of digital communication used need to accommodate this.	Digital communication can be used by patients who have chronic conditions, such as diabetes. It means that patients can access the services they need when and where they need them.

### Applied activity

Discuss with a partner how digital communication can improve person-centred care based on the factors outlined.

## The benefits for professionals and individuals

Digital communication offers a wide range of benefits, not just for patients but for professionals too. Let's explore these advantages in more detail.

Benefits for professionals	Benefits for individuals
<ul style="list-style-type: none"> <li>✓ More time-efficient, such as speeding up communication and reducing delays</li> <li>✓ Improves face-to-face engagement</li> <li>✓ Enables professionals to reassure individuals</li> <li>✓ Builds and strengthens connections with individuals</li> <li>✓ Helps to detect problems or changes at an early stage</li> </ul>	<ul style="list-style-type: none"> <li>✓ Makes it easier to access health services and health resources</li> <li>✓ Helps individuals to manage their health</li> <li>✓ Promotes sense of control with services</li> <li>✓ Makes it easier to access services</li> </ul>

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## Considerations of digital communication

We should now understand what digital communication is and how it can benefit health and social care. As we can see, it is extremely beneficial. However, there are also some downsides to using this type of communication, and it's important for health providers to consider the following factors:

- **Costs to individuals:** digital communication may require individuals to purchase certain tools or equipment, which could create barriers to accessing the care they need. Individuals facing social disadvantage may be especially affected by this. For example, an individual may need an Internet box in order to video-call their doctor. As a result, this could increase or worsen someone's health condition.
- **Ethical issues:** health providers must make sure patients know how their data will be used and stored by using digital tools. This can be done by getting **informed consent**, so patients understand how their health information will be kept and protected. For example, during a check-up a doctor informs the patient how this information will be stored, and who can access it.
- **Safety of information shared:** it's important for healthcare providers to protect patient data, as digital platforms can increase the risk of data being put at risk. Measures in place such as cybersecurity (protects anything stored digitally or attacks), using secure platforms to store patient data, and regularly training staff on data protection.
- **Digital literacy of staff and individuals:** as we just touched on, staff not only need training on data protection but also on how to effectively use digital communication. This is not only for staff to use these tools but also for enabling them to help patients use them. Some people, may find digital tools difficult to use, so healthcare professionals need to find ways to help them use these tools.

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## A4: Confidentiality

Confidentiality means keeping an individual's personal and sensitive information private from those who are authorised to view it. This is an important part of maintaining an individual's trust with regard to an individual's personal circumstances and health needs. Maintaining confidentiality is important for protecting individuals in many cases, particularly if an individual is vulnerable as a result of their care needs. In this section, we will explain why confidentiality is important, how information should be shared, the importance of following policies, and the legal implications of breaking confidentiality.

### Keeping personal or sensitive information confidential

All healthcare providers have a duty to make sure all **personal identifiable or sensitive information** is kept confidential. This not only relates to patients but also those who work in health and social care. Keeping this information confidential is so important because it:

- **Protects privacy:** can you remember why privacy is so important in health and social care? Not only does this ensure that person-centred care is being provided, but it also prevents unauthorised access to these details.
- **Builds trust:** keeping patients' and workers' information confidential helps build trust that their healthcare provider is handling their data responsibly.
- **Prevents harm:** leaking personal or sensitive information can be incredibly dangerous to individuals. By keeping this data confidential, healthcare providers help to protect workers from potential risks.
- **Encourages openness:** when patients and workers know their information is safe, they are more likely to open up about details such as their health or personal circumstances, leading to more effective care.

**Key**  
**Personal identifiable or sensitive information**  
any information which could identify an individual as he or she is

### Sharing information and managing confidentiality

Sometimes confidential information must be shared, but only when necessary to ensure the safety and effective care of a patient. In health and social care, it's believed that the best care can only be provided if this information is shared. However, there are strict rules about how confidential information should be shared.

First of all, patients have the right to access their own details and should be told who will see this information. They also have the right to choose what information gets passed on – such as certain personal details, for example – and the right to decline information being shared. Finally, this information should only be shared within the healthcare team, and only with those who need it most relevant.

Let's break this down further to understand the rules that must be followed when managing confidentiality.

<b>Proportionate</b>	Only the absolute necessary details should be shared, just enough to provide care. For example, only passing on information about someone's condition and phone number.
<b>Relevant</b>	Information should only be shared if it is directly related to the care of the individual (for example, someone's health history). Healthcare professionals need to make sure that the information is useful and any information which isn't should not be passed on. For example, information about a patient's medication history, but not sharing information about their occupation.

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<b>Accurate</b>	All information should be correct and up to date. This ensures it is suitable and tailored to their current needs. For example, updating changes to ensure that the information being shared reflects the latest information.
<b>Necessary</b>	Sharing this information needs to be essential to providing safe and effective care for someone. There needs to be an obvious reason why this information is being shared. For example, a patient's allergy information must be shared to ensure they are safe.
<b>Timely</b>	When information is shared in the interest of safe and effective care, it should be shared promptly as possible without any unnecessary delays. This ensures that the care they need as quickly as possible. For example, sharing a patient's information with a healthcare team as soon as they are available.
<b>Secure</b>	Information shared needs to maintain an individual's confidentiality. It should be protected from unauthorised access. For example, storing patient information in a password-protected system.

### Application activity

It's time for you to come up with a case study. Apply at least **three** of the principles to a real-life scenario in health and social care to demonstrate how information is shared and how confidentiality is managed.

## Permission and privacy

There are also strict rules about sharing information with a patient's family, friends or carers. Permission must be given by the individual for any details such as their records to be shared with these individuals, and their privacy must always be respected. However, if an individual lacks **mental capacity**, this information may be shared without this permission in the interest of safe and effective care, and always in their best interest.

The following rules need to be applied:

- Individuals should be given the choice to decide what information they want to share and in what situations. For example, an individual may decide they only want certain parts of their history to be shared, and they only want this information to be shared with certain people.
- This information should only be shared once **informed consent** (can you remember what this means?) has been given. The only time this doesn't apply is when someone lacks mental capacity.

## Adhering to organisational policies and procedures

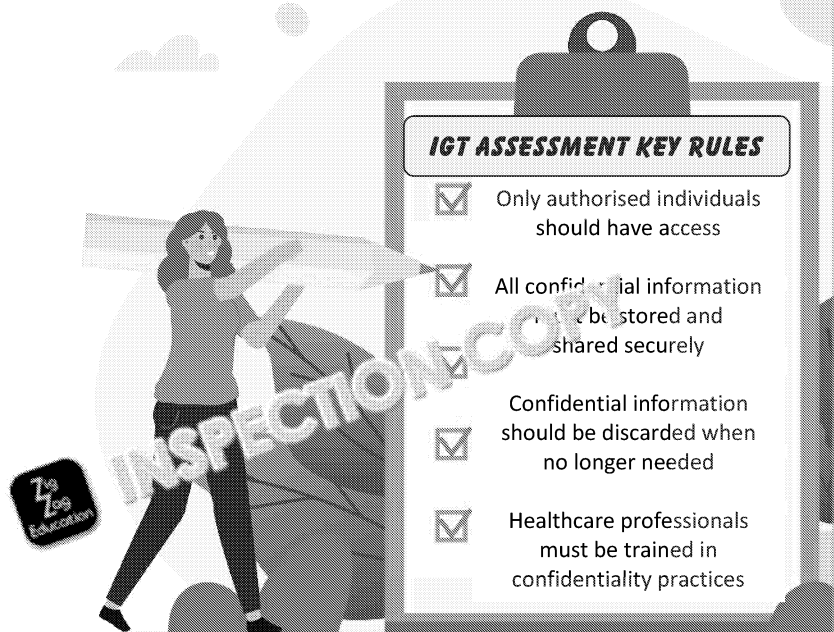
In order to make sure that all of the above is applied, healthcare providers and professionals must follow organisational policies and procedures in relation to when and how they share information. They do this by implementing the following principles:

- **Responsibility:** choosing a senior healthcare professional, such as a manager, to ensure that their organisation always meets the confidentiality requirements we have mentioned. It is their responsibility for making sure their organisation stays within the rules of the law.
- **Follow-up assessments:** healthcare providers must show they are meeting confidentiality requirements through an assessment known as the Information Governance Toolkit Assessment (IGT). This sets out guidelines and standards to be used by healthcare organisations to ensure that patient data is shared correctly in terms of how it should be recorded, stored and shared.

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Let's have a look at their key rules.



- **Reporting concerns and whistleblowing:** if confidentiality isn't being followed or a breach is reported. This is known as whistleblowing, which is reporting wrong or unsafe practices. This helps to keep organisations accountable for how they handle confidential information and ensures procedures are being followed.

#### Research activity

Research the Caldicott Principles, which are guidelines for handling confidential information in health and social care. Make notes on the eight principles to help your understanding.

## Consequences for breaching confidentiality

We should now understand how important it is to manage confidentiality properly. But what happens if confidentiality is broken? This is called a breach of confidentiality and can have serious effects on both healthcare providers and patients. It is crucial for those working in health and social care to understand the impact of breaking confidentiality. Not only can it damage trust and harm the reputation of a healthcare organisation, but it can also lead to **disciplinary action** or even **criminal charges**.

#### Keywords

**Disciplinary action:** measures an organisation takes in place when an employee breaks rules or fails to reach expected standards. Actions include warnings, suspensions and dismissal.

**Criminal charges:** legal action taken by police or the government against someone who may have broken the law. Actions include fines or imprisonment.

#### Did you know?

In 2021, the NHS experienced 1,230 confidentiality breaches, including wrong people and altering records. Those affected by these breaches were 1.2 million people.

#### Research activity

Read more about this real-life example of a confidentiality breach on the NHS website: <https://www.nhs.uk/news/2021/12/1230-data-breaches/>

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## Questions (A3: Communication in health and A4: Confidentiality)

### Checking my understanding:

- Describe the **four** types of communication.
- Why should health practitioners avoid using jargon, slang and abbreviations?  
Select one.
  - It makes people want to be friends with their health professionals.
  - It is informal and can lead to confusion.
  - It can make someone feel embarrassed and dehumanised.
  - It breaks down trust.
- Outline **two** reasons health practitioners may need to adapt their communication.
- Identify **one** impact of good communication and **one** impact of bad communication.
- Give **one** example of digital communication, and explain how it affects health professionals and individuals.
- Define the following:
  - Person-identifiable information
  - Sensitive information
- Which of the following is not a rule that must be followed when sharing information and managing confidentiality?
  - Proportionate
  - Secure
  - Necessary
  - Ethically
- Outline **one** way healthcare providers adhere to organisational policies and explain what could happen if they breached confidentiality.

### Developing my understanding:

Read the case study on **Yasmin** and answer the questions below:

- Describe **two** types of communication that health professionals could use to support Yasmin, and explain how they could be adapted to meet her needs.
- Explain why patience and empathy are important when working with individuals such as Yasmin who have a learning disability.
- Recommend **two** digital tools that could help Yasmin manage her health information, and explain how they could benefit her physically and emotionally.
- Assess whether Yasmin has mental capacity and explain what steps must be taken to obtain her permission to share her medical information.
- Assess the importance of confidentiality and the steps healthcare providers must take when managing and sharing Yasmin's personal details.

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## Assignment Practice Task 1b: Evaluation of effective communication

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the methods and strategies used by professionals to overcome barriers to providing person-centred care and offer guidance for similar situations**

Continue your report started in **Task 1a** to:

- A.** Evaluate how effective communication can support the care and support. Include:
- i) Different types of communication that would be effective
  - ii) How communication can help to build trust and strengthen relationships between individuals and professionals
  - iii) A range of communication strategies that are specific to George's Alzheimer's and Yasmin's dementia
- B.** Justify your evaluation by explaining why these communication strategies are appropriate for these situations.

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## A5: Duty of care

Duty of care is like a shield. It protects the safety and well-being of others and ensures the provision of appropriate care. For those who work in health and social care, providing care is not only a legal obligation and ethical responsibility but also central to fulfilling their role. It's about ensuring individuals receive the care and support they need by meeting professional standards, meeting legal duties and resolving any issues related to duty of care. In this chapter, we will explore these factors in more detail so we can understand what duty of care in practice.

### Professional standards and legal obligation

Understanding duty of care means recognising the responsibility healthcare professionals have to protect patients' well-being. This responsibility is governed by professional standards, supported by legislation such as the Health and Social Care Act (2008), and Care Act (2014). These are rules and regulations that healthcare professionals must follow to ensure safe, effective and ethical care.

In addition to professional standards, healthcare professionals also have a legal obligation to provide a duty of care. These laws ensure that patients' rights are protected and that healthcare professionals are held **accountable** for their actions. By the end of this section, you should understand what these factors mean in more detail.

### Protecting well-being, preventing harm, and best interest

As we just discussed, those who work in health and social care have a legal duty to protect the well-being of individuals in their care and to prevent harm at all costs. What this means is that healthcare professionals always act in the best interest of individuals, their families and their carers. Acting in the best interest involves considering their unique needs, preferences and conditions to make decisions that are in their best interest. This is important as it makes sure individuals receive care which is right for them, such as their individual circumstances, their age, and their stage in the human life cycle. For example, caring for an elderly patient with dementia fulfils their duty of care by using clear communication and reminders to reduce confusion and support the patient's understanding.

This duty is reflected in many ways, but is mainly demonstrated by upholding all of the key principles of health and social care we have covered so far. To refresh, this means that healthcare professionals need to apply the values essential to health and social care: person-centred care and approaches, effective communication and maintaining confidentiality. By applying these principles, healthcare professionals ensure that the well-being of individuals using these services is protected, and every effort is made to prevent harm.

### Maintaining accurate records

All healthcare professionals should ensure they keep individuals' records up to date. This means patient information should be written clearly, kept accurate to reflect changes and needs, and updated regularly to include any changes. It's also important for healthcare professionals to share this information only with those who are relevant, which ties back to the confidentiality covered in the chapter above.

For example, if a patient's medication changes, the healthcare professional should update the record straight away to reflect this change. This ensures that everyone involved in the patient's care is informed and can provide the appropriate treatment. However, the updated information should only be shared with relevant staff, such as the doctor prescribing the medication.



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## Adhering to national standards and regulations

All health professionals must follow agreed national standards and regulatory codes. This means everyone who works in health and social care must follow rules to ensure respectful and high-quality care to patients, as set by their regulator. You may be asked to explain what this simply refers to an organisation that makes sure health professionals follow high standards of care. Regulators do this by holding professionals **accountable**, monitoring, addressing, and ensuring that standards are being met.

A key organisation to remember is the Care Quality Commission (CQC), who are a national regulator for health and social care in the UK. They oversee all health and social care practices providing high-quality care to all service users. Any care that they deem not up to the standard, they will require to improve it. In addition to the CQC, there are also specific regulators for individual professions. In Chapter B1, we'll explore the codes of practice for each regulatory body in more detail. Here are some examples:

Examples of regulated professions	Regulator	
Midwives and nurses	Nursing and Midwifery Council (NMC)	<ul style="list-style-type: none"> <li>• Set standards</li> <li>• Make sure everyone practises by keeping up to date with qualified professional standards and</li> <li>• Offer support to meet required</li> <li>• Put in place measures to</li> </ul>
Allied health professionals	Health and Care Professions Council (HCPC)	
Social workers	Social Work England	

### Research activity

Research the standards that each regulator has set for each professional from this table. Use the following links for this task.

- <https://www.nmc.org.uk/standards/>
- <https://www.hcpc-uk.org/standards/>
- <https://www.socialworkengland.org.uk/standards/professional-standards/>

### Keywords

**Allied health professionals**  
Allied health professionals play an important role in patient care, including physiotherapists, occupational therapists, and speech therapists.

## Respecting individual rights

Those who work in health and social care must ensure that individuals are never forced to live as independently as possible. This means treating patients with respect. It also means allowing them to make choices about their own care and safety. Here are some examples of how respecting individual rights is applied in practice:

- Treating patients with kindness and understanding
- Recognising and honouring each person's unique needs, rights, choices and preferences
- Valuing every individual regardless of their characteristics, circumstances or background
- Ensuring individual privacy is respected and privacy is maintained
- Supporting patients with decision-making about their care and allowing them to maintain their independence

### Applied activity

From the examples above about respecting individual rights, identify which ones demonstrate compassion, respect.

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## Personal conduct

We should now understand why professional standards are important in practice, but it's also key for health professionals to follow these standards in their personal lives. This means behaving in a way that reflects positively on the individual and their profession. For example, healthcare professionals should make sure they use social media appropriately, such as avoiding personal communication with patients online, never sharing personal or sensitive information about patients or colleagues, and being mindful about the content they share. Doing so makes sure confidentiality and **professionalism** are maintained.

### Applied activity

It's time to reflect on your own personal conduct. If you use social media, take a moment to review your posts and interactions. Is there anything that might not reflect good personal conduct or professionalism? What changes could you make to improve this?

### Professionalism

shows you are skilled. It involves following the standards that individuals need to

## Managing dilemmas that may arise about duty of care

Sometimes, difficult choices need to be made when it comes to duty of care. These dilemmas are often caused by individuals making decisions that health professionals view as unsuitable or harmful. It can be hard for health professionals to think someone is making a decision which isn't best for them, but it is also their role to respect an individual's rights at all times. This is where the conflict arises; while individuals have the right to make their own decisions, healthcare professionals must ensure those decisions do not result in harm, balancing the duty of care with respecting individual autonomy. It is important for those who work in health and social care to know how to handle these dilemmas to provide care that protects individuals' safety and well-being to the best of their ability.

Let's look at the steps:

### Policies and procedures

Health professionals must make sure they follow set policies and procedures, such as professional codes of conduct, when facing a dilemma to protect themselves, individuals and the organisation. These guidelines provide clear steps for health professionals to follow when facing dilemmas, making mistakes and ensure individual rights are being protected.

### Mental capacity

Health professionals need to assess whether an individual has mental capacity, which is the ability to make a decision. If an individual shows they can make decisions for themselves, then they should always be supported and respected. In practice, this requires assessments (2005) to ensure an individual has the mental capacity to make decisions about their care. Health professionals should provide support and respect by helping individuals to make informed decisions by providing helpful information. For example, a nurse helping a patient to make a decision about medication by explaining the risks and benefits for each medication. Supporting individuals to make their own decisions helps ensure they receive the care that is best for them, even if health professionals disagree with their decision.

However, if an individual lacks mental capacity, these rights are slightly different. Health professionals should not make decisions for them. Individuals with a lack of mental capacity may display issues with understanding, or communicating a decision. Health professionals need to support them with decision-making and making sure all decisions made on their behalf are in their best interests.

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## Positive risk-taking

This involves working with individuals to identify and address any risks with their care, taking into account their needs and preferences. Positive risk-taking is a key element of person-centred care, which is made jointly with the individual, respecting their choices and preferences. It is about weighing up the risks with the possible benefits of a decision, to choose an option that offers the most benefit. Taking this approach helps maintain someone's independence and helps them to live their life, while still prioritising their safety and well-being.

## Reporting concerns

Any concerns that relate to the well-being of others should always be reported as soon as possible. This could be anything from working conditions and unprofessional behaviour to faulty equipment. Concerns about any incidents that happen should be reported to a senior individual, such as a line manager or shift leader. For serious concerns, such as those involving **neglect**, it is essential to follow whistleblowing procedures to ensure that appropriate actions are taken to protect the individual.



### Case study

Steven, 67, has just been diagnosed with a brain tumour. His doctor has explained to him that he must commence chemo as soon as possible, and he has a high chance of recovering. However, Steven does not want to go through this treatment and has also asked for the doctor not to inform his family. Although the doctor disagrees with his decision, believing it is not in his best interest, they have provided helpful information to support his choice and reassured him that his confidentiality will be maintained.



### Applied activity

Read the case study and discuss the dilemma Steven's doctor faces. Explain what steps you would take to support Steven's right to choose.



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## A6: Working with vulnerable children at risk

Building on what we learned about duty of care, this section focuses on how health professionals ensure the safety and well-being of vulnerable individuals. It is their responsibility to prevent any harm. When working with vulnerable adults and children, professional processes and procedures to meet their unique needs. By the end of this section, you will know what vulnerability is and how health professionals must work with these individuals to keep them safe.

### Understanding vulnerabilities

First, let's understand what vulnerabilities mean. A guide called 'Applying All Our Health Professions' (2022)<sup>3</sup> defines being vulnerable as 'having a need of special care, support or protection because of age, disability, or risk of abuse or neglect'.

To better understand this, vulnerabilities are factors which can increase someone's risk of harm and make them more dependent on others for safety and care. People of any age can be vulnerable, from children to adults, and this can be a result of various factors such as life experiences like trauma, poverty, mental health issues or physical disabilities. Some factors can increase the risk of vulnerability, and some can protect individuals from it. For example, poor relationships can increase the risk of vulnerability, but good relationships can be a protective factor.

This guide helps those who work in health and social care to provide the best possible care and support to those who are vulnerable by increasing understanding about what vulnerability means, what can make people more at risk to it and how it can be addressed.

#### Research activity

Follow this link to the guide: <https://www.gov.uk/government/publications/vulnerabilities-applying-all-our-health/vulnerabilities-applying-all-our-health>

Write down **three** factors of vulnerability, and explain your understanding of each.

### Protecting the right to safety

Everyone has a right to live in a safe environment that is free from abuse and neglect. Protecting this right is central to health and social care, and health professionals must actively work towards making sure everyone, especially those who are vulnerable, is safe and protected from harm.

Healthcare professionals can protect this right by building trusting relationships with vulnerable patients to identify if there are any risks to this person and whether they need to make sure that these individuals are being supported and taking steps to reduce the risk of abuse or neglect. Health professionals should try to provide this support and intervention to prevent lasting damage to vulnerable individuals.

Let's break this information down to understand the key points:

- **Safety:** keeping individuals safe involves creating a space where they can feel safe. Everyone has different ways that make them feel safe, so health professionals should be based on these.
- **Trust:** building trust with vulnerable individuals is important because it helps them share sensitive information. This can help to identify anything which could be increased risk. Healthcare professionals should ensure they use the skills such as actively listening, communication, being empathetic and maintaining confidentiality.
- **Early intervention:** by recognising and addressing potential risk factors as soon as possible, health professionals can help prevent further harm to an individual.

<sup>3</sup> <https://www.gov.uk/government/publications/vulnerabilities-applying-all-our-health/vulnerabilities-applying-all-our-health>

**Did you know?**

Early intervention can save billions and improve lives. In the UK, the government is £16.6 billion a year on tackling problems which could have been addressed earlier. It is important for health professionals to identify potential risk factors as soon as possible. Visit <https://www.nhs.uk/12830-vulnerabilities>

**Case study**

A social worker has been working with a young person, taking steps to build a trusting relationship. The social worker begins to open up about their experiences with abuse and poor living conditions. The social worker shares and identifies that these factors increase the young person's vulnerability. The social worker provides appropriate support, including removing the young person from their unsafe home and providing them with a safe place to live. This ensures the young person is kept safe, while taking steps to prevent further harm.

**Applied activity**

Read the case study above. Explain how the social worker protected the young person's safety by building trust, identifying risks and ensuring they were moved to a safe place.



## Empowering choice and control

Health professionals need to balance this protection from harm while respecting an individual's right to make decisions about their own lives. This means **safeguarding** them from potential risks while empowering their ability to make choices and maintain control over how they live.

Health professionals can do this in a number of ways such as:

- **Listening:** health professionals should listen to an individual's needs, preferences and wishes. They should consider whether they can give individuals a choice about these. For example, a nurse listening carefully to a patient explaining what care option they would prefer. A social worker talking to a patient with the choices they could make about which care service.
- **Proposing solutions:** by considering what the individual wants, the health professional can propose a solution and explain it clearly to the individual. This includes explaining what the solution is, what it involves and what they would have control over. For example, after understanding a patient's needs, a nurse explains what each care option would mean for the individual, such as the benefits and risks over this option.
- **Empowering:** throughout this process, health professionals should encourage individuals to have a role in decisions about their care. This involves honouring their wishes, giving them choices and offering help while maintaining their independence. For example, when offering this choice the nurse provides clear information and explains to them that they can choose.

**Applied activity**

Discuss with your partner why empowering choice and control is important for vulnerable individuals.



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## Adhering to safeguarding policies

While safeguarding vulnerable individuals, it is important for health and social care professionals to follow rules and guidelines in place to protect these individuals. This includes documenting and reporting any concerns relating to someone's safe well-being, such as worries about abuse or neglect. For this to be done effectively, healthcare professionals and organisations must understand their roles and responsibilities when safeguarding individuals. This means that everyone involved must be aware of the correct procedures, such as reporting and documenting concerns correctly, to make sure risks are identified and addressed quickly and appropriately.

## Importance of multi-agency working

Multi-agency working is when different types of professionals work together to address a problem. It is extremely important in health and social care as it helps professionals to examine issues from different points of view. For things to work well, different types of practitioners, such as health and social care support workers, all need to collaborate effectively to help identify and address the needs of an individual. Collaborating effectively involves clear communication between services and professionals that consider an individual's unique needs.

Let's look at the benefits of using this approach.



### Benefits of multi-agency working

- ✓ Helps identify safeguarding concerns early and reduces risk of harm
- ✓ Makes sharing important information easier
- ✓ Gives quicker help to those who need it
- ✓ Saves resources by preventing any duplication of services
- ✓ Distributes tasks across different professionals to ease the pressure on a single professional



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## Questions (A5: Duty of care and A6: Working with children and adults at risk)

### Checking my understanding:

- Is it true or false that health professionals have a legal duty to protect the right to life and liberty of care?  
a) True  
b) False
- Explain **three** roles of a regulator.
- Outline the **four** steps that health practitioners need to follow when faced with dilemmas in clinical care.
- What are the defined vulnerabilities as 'Being in need of special care, such as protection because of age, disability, risk of abuse or neglect'?  
a) Care Quality Commission  
b) Social Work England  
c) Applying All Our Health  
d) Vulnerability Action Centre
- What right is essential to working with vulnerable individuals?
- Define safeguarding and explain how it needs to be balanced with an individual's right to make a decision.
- Explain what multi-agency working is, and outline **three** benefits.

### Developing my understanding:

Read the case study on **George** and answer the questions below:

- What condition would a health professional need to consider when assessing the duty of care to George?  
a) Alzheimer's disease  
b) Unpredictable behaviour  
c) Memory loss  
d) Agitation
- Outline **three** ways a health professional could respect George's individual rights.
- Identify whether George has mental capacity. Explain your decision. What health professionals would need to support him.
- What factors cause George to be considered as vulnerable? Select **three**.  
a) Age  
b) Risk of abuse  
c) Alzheimer's disease  
d) Trauma
- Outline the **three** steps health professionals should follow to ensure George has choice and control.

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## Assignment Practice Task 1c: Assessment of duty of care and challenges

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the methods and strategies used by professionals to overcome challenges in providing person-centred care, and offer guidance for similar situations.**

Continue your report started in **Task 1a** and **Task 1b** to:

- A.** Assess how professionals can balance duty of care with the rights and choices of service users.
- B.** Consider the challenges this might present.
- C.** Include a justification of how professionals can resolve dilemmas effectively.



## Assignment Practice Task 1d: Putting it all together

Using your report (**Tasks 1a–c**) as a basis, create a PowerPoint presentation (800–1000 words) to present to the rest of your class.

### Assignment guidelines (important for the real assignment):

- Your assignment practice task must be completed independently and not shared with other students.
- You must clearly reference any material from external sources, including websites or information.
- You must not use AI to support or complete your assignments. See this link: <https://www.jcq.org.uk/exams-office/malpractice/artificial-intelligence>
- Ensure that any multimedia content (e.g. PowerPoints) is saved in an open format that does not require special software or login credentials.



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# Chapter B: How organisations, legislation and guidance inform practice in health and social care

In health and social care, following the right rules and guidelines is crucial to providing good care. These rules come from different organisations, laws and guidelines. In this chapter, we will look at them in more detail. You will learn about the role of different health and social care services, how they are funded, how they benefit people, and how to use critical thinking to draw clear, valid conclusions.

## B1: Organisations, legislation and guidance in health and social care services

Let's start by exploring the roles and responsibilities that organisations need to understand to ensure that shapes how health and social care services are delivered.

It is important to be aware that these organisations and legislations can change over time. New versions are often released. This means you must make sure you use the most up-to-date versions in your assessments.

### Roles and responsibilities of key organisations

In health and social care, different organisations each play a part in making sure people get the best care possible. Each organisation has its own role and responsibilities, which help to keep services running smoothly. In this section, we'll explore what these organisations are responsible for and why it is important for all organisations to know exactly what they should be doing.

#### Organisations that govern overall practice

There are two key organisations which oversee all of health and social care: the Department of Health and Social Care, and NHS England.

Their role and responsibility is to set standards for healthcare providers and professionals to follow. This ensures that care is consistent, safe, and delivered to the highest quality across all healthcare services, from the NHS itself to nursing homes, private healthcare, pharmacies and so on.

Department of Health and Social Care	NHS England
<p>This is a department of the government responsible for setting health and social care policies to a national level. It provides funding and support to the NHS.</p> <p>The following are its main responsibilities:</p> <ul style="list-style-type: none"> <li>⇒ <b>Provide advice and guidance:</b> Help government leaders to make decisions about health and social care, while making sure these decisions align with the aims of the government (e.g. improving public health, reducing hospital overcrowding, etc.).</li> <li>⇒ <b>Planning and guiding the future of healthcare:</b> makes sure that health policies put in place protect both local (the UK) and global health, and look ahead to see what challenges may arise and take action to address them.</li> </ul>	<p>This is a publicly funded organisation overseeing healthcare across the country. Let's look at its key roles:</p> <ul style="list-style-type: none"> <li>⇒ <b>Promoting health and wellbeing:</b> Improving both physical and mental health for service users and NHS staff, while preventing illness and disease.</li> <li>⇒ <b>Working together:</b> NHS England seeks to reduce the health inequalities by collaborating with other organisations to create solutions, such as digital health. Additionally, it works with local services to provide the best care possible, while ensuring that people need more support.</li> </ul>

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Department of Health and Social Care	NHS
<ul style="list-style-type: none"> <li>⇒ <b>Responsibility:</b> ensures that everyone, from the Department of Health and Social Care itself to all healthcare providers, is held accountable for fulfilling agreed plans and promises.</li> <li>⇒ <b>Fit for purpose:</b> makes sure that systems for health and social care, from laws to policies, are working well together effectively.</li> <li>⇒ <b>Resolve problems:</b> if serious problems arise, this organisation's role is to step in and address them. This is a big responsibility, expected from both the public and Parliament.</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Make every interaction count:</b> professionals should treat service users as an individual and promote their health and well-being.</li> <li>⇒ <b>Sharing knowledge:</b> NHS has a responsibility to share its approaches and information to improve health for everyone.</li> </ul>

## National Institute for Health and Care Excellence (NICE)

This organisation provides advice and direction on a national scale, aimed at improving health and social care.

This organisation operates independently but is funded by the Department of Health and Social Care. What this means is it works closely with this department to provide guidance, but it is not part of the government.



The main role of NICE is to assess new health treatments and technologies to ensure they are reliable and a cost-effective solution for the NHS. For example, if a new medication or digital health app is introduced, it is NICE's responsibility to evaluate whether it is effective and provides good value for money.

In addition to this, NICE is also responsible for developing quality standards and guidance for the health and care sectors, issuing public health guidance and implementing clinical practice guidelines. These guidelines provide clear guidance to help healthcare professionals to give the best care possible. NICE also produces summarised documents on various topics.

### Research activity

Follow this link to NICE's website to see what resources it provides for healthcare professionals.

Discuss with your partner how these tools and guidance could help improve the quality of care. Consider specific examples of how healthcare workers might use these resources in their practice.

## Social Care Institute for Excellence (SCIE)

The Social Care Institute for Excellence is an independent organisation that focuses on how to deliver social care. It works in a collaborative way to develop evidence-based practice. It conducts research to enhance social work and care services to improve outcomes for people who use services. It works alongside the Department of Health and Social Care to develop and share knowledge and good practice. It does this by gathering research, best practices, and developing guidelines to improve the quality of care. It also provides training courses for health and social care workers to enhance their skills and ensure they are up to date with the latest research and guidelines.

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## Care Quality Commission (CQC)

As mentioned in Chapter A5, this organisation oversees all health and social care practices to ensure they are providing quality care that is safe and effective to all service users. It does this by regulating and investigating all health and social care services in the UK, from hospitals to dentists, by carrying out inspections and giving ratings based on safety, effectiveness, care, responsiveness and leadership. If they discover poor or inadequate care, they have the authority to take action to improve it. Again, this organisation is sponsored by the Department of Health and Social Care.

### Did you know?

During the COVID-19 pandemic, the CQC has been keeping a close eye on health and social care homes, such as care homes, to ensure that equipment and care practices are protected and avoided.

## Regulatory bodies and their codes of practice

You should already have an understanding of what a regulatory body is from Chapter A5. To recap, a regulatory body is an organisation responsible for ensuring that health professionals adhere to codes of conduct and ethics, to deliver care to the highest standard. They achieve this by holding healthcare providers and professionals accountable for any issues, and ensuring standards are consistently maintained. Each regulatory body has its own specific codes of practice, which we will now explore in more detail.

Regulatory bodies	Codes of practice
<b>Nursing and Midwifery Council (NMC)</b>	<ul style="list-style-type: none"> <li>• Sets professional standards for how nurses and midwives should work.</li> <li>• Keeps a register of qualified nurses and midwives.</li> <li>• Offers support to help professionals develop their skills.</li> <li>• Takes disciplinary action, such as suspending or removing professionals if standards are not met.</li> </ul>
<b>Social Work England</b>	<ul style="list-style-type: none"> <li>• Sets standards of education, training and conduct for social workers.</li> <li>• Keeps a register of social workers.</li> <li>• Provides resources to help social workers maintain their standards.</li> <li>• Takes action, such as suspension or removal, if standards are not met.</li> </ul>
<b>Health and Care Professions Council (HCPC)</b>	<ul style="list-style-type: none"> <li>• Sets standards, educates and trains a wide range of health professionals (e.g. physiotherapists, occupational therapists).</li> <li>• Keeps a register to ensure only qualified people can practice.</li> <li>• Checks that professionals remain competent over time.</li> <li>• Offers advice, and takes action if standards aren't met.</li> </ul>
<b>General Medical Council</b>	<ul style="list-style-type: none"> <li>• Sets professional and ethical standards for doctors.</li> <li>• Keeps a register of qualified doctors to protect patients.</li> <li>• Provides resources to support professional development.</li> <li>• Takes action, such as suspension or removal, for breaches of standards.</li> </ul>

### Applied activity

Discuss with your group the similarities and differences between these regulatory bodies and their codes of practice for health professionals.

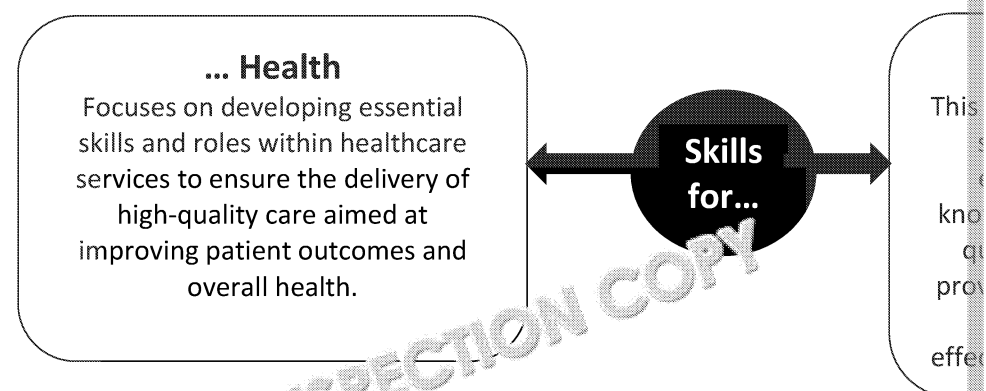
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<sup>4</sup> <https://www.cqc.org.uk/publications/major-reports/covid-19-insight-5-infection-prevention-control-care-homes>

## Organisations that support practice and workforce development

These organisations help ensure that those working in health and social care are equipped to deliver care that is of the highest standard. There are two key organisations that support practice and workforce development:



### Professional Standards Authority

This is an organisation that helps protect the public by making sure that healthcare professionals, such as doctors, nurses, etc., meet the necessary standards. They do this by managing the processes that regulate and register these professionals to make sure they're qualified and following the right rules. Their role is to ensure that people providing health and social care are well trained, are trustworthy, and can deliver safe, high-quality care to the public.


## Key legislation that informs practice, and its purpose

In this section, we'll explore key pieces of legislation that guide practice, explaining how they influence the way professionals carry out their work.

Legislation	Purpose
<b>Health and Social Care Act (2008)</b>	Requires health and social care services to control and maintain cleanliness. This helps ensure that patients are safe. It also requires health and social care providers to register with the Commission (CQC), setting out standards providers must follow.
<b>Care Act (2014)</b>	Sets the guidelines for how social care should be provided. It outlines what local authorities must do to ensure the safety and well-being of care needs, and provide access to information for individuals more control over their care choices.
<b>General Data Protection Regulations (2018)</b>	Sets clear rules on how health and social care providers can collect and use personal information. It also details the rights of those who provide information and what happens to their data.
<b>Freedom of Information Act (2000)</b>	Gives the public the right to access information that is held by public bodies such as the NHS and the government. It also requires public bodies to provide certain information about their activities, such as costs, to the public. This promotes transparency in government.
<b>Safeguarding Vulnerable Groups Act (2006)</b>	Protects children and vulnerable adults by preventing people with criminal records, such as those with a history of sexual offences, from working in roles that involve contact with them. It has established a system for employers to check the criminal records of employees or volunteers through vetting processes.

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Legislation	Purpose
<b>Mental Health Act (1983)</b> (Amended in 2007) (Proposed amendments 2021)	<ul style="list-style-type: none"> <li>• Outlines how someone with a mental health condition can be treated and what their rights are.</li> <li>• Allows mental health professionals to have the ability to treat, evaluate or hold someone against their will. This is what is known as being sectioned.</li> </ul>
<b>Mental Capacity Act (2005)</b> (Amended in 2022) 	<ul style="list-style-type: none"> <li>• Provides guidelines as to how to support individuals with mental capacity.</li> <li>• Helps individuals to make decisions when they are unable to.</li> </ul> <b>Deprivation of Liberty Safeguards (LPS)</b> The Mental Capacity Act introduced the LPS to protect individuals known as the Deprivation of Liberty Safeguards. <ul style="list-style-type: none"> <li>• The goal of LPS is to provide protection to individuals who are unable to struggle making decisions on their own and are limited for treatment as a result of their mental health condition.</li> </ul>
<b>Equality Act (2010)</b>	A law that protects people from being treated unfairly both at work and in society. It defines what it means to be treated unfairly and outlines what steps individuals can take if they are treated unfairly.
<b>Human Rights Act (1998)</b>	Outlines what basic rights (right to life, privacy, expression, etc.) all individuals have. It also outlines how individuals' basic rights, such as the right to education, can be protected from unfair treatment.

### Research activity

Research each of these legislations to check for any updated versions. If new versions are available, take note of any changes introduced to ensure you have the most current information for your assignments.

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## Questions (B1: Organisations, legislation and governance in health and social care services)

### Checking my understanding:

- Which of the following govern overall practice in health and social care? Select **all** that apply.
  - NHS England
  - National Institute for Care Excellence (NICE)
  - Care Quality Commission (CQC)
  - Department of Health and Social Care
- Outline **two** roles and responsibilities of NICE.
- Define the role of regulatory bodies and summarise **three** examples of good practice and conduct.
- Describe what Skills for Care is, and discuss its influence on health and social care.
- Which of the following legislation outlines what basic rights and freedoms individuals have?
  - Freedom of Information Act (2000)
  - Equality Act (2010)
  - Human Rights Act (1998)
  - Care Act (2014)

### Developing my understanding:

Read the case study on **Yasmin** and answer the questions below:

- Explain how organisations such as the NHS and NICE can support and management of her diabetes.
- How can the Care Act 2014 and Equality Act 2010 influence the way care is provided, given her health condition and learning disability?
- Analyse how the involvement of organisations such as Social Care Excellence (SCIE) and regulatory bodies such as Health and Care Professions Council (HCPC) can impact Yasmin's care.
- Explain how General Data Protection Regulations (GDPR) will affect how health data is managed and shared between professionals.

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## Assignment Practice Task 2a: Evaluation of legislation and guidance

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the effectiveness of health and social care services working to the care and support needs of two individuals with different needs.**

You should write a report to:

- A.** Evaluate the roles and responsibilities of the key organisations that influence Yasmin, highlighting their strengths and weaknesses
- B.** Justify the suitability of each key organisation in meeting their care needs
- C.** Assess the overall impact of these organisations on the care and support



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## B2: Organisation of health and social care

In health and social care, services are organised into different levels, with each level of care based on the needs of each person. From the first step of seeking help at a GP, hospital care or receiving support at home, every service plays a crucial role. They meet the diverse needs of individuals, whether managing a minor illness, treating a long-term condition, supporting independence and well-being. For your assessment, you will need to understand how different types of health and social care services function.

### Primary care

This is where care begins, which the NHS refers to as the 'front door' of healthcare. The main role of primary care is to address basic health concerns, such as treating minor illnesses, providing accessible care to everyone, and preventing the need for hospital care. The most common examples are:

#### General Practices (GPs)

These are groups of doctors who specialise in treating common health issues, from medical conditions such as tonsillitis to mild acne. Their role also includes referring patients to other services, such as hospitals, through **professional referral**. GPs provide these medical services on a local scale, typically within a community.

#### Pharmacies

Pharmacists give out prescribed medicine but can also give advice on minor health concerns and medications, such as common side effects and when to take a medicine. This advice can also include recommending treatments that don't require a prescription.

#### Dentists

These are doctors who are experts in dental health. They care for oral health by treating conditions, such as cavities and gum disease. Dentists also offer preventative care and educate patients how to care for their teeth.

### Secondary care

This is the next step after primary care and occurs when a person receives medical care from a specialist, such as a hospital. This type of care is used when specialised care is needed for more serious health conditions, such as cancer.

Secondary care most commonly takes place in a hospital setting. Here are the most common types of secondary care:

#### Urgent and emergency care

This is for people who require immediate medical attention, such as a life-threatening condition or a serious injury. It includes both physical health issues (such as a heart attack or broken bone) and mental health issues (such as thoughts of self-harm or a severe panic attack).

#### Planned or elective care

This is care scheduled in advance, such as surgeries or health scans which are needed for a specific condition.

#### Did you know?

The NHS recently launched a campaign encouraging people to use pharmacies for minor health issues from pharmacies, encouraging people to use pharmacies for minor health issues from pharmacies, encouraging people to use pharmacies for minor health issues from pharmacies. Watch the TV campaign on [www.nhs.uk/12830-pharmacies](https://www.nhs.uk/12830-pharmacies).

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<sup>5</sup> NHS England <https://www.england.nhs.uk/get-involved/get-involved/how/primarycare/> (accessed on 20/12/2020)

## Tertiary care

This is the highest level of care, relying on expert knowledge and highly specialised equipment. It is used for severe chronic conditions, such as cancer, autoimmune diseases and others. Tertiary care is delivered in a hospital setting; however, not all hospitals (especially smaller ones) can provide this level of care due to a lack of specialist equipment or professionals.



Examples of tertiary care include:

- **Neurosurgery:** complex brain or spinal surgeries which treat conditions like brain tumours or severe spinal cord injuries.
- **Transplants:** replacing certain organs (e.g. heart, kidney, liver) which are failing with one from an organ donor.
- **Secure forensic mental health services:** care for individuals with severe mental health issues who have committed criminal offences. These services are typically delivered in high-security hospitals.



### Research activity

Pick **one** of these examples, and research what specialist equipment and expertise is needed to provide this level of care.

## Community health

This type of care focuses on keeping people healthy and ensuring they get the care they need throughout their lifespan. Community health teams are made up of many different health professionals, from doctors to therapists. These teams work together to support well-being by managing minor health issues and promoting independence in individuals with multifaceted health and care needs.

### Sexual health clinics

Provide support and care for sexual health, including advice, testing and treatment for sexually transmitted infections (STIs). They also provide birth control options and sexual health education.

### Smoking cessation clinics

These clinics help people to quit smoking and improve their health. They do this through treatments such as 'Nicotine Replacement Therapy (NRT)' and medicines which block nicotine receptors.

### Health visitors

Trained professionals (usually nurses) who visit new parents and families to give advice on pregnancy, looking after a baby, and early childhood development. They also help to ensure children are growing and developing well.



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## Social care

Social care focuses on supporting individuals who need extra help, such as the elderly and those with disabilities. It also offers support to people who care for others, such as family members. Common examples of social care include:

**Keywords**  
Domiciliary care  
Individuals

Care homes	At-home care	
Provide a place for people who cannot live independently due to age, illness or disability. They offer 24/7 care, supporting individuals with tasks such as eating and medication management.	Also known as 'domiciliary' care, which involves a trained professional visiting someone's home to provide support with daily activities such as personal hygiene, cleaning and cooking. This helps people live as independently as possible in their own homes.	Help injur phys thera peop impr

## Palliative and end-of-life care

Palliative care is a type of care which focuses on improving the quality of life for individuals who are seriously ill, rather than trying to cure their illness. Its role is to help relieve symptoms, such as pain, and provide emotional support.

End-of-life care refers to the support and care provided during the final stages of a person's life. The main goal of this care is to ensure the individual is as comfortable as possible. This involves aspects such as pain management, emotional support and making decisions about where an individual wants to spend their final days.



## Learning disabilities care

This type of care provides support to individuals with learning disabilities who may need extra support to function in daily life. This includes support such as helping with daily tasks, building skills, and promoting independence. This care can also involve assistance in areas such as education, personal care, employment, and social activities.

### Research activity

Choose **one** type of learning disability and research additional support that is available. Consider how it might meet the physical and intellectual aspects of the individual's needs. What support could help them?

## Virtual wards and virtual hospitals

We have touched on what virtual wards are in Chapter A3. To recap, this is when people who are ill but do not need to stay in hospital are monitored remotely, used to help manage conditions without the need for hospital admission. This means individuals can receive treatment at home, which is more comfortable and less expensive for those who need urgent care.

Virtual hospitals work in a similar way, but they offer a broader range of hospital services. Virtual hospitals are designed to provide more sophisticated care for patients who are not in a physical hospital, ensuring they receive high-quality treatment while reducing strain on hospital resources.

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## B3: How health and social care services to benefit the population

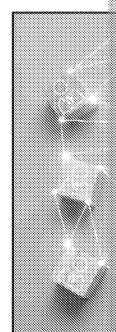
In order to provide the best care possible to the population, health and social care Integrated care systems (ICSs) are designed for just that. These systems bring together work in health and social care, with the goal to help improve the care people receive. In this section, you should understand what ICSs are, what their components are and what they do.

### What are integrated care systems (ICSs?)

An integrated care system (ICS) is a partnership of NHS organisations, social care organisations and other organisations that work together to plan, deliver and improve care, and ensure care is delivered to the highest standard.

The ICS model is designed to ensure services work together to:

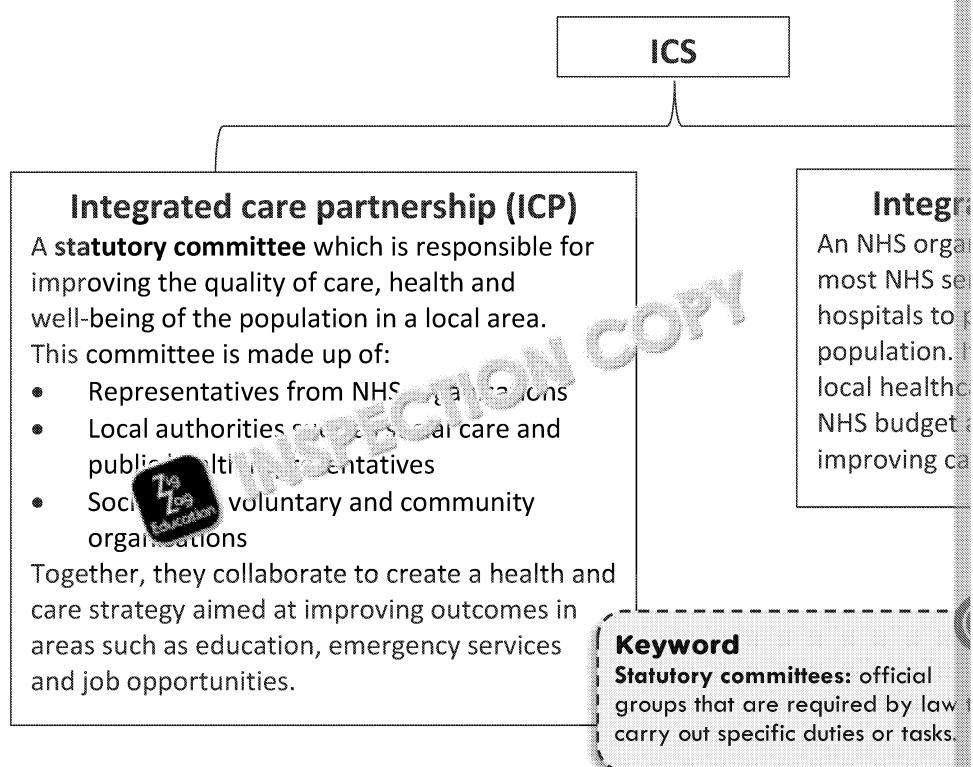
- break down barriers and reduce health inequalities in a local area
- improve health outcome
- ensure services are accessible for all and services meet the needs of all individuals
- ensure efficiencies



This system also has a key responsibility to put in place and speed up digital priorities, such as electronic patient records (ERPs), digital social care records and shared care records (ShCRs). For example, it might work together to introduce electronic records that all health professionals can access quickly.

### Components of integrated care systems (ICSs)

There are two components of ICSs:



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## Purpose of integrated care systems (ICSs)

Let's examine the main purpose of ICSs to understand how health and social care benefit the population.

- ✓ **Bring together:** ICSs work to break down silos between health and social care so that people receive the right care at the right time, regardless of the type of service they need.
- ✓ **Optimise resources:** By working together, ICSs ensure that resources are used efficiently to provide services to be provided as quickly and appropriately as possible. For example, a combination of services, such as hospital care and social care at home, ICSs can avoid duplication and delays.
- ✓ **Improve health outcomes:** ICSs aim to improve both the health outcomes of individuals and the efficiency of healthcare services. This can include improving access to healthcare, reducing waiting times, and addressing chronic conditions more effectively.
- ✓ **Reduce health inequalities:** One of the main aims of ICSs is to reduce inequalities in health experiences, and access to services. This means addressing gaps in care, such as for certain populations or individuals from disadvantaged backgrounds can access the care they need.
- ✓ **Support people with diverse health needs:** ICSs provide support to individuals with complex health and social care needs, such as those with mental health conditions, chronic conditions, or learning disabilities. By integrating services across sectors, ICSs ensure that these individuals receive coordinated, person-centred care that supports their health and independence.

### Research activity

Watch this useful YouTube video which explains integrated care systems (ICSs): <https://www.youtube.com/watch?v=12830-icss> Write some notes to help with your revision.

### Case study

A local area in the UK has started to see a rise in the number of elderly residents with chronic health conditions, such as arthritis and heart disease. Many of these individuals live in remote rural locations, making it difficult for them to access healthcare services nearby.



### Applied activity

Read the case study of a local area. Discuss and plan a strategy to improve health outcomes and reduce inequalities in this local area.



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## Questions (B2: Organisation of health and social care services B3: How health and social care services are organised to meet the needs of the population)

### Checking my understanding:

- Which of the following are examples of primary care? Select **all** that apply.
  - General practitioners (GPs)
  - Hospitals
  - Dentists
  - Care homes
- Define what tertiary care is and provide **one** example.
- Compare the function of palliative care and end-of-life care.
- Which of the following is **not** a responsibility of integrated care systems (ICSs)?
  - To implement and speed up digital priorities
  - To improve health outcomes
  - To license healthcare professionals
  - To reduce inequalities
- Describe the roles of the following:
  - Integrated care partnerships (ICP)
  - Integrated care boards (ICB)
- Outline **three** purposes of integrated care systems (ICSs)

### Developing my understanding:

Read the case studies on **George** and **Yasmin** and answer the questions

- Explain how primary care and social care services might collaborate to meet the needs of George's Alzheimer's disease.
- Discuss how virtual wards and virtual hospitals could impact the way that organisations work together to manage George's Alzheimer's disease.
- Evaluate how integrated care systems (ICSs) could effectively meet the needs of individuals such as Yasmin, who have complex health and social care needs.

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## Assignment Practice Task 2b: Evaluation of key organisations and collaboration

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the effectiveness of health and social care services working to the care and support needs of two individuals with different needs.**

Continue your report started in **Task 2a** to:

### **Evaluate key organisations:**

- A.** Evaluate the roles and responsibilities of the key organisations that influence *Yasmin*, highlighting their strengths and weaknesses.
- B.** Justify the suitability of each key organisation in meeting their care needs.
- C.** Assess the overall impact of these organisations on the care and support of *Yasmin*.

### **Evaluate how services work together:**

- D.** Evaluate how health and social care services collaborate to meet *George*'s care needs, using evidence from the case studies.
- E.** Identify challenges in coordinating their care and how services manage these.
- F.** Justify how the integration of services improves care for both individuals.

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## B4: Using critical thinking skills to draw conclusions

Thinking critically means analysing and evaluating information, rather than taking it at face value. It's about breaking down information and asking yourself questions such as 'why is this true?', 'what evidence can support this?' and 'are there any different perspectives?' In this section, we will explore the skills required to demonstrate critical thinking in your assessments to draw valid, well-supported conclusions.

### Questioning relevance of information and challenging own biases

It is essential for you to be able to evaluate how effectively health and social care services meet the needs of individuals. This involves questioning the relevance of information (e.g. organisational roles, legislation) and challenging your own biases. For example, you could be assessing how different healthcare services, such as the NHS, local authority services, etc., coordinate to meet the needs of individuals. You must also ensure you don't rely on assumptions that you base your evaluations on evidence. This means avoiding judgements based on personal opinions or what you have been told, and ensuring that you use the most current and up-to-date legislation in your assessments.

In health and social care, biases can manifest in decisions about care priorities or the quality of care. Challenging your own biases ensures that care decisions are made based on objective evidence rather than assumptions or stereotypes.

### Breaking down information into parts and identifying relationships and connections

You need to show that you can make links between organisations, legislation, guidance and service delivery. This means you need to understand how different elements of the health and social care system (e.g. GPs, social care services, etc.) work together to meet individual needs. For example, you could show how (organisation) follows NICE guidelines (guidance) to meet legal standards (legislation).

### Identifying strengths or weaknesses of information and whether the information is significant

You need to evaluate the suitability of health and social care organisations and the challenges they face. This involves analysing the strengths and weaknesses of the services, and the relevance of their actions in meeting the needs of the individuals in the case studies.

### Drawing conclusions supported by structured reasoning

You must also show how you have made judgements and valid conclusions about the effectiveness of services and the impact of collaborative working. This means you need to use **structured reasoning** to support your conclusions, which involves clearly explaining your thought process when evaluating. In your assessments, you should link evidence from case studies, legislation and guidance to support your reasoning. Here's how you can use structured reasoning in your assessments:

- **Identify the key factors:** recognise the important aspects relevant to the question
- **Evaluate:** assess what the strengths and weaknesses are
- **Support your conclusions with evidence:** ensure your conclusions are supported by up-to-date evidence

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## Assignment Practice Task 2c: Putting it

Using your report (**Task 1a and Task 1b**) as a basis, create an advice pack for professionals to help train new volunteers at a local hospital. Your advice sheet should be approximately 800–1000 words and can be presented as a Word document or in a suitable format.

### Assignment guidelines (important for the real assignment):

- Your assignment practice task must be completed independently and not with other students.
- You must clearly reference any material from external sources, including websites or information.
- You must not use AI to support to complete your assignments. See this link: <https://www.icq.ac.uk/exams-office/malpractice/artificial-intelligence/>
- Ensure any multimedia content (e.g. PowerPoints) is saved in an open format that does not require special software or login credentials.

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# Chapter C: How social determinants affect the health status of individuals and the health of equality, diversity and inclusion

Social determinants are external factors, such as our environment, that can impact our health. WHO, these factors are 'non-medical' influences on health outcomes.<sup>6</sup> In health care, understanding how these factors impact our health is crucial for identifying risk factors for poor health and how to address them. It is also essential for creating an equal, diverse environment that ensures no one is deprived of care they need.

## C1: The effect of social determinants on health status

Let's start by examining how social determinants can influence a person's health. Social determinants can either protect us from health risks, or increase our chances of developing health problems. Understanding their impact is crucial for health and social care professionals to be able to support individuals and improve health outcomes.

### Health status of individuals determined by various factors

The health status of individuals is determined by various factors. Below are the key factors that influence a person's health.

#### Health status

This is the physical and mental status of a person, group or population. It includes factors such as the presence or absence of disease, life expectancy, overall well-being in daily life, and other key indicators which highlight the state of an individual's or a group's health.

#### Access to care

Access to care plays a critical role in shaping an individual's health status. From the availability of services in your area, these factors can significantly impact what people experience positive or negative health outcomes. Understanding the impact of these factors for healthcare professionals so they can address them and support improved health outcomes.

These are the main factors that guide how care should be accessed:

- **Timely:** care needs to be provided without unnecessary delays to prevent health issues from worsening and to ensure better outcomes through early intervention.
- **Appropriate:** care must be suitable for an individual's specific health needs and ensure that people receive care that is right for them and the most effective.
- **Easy to get to and use:** services need to be convenient, affordable, and free from long travel distances and complex referral plans. This makes sure individuals can access care without unnecessary difficulties or delays.
- **Available services:** there should be a diverse amount of healthcare services available to accommodate all health needs. This ensures people can receive the care they need, regardless of their circumstances or health condition.
- **Meeting the choices and needs of an individual:** care should be tailored to a person's needs, wishes, preferences and circumstances. When healthcare is tailored to the individual, this means care is more appropriate and suited to their unique needs.

<sup>6</sup> WHO [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (accessed on 06/01/2025)

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## Quality and experience of care

The quality of care and the experience individuals have while receiving care are key factors in achieving better health outcomes. Care that is high quality ensures that individuals receive care that is safe, effective and involves aspects such as using evidence-based treatments and patient-centred care. Patient experience is equally important for achieving better health outcomes, as it directly impacts an individual's willingness to seek care, sticking to treatment plans and overall patient satisfaction. High quality care can reduce stress, build trust and encourage long-term engagement, contributing to better health outcomes over time.

## Behavioural risks to health

Behaviours such as poor lifestyle choices can significantly impact health status.

The following are behaviours which can increase the risk of poor health outcomes:

- **Smoking rates:** smoking can increase the risk of serious health conditions such as heart disease and lung cancer. It also weakens the immune system, increasing the risk of illness and reducing the body's ability to recover.
- **Poor diet:** a diet high in processed foods, unhealthy fats and sugars can lead to high blood pressure, obesity and increased risk of chronic conditions such as type 2 diabetes, heart disease and cancer.
- **Physical inactivity:** a lack of regular physical activity can increase the risk of obesity, cardiovascular disease, diabetes and muscle degeneration. Regular exercise is essential for maintaining overall health and mental well-being.
- **Harmful alcohol consumption:** excessive alcohol intake can lead to liver disease, increased risk of certain cancers, mental health issues, etc. Chronic alcohol use can also weaken the immune system.

### Did you know?

This image is part of the Tobacco Day campaign. It was launched on the 31<sup>st</sup> of May and spread awareness about smoking and its health risks.

It is important for healthcare professionals and society to understand how these factors contribute to poor health, in order to raise awareness and implement strategies, such as education and lifestyle changes. Identifying social determinants, such as socio-economic status, and addressing them, such as adopting poorer lifestyle choices, is equally important. This naturally leads us to the next section.

## Wider determinants of health

This refers to a wide range of factors which are outside of behaviour or healthcare that influence a person's health. These factors are made up of social, environmental and economic influences. Not only do these factors shape health status, but they also contribute to health inequalities. Understanding these determinants in health and social care is crucial to improving health outcomes and reducing these inequalities. Examples of wider determinants of health include:

<b>Quality of housing</b>	Poor housing conditions, such as a lack of heating, infestations (e.g. mould), and damp, can increase a person's risk of physical and mental health problems, such as asthma and depression.
<b>Income</b>	Having a low income can negatively impact health outcomes, such as poor nutrition, increased stress and living in poorer housing. Those with a low income are more likely to engage in unhealthy lifestyle choices which are detrimental to health, such as smoking and substance use.
<b>Education</b>	A person's level of education can influence their health status, as lower education levels are often linked to poorer health outcomes, such as slower recovery from illness. This is due to factors such as limited knowledge about healthy lifestyle choices, such as exercise and proper nutrition.

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<sup>7</sup> <https://www.who.int/campaigns/world-no-tobacco-day>

<b>Access to green space</b>	Having access to outdoor environments, such as parks and nature, can lead to positive health outcomes by providing opportunities for physical exercise and of stress reduction. Those with limited access to these type of health issues, particularly those related to cardiovascular health.
<b>Healthy food</b>	Access to nutritious food, such as fruits, vegetables, whole grains, can contribute to maintaining good health and preventing chronic conditions such as heart disease.
<b>The work individuals do</b>	The type of work a person engages in can significantly affect health outcomes. For example, jobs which are physically demanding or involve long working hours can lead to physical strain and injuries. Jobs with high demands or insecurity can also increase stress levels and lead to a poor work-life balance, making it difficult to maintain healthy lifestyle choices such as regular exercise. These factors can contribute to health conditions such as <b>musculoskeletal conditions</b> and high blood pressure.

**Key**  
**Musculoskeletal**  
a group of conditions affecting the muscles, bones, joints and body, causing pain, mobility and function.

## Social and environmental factors affecting health outcomes

Social and environmental factors, such as how much we earn, where we live and work, can have a big impact on our health. These factors can make it harder for some people to get what they need, leading to poorer health outcomes. By understanding these factors, we can work to improve health for everyone.

### Socio-economic Factors

Socio-economic factors relate to social and economic conditions which affect how people live, including factors such as income, education and **deprivation**. Having a low socio-economic status can increase the risk of negative health outcomes, including chronic conditions such as cardiovascular disease. Let's look at these factors in more detail.

**Keywords**  
**Deprivation**  
the state of being deprived of something needed for a good quality of life, such as not having access to healthcare.

- **Income:** individuals with higher incomes tend to be able to afford better health care, a better living environment. On the flip side, those with lower incomes often face challenges accessing healthcare, healthy food and secure housing, which can contribute to poorer health outcomes.
- **Deprivation:** those experiencing deprivation are more at risk of health conditions such as disabilities, diabetes and mental illnesses. Deprivation can increase this risk by limiting access to spaces, healthcare services, nutritious food and safe living environments. This makes it harder for individuals to maintain a healthy lifestyle and makes them more vulnerable to health issues.

### Geography

Geography plays a key role in shaping health status and health outcomes. This is because where people live can affect their access to healthcare and the environmental conditions they are exposed to.

### Differences in healthcare access

Urban areas usually have a larger number of services and more of a variety, offering healthcare that is accessible and able to meet unique care needs. On the other hand, people living in more rural areas may not have as much of a choice in the services their local area provides. This could mean that individuals who have more specific and complex health needs may not have access to the treatment and support they need. For example, someone from a rural area needing tertiary care may have to travel further to receive specialist care. This can lead to delays in receiving treatment and can worsen health conditions.

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Regional differences are also a factor, and can further contribute to health inequalities. The resources and infrastructure needed to support better health, putting people at risk of negative health outcomes. An example of this is the 'North-South health divide',<sup>8</sup> which refers to differences in health between people living in the North and South of the UK. The South often has better health outcomes, whereas the North often has poorer health outcomes, such as higher life expectancies. These regional differences in health outcomes create inequalities.

### Environmental factors

Geography also effects the environmental conditions people are exposed to, which can impact health. For example, people living in urban areas are more likely to be exposed to higher levels of pollution compared to individuals living in rural areas. Pollution can contribute to respiratory issues such as asthma, which means that more people living in urban areas such as cities may experience poorer health as a result. Other environmental factors to consider include air and water quality, and access to green spaces, all of which vary depending on the area or region a person lives in. These all impact health outcomes, and contribute further to health inequalities.

#### Case study

Sean lives in an urban area, an hour away from his work. He has recently been diagnosed with type 2 diabetes and needs to attend his GP regularly. He finds it difficult to attend his GP appointments due to them being in a rural area, and him being working on a shift. He is also exposed to high levels of pollution used for cars.

#### Applied activity

Read the case study above. Identify what geographical factors could be impacting Sean's health status and management of his diabetes.

### Individual characteristics

We are all unique and have different characteristics, such as age, disability, ethnicity, gender identity. These traits can shape our health status and are legally protected characteristics, which prevents discrimination based on these characteristics. It's important to consider how these characteristics influence an individual's health and well-being, as well as their experience in accessing healthcare.

Individual characteristics	How they affect health status and access to healthcare
<b>Age</b>	Depending on what age you are, this can make you more or less likely to experience poor health. For example, young children and the elderly are more likely to experience health conditions such as infections and chronic diseases.
<b>Disability</b>	Individuals with disabilities are more prone to poor health outcomes, higher mortality rates and challenges in daily life. Those with disabilities may experience discrimination and challenges accessing healthcare.
<b>Neurodiversity</b>	People with neurodiversity conditions, such as autism, may experience challenges in daily life, including education, employment and social interactions. These challenges can make it harder to access healthcare and manage mental health issues and physical conditions such as chronic pain.
<b>Ethnicity</b>	Ethnic groups can experience differences in health outcomes. For example, certain ethnicities are more prone to specific health conditions. Cultural or language differences can create barriers to accessing healthcare and expose individuals to discrimination.

#### Did you know?


People from black and South Asian backgrounds are more likely to experience health conditions such as cardiovascular diseases.

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<sup>8</sup>Applied Research Collaboration North East and North Cumbria <https://arc-nenc.nihr.ac.uk/projects/north-and-south-england/> (accessed on 07/01/2025)

<sup>9</sup> <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england#:~:text=However%2C%20people%20from%20some%20ethnic,the%20white%20and%20Mixed%20groups>

Individual characteristics	How they affect health status a
Religion and belief	Religious beliefs can create challenges in how an individual interacts with healthcare. For example, fasting is a religious practice that may affect a person's ability to take medication at certain times or attend appointments if it conflicts with their fasting schedule.
Sexual orientation	Sexual orientation refers to who a person is sexually attracted to. People who identify as part of the LGBT+ (lesbian, gay, bisexual, transgender) community are more at risk to poor mental and physical health due to discrimination or social stigma and facing barriers to healthcare, such as lack of understanding or bias from healthcare providers.
 Sex, gender and gender identity	<ul style="list-style-type: none"> <li><b>Sex:</b> biological sex can affect health outcomes due to differences in hormones and physical traits. These differences can lead to different conditions such as certain diseases affect certain sexes. For example, during the COVID-19 pandemic, men were more likely than women to die more severely. This was suggested to be down to the ACE2 receptor enzyme in men.</li> <li><b>Gender:</b> this can also influence health due to different social norms and behaviours. For example, men may be less likely to engage in health-related behaviours such as handwashing, which puts them at risk to catching an illness. Additionally, women may face barriers to accessing healthcare, such as being misdiagnosed or not taken seriously due to less medical research being focused on women's health.</li> <li><b>Gender identity:</b> this can affect health through experiences of discrimination. For example, people who do not conform to traditional gender roles may experience higher levels of anxiety or depression from being rejected or misunderstood.</li> </ul> <div style="border: 1px dashed black; padding: 5px; width: fit-content;"> <b>Gender identity</b>              how someone personally experiences their gender may differ from their biological sex           </div>
Pregnancy and maternity	Pregnancy and maternity can influence health outcomes. It can bring about mental and emotional challenges that arise during pregnancy and after birth. Pregnancy and maternity can increase the risk of conditions such as infections, gestational diabetes, high blood pressure, and postnatal depression.
Education	Those who have higher education levels often have better health outcomes compared to those with lower education levels due to differences in health-related behaviours such as eating well, not smoking, and attending regular check-ups. Education level is also linked to income, with higher educated individuals being at higher risk of poorer health due to lower income.
Economic status	People with higher incomes typically have better health outcomes due to better access to healthcare, nutritious food, and safer living conditions. People with lower incomes may struggle to access these things, leading to health issues and stress, which can contribute to poorer health outcomes.

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## Socially excluded groups

These are groups of people who are left out or treated unfairly by society. This exclusion can be due to factors such as income, race and gender, and can create barriers to accessing important services such as healthcare. It is crucial to understand and acknowledge the difficulties these groups face, so that no one is left out in accessing the support and services they need.

Examples include:

- **People experiencing homelessness:** having nowhere to live or a lack of stable housing can create challenges to access healthcare services and increases the risk of being exposed to dangerous environments. This not only means health conditions may go untreated and worsen, but it also heightens the risk of mental health issues due to the stress and trauma associated with homelessness.
- **Asylum seekers and refugees:** factors such as language barriers and cultural differences may make it harder for these groups to access healthcare services in the UK, which can lead to untreated or delayed treatment for medical conditions. They are also more at risk of mental health issues such as PTSD due to experiencing trauma.

## The role of intersectionality in health outcomes

Intersectionality is the concept that different parts of who we are, such as our race, gender, and disability, can influence how we experience things in life, such as health. It's important to understand intersectionality to acknowledge that a person's health status is not just influenced by one factor; these factors interact. For example, a person with a disability who is also from a minority ethnic group may face more challenges accessing healthcare services than someone with a higher income. By acknowledging and understanding these overlapping social determinants, those providing healthcare can better support those who face multiple challenges in accessing healthcare and create an environment that is equal and diverse, and addresses health inequalities.

### Applied activity

Come up with **one** other example, similar to the one we provided, that shows how different factors (such as gender, race and disability) can overlap and affect someone's ability to access healthcare.

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## Questions (C1: The effect of social determinants on health status)

### Checking my understanding:

1. Outline **three** factors which guide how care should be accessed.
2. Which of the following are behaviours which can risk health status that apply.
  - a) Smoking
  - b) Not drinking enough water
  - c) Poor diet
  - d) Occasional alcohol consumption
3. Define wider determinants of health, and explain how access to care can positively influence health status.
4. Describe **three** ways deprivation can increase the risk of a health condition.
5. Which of the following is **not** an individual characteristic which can influence health status?
  - a) Ethnicity
  - b) Neurodiversity
  - c) Sexual orientation
  - d) Political views
6. Define what a socially excluded group is, and provide an example.

### Developing my understanding:

Read the case studies on **George** and **Yasmin** and answer the questions.

1. Which of the following social determinants would be most likely impacting Yasmin's health status? Select **all** that apply.
  - a) Religious beliefs
  - b) Disability
  - c) Income
  - d) Geography
2. Identify **three** social determinants that may be affecting George's health status. Explain how one could be influencing his health status.

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## Assignment Practice Task 3a: Factors affecting the health status and

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the success of approaches to inclusive working practices on in health outcomes and overcoming potential barriers of individuals with**

You should write a report to:

- A.** Identify and assess the social determinants of health that influence the George and Yasmin, using relevant information from the case studies
- B.** Assess how inclusive working practices address the factors you identified in the outcomes of George and Yasmin, providing reasoned judgements
- C.** Recommend strategies to overcome the barriers affecting their health and suitability of each strategy

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## C2: Improving health outcomes i

To improve health outcomes for everyone, it's important to understand how equality impact the care people receive. Inclusive practice not only helps reduce inequality but also leads to better health outcomes. By the end of this section, you should understand what equality, diversity and discrimination are and why inclusive practice is so important.

### What are equality, diversity and discrimination

Let's start off by defining what equality, diversity and discrimination are.

#### Equality

Equality in health and social care means that everyone receives an equal standard of care. This doesn't mean that equality is about treating everyone in exactly the same way. Because each person is an individual, care should be provided in a way that meets each individual's needs. However, everyone should have equality of access to this kind of high-quality and effective care. To do so, care staff should treat each service user as an individual and take their unique circumstances into account. For example, some people may need to follow a special diet for cultural reasons, and care staff should ensure that these cultural needs are respected and met.

#### Diversity

It is important that care staff respect the diversity of service users. Diversity means variety or difference, and every service user you work with will be a unique individual. Respecting the diversity of individuals means respecting their culture and values, and accommodating their unique needs. This is particularly important given that many areas in the UK today are highly **multicultural**, meaning that you are likely to come into contact with people from all walks of life. Taking the time to understand someone else's culture and values broadens your knowledge and empathy, which helps you to be a more effective care worker.

#### Discrimination

Discrimination means treating someone differently on the basis of one or more of sex, ability/disability, ethnicity or class. Discrimination is often driven by **prejudice**. There are two types of discrimination, which are described in the table below.

Direct discrimination	Indirect
Being treated less favourably because of who you are. This is against the law if it's because of any protected characteristics.	Being placed at a disadvantage by a policy or practice that is applied to everyone in the same way. When this results in a certain group of people being disadvantaged, it is indirect discrimination.

#### Applied activity

Come up with an example of both direct and indirect discrimination in a health or social care setting.

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## Importance of inclusion in practice

Inclusion in practice means ensuring that everyone, regardless of their characteristics, identity or circumstances, has equal access to healthcare. This involves using person-centred approaches to record and act on the unique needs, choices and preferences of individuals. For example, a healthcare professional might adapt care plans to accommodate cultural or religious preferences of a patient, such as avoiding medication schedules which interfere with fasting times. Doing so ensures that individual needs are respected and that care is tailored to each person's unique needs. This helps address barriers to receiving care and ensures the care someone receives is the most appropriate and effective for them.

## Importance of not making assumptions

It is important for healthcare professionals to not make assumptions about an individual's needs and preferences. This is often due to **preconceptions** or **generalisations**. What this means is that healthcare professionals should take the time to understand each patient as an individual, considering their unique circumstances, preferences and needs, without allowing biases to creep in.

### Keywords

**Preconceptions:** ideas about something/someone before you have any experience of it

**Generalisations:** broad statements about groups of people/things, often based on limited evidence. They can oversimplify

For example, a healthcare professional should not assume that a patient from a specific country follows the same cultural practices as others in the same group. Instead, they should consider individual preferences and needs. This is important because making assumptions can lead to unmet care needs, and can come across as disrespectful.

## Awareness of intersectionality and health outcomes

As we discussed in Chapter C1, intersectionality is the concept that different factors overlap and can influence how individuals experience health. It is important for healthcare professionals to have an awareness of how intersectionality can influence health outcomes, such as how different factors overlap and how these factors may change throughout a person's life.

### Applied activity

Imagine you are explaining to a group of healthcare professionals why being aware of intersectionality is crucial for understanding health outcomes. To do this, come up with a specific example of how different characteristics can overlap. Explain how these factors could influence health and how they might change over a person's life, and what this could mean for their health outcomes.

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## The importance of equality, diversity and inclusion for healthcare professionals in practice and individuals using services

Applying equality, diversity and inclusion in practice is essential for creating an environment where everyone is included, leading to better outcomes not only for patients but for professionals too. It is also important for professionals and individuals using these services for a number of reasons.

Importance for professionals	Importance for individuals using services
<ul style="list-style-type: none"> <li>✓ <b>Improved efficiency and effective running of services:</b> when all healthcare professionals feel valued and included, this can improve how healthcare teams work together and allows services to run more smoothly.</li> <li>✓ <b>Increased levels of productivity:</b> working in an inclusive practice can increase motivation, leading to better performance and productivity.</li> <li>✓ <b>Improved innovation:</b> a diverse workforce brings new perspectives and ideas which encourages creativity and the development of innovative solutions in healthcare.</li> <li>✓ <b>Reduction in absences:</b> a supportive and inclusive work environment can help reduce discrimination, leading to fewer absences from work. This not only protects the well-being of healthcare professionals but also ensures services run more smoothly, so patients receive the care they need.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Improved quality of care:</b> services prioritise equality, diversity and inclusion, patients' needs are more likely to be met. This leads to better and effective care, resulting in better outcomes for all individuals using services.</li> <li>✓ <b>Improved levels of patient experience:</b> meeting a patient's needs means that patients are better understood, respected and receive greater satisfaction with their care.</li> <li>✓ <b>Culturally sensitive care:</b> a focus on diversity means healthcare professionals understand and respect differences, which ensures individuals receive care which meets their needs and cultural needs, leading to better access to care.</li> </ul>

## Impact of recruiting and retaining a diverse workforce

Employing and retaining a diverse workforce, such as having a variety of ethnicities, genders and cultural backgrounds, has a variety of benefits. It allows for a greater understanding of different cultures, meaning healthcare professionals are better equipped to understand and meet the needs of patients from various backgrounds.

It also increases representation of identities in the local community, and at all levels of employment. Not only does this representation help reduce inequalities in healthcare, but it also serves as a valuable way to inspire young people from minority backgrounds to pursue careers in healthcare by offering them relatable role models.

## Cultural competence

It's important for healthcare providers to demonstrate cultural competence, which means understanding and meeting diverse needs (such as cultural, social and language) in a respectful way. Healthcare providers need to deliver this in accordance with expectations set by regulators, such as the Care Quality Commission (CQC).

The CQC sets regulations and standards for healthcare providers to follow, ensuring that care is culturally appropriate and accessible. For example, they provide guidance on questions healthcare professionals should ask when delivering care, such as ensuring decisions are safe and that care respects the individual's cultural preferences and specific needs.



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**Resources**  
Follow the guidance in the health and social care guide to follow the rules. Make sure you understand the rules.

## The importance of continued learning and development

As our communities grow more diverse in the UK, so must our knowledge. In health and social care, this means continuous learning and development, such as remaining up to date with information about different cultures, their unique needs, and their preferences.

It also involves understanding the nuances of language. Certain words may carry different meanings across cultures, or specific health and social care terminology may not exist in some languages. By staying informed about these cultural and linguistic factors, healthcare professionals can provide care that is culturally appropriate, ensuring that treatments, advice and communication are culturally appropriate. This approach helps reduce barriers, such as language difficulties, that some ethnic groups may face when accessing healthcare, promoting more equitable and positive healthcare experiences.



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## Questions (C2: Improving health outcome

### Checking my understanding:

- Which of the following involves treating someone differently because of certain characteristics?
  - Equality
  - Diversity
  - Discrimination
  - Prejudice
- Define the following:
  - Preconceptions
  - Generalisation
- Choose **two** reasons equality, diversity and inclusion are important for professionals and individuals.
- Which of the following is an impact of recruiting and retaining a diverse workforce? Select **all** that apply.
  - Improves understanding of different cultures
  - Reduces the need for training on cultural competence
  - Increases representation of identities in the local area
  - Ensures that all healthcare workers are from the same culture
- Define cultural competence.

### Developing my understanding:

Read the case Studies on **Yasmin** and **George** and answer the questions

- Why would continued learning and development be important for Yasmin receiving care? Select **all** that apply.
  - Remaining up to date on different cultures will make sure Yasmin receives care that meets the needs of her ethnic background, such as her preferences and needs
  - Understanding that certain healthcare vocab may not exist in her languages will ensure Yasmin is communicated with in a way she can understand
  - Continued learning and development will ensure Yasmin receives care in her native language
  - Being up to date will help Yasmin to receive care that is the best for her cultural background
- Outline **three** reasons equality, diversity and inclusion are important. Explain how these could improve health outcomes for Yasmin.
- Analyse how working in an inclusive way in practice could affect the determinants that may be impacting George.

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## C3: Potential barriers to improving health and social care practice

While health and social care is making great steps towards making practice as equitable and inclusive as possible, some barriers still exist that make it challenging to improve health outcomes in practice. Understanding these barriers and their impact is crucial to overcoming them, ensuring that everyone, regardless of their characteristics, background or circumstances, can access the care they need. In this section, we'll explore what discrimination means, how it shows up in practice, ways to challenge it and how the COVID-19 pandemic can affect health outcomes.

### Discrimination in health and social care practice

Discrimination can have a significant impact on health and social care practice, and can undo progress towards more inclusive care. Whether unconscious or deliberate, discrimination through exclusion, and unequal access to health outcomes. It is essential to understand how discrimination operates in different settings and how it affects it has on individuals at different life stages.

#### Understanding discrimination in different settings

Discrimination can occur in various health and social care settings, from hospitals to community care. It can take direct and indirect forms, as discussed in Chapter C2. For example, direct discrimination could be a healthcare provider refusing to accommodate a patient's cultural or religious dietary needs, or a policy restricting hiring based on age. Indirect discrimination, on the other hand, could occur if a policy restricts hiring based on physical demands of the role, disproportionately disadvantaging older workers.

Discrimination does not affect all individuals in the same way. Age can shape people's experiences in different settings, influencing how they are treated and the barriers they face.

- ➔ **Children and young people** may be discriminated against due to the belief that they are not capable of making informed decisions about their own healthcare. This can result in them being over-protected or not being consulted about their treatment and care.
- ➔ **Working-age adults** may experience discrimination in policies that fail to account for their specific responsibilities, or inflexible working arrangements, making it harder to access services or attend routine check-ups or appointments.
- ➔ **Older adults** often face **ageism**, where healthcare providers make assumptions about their abilities and health based on age. This can lead to conditions being overlooked or treatment being denied under the assumption that they are less likely to benefit.

By recognising and addressing discrimination, health and social care providers can promote fair and person-centred care for individuals at all stages of life.

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## Common forms of discrimination

Discrimination comes in many forms, all of which can impact how we perceive and interact with others. There are five common types:

	Definition	
<b>Unconscious bias</b>	Attitudes, beliefs and judgements people hold about others without being aware of them. These biases can influence how individuals make decisions or interact with others, even if they don't intend to.	A healthcare professional assuming that a patient does not need a certain treatment because of their symptoms, without receiving the care they need.
<b>Othering</b>	Treating others as different or separate from themselves, based on certain characteristics such as ethnicity, appearance or background. It involves seeing them' mentality, where those seen as outsiders are viewed as not belonging, leading to exclusion.	A healthcare professional treating a patient from a minority group differently by assuming they are less capable, even though they are not, and not addressing their needs or concerns.
<b>Labelling</b>	Giving people a label based on something about them, such as their identity, behaviour or background. These labels are often oversimplified and based on stereotypes. Labelling can cause others to treat people in a certain way and can shape how a person views themselves.	A healthcare professional labelling a patient as 'confused' and not asking them the same questions as others. This oversimplifies the patient's needs and can lead to overlooking their impairment. As a result, the patient struggles to understand their condition and about to receive the best care.
<b>Stereotyping</b>	A biased, simplified and generalised belief about a person or group of people.	A healthcare professional assuming that a patient from a certain ethnic group will follow traditional medicine and spending less time on modern treatment options or providing them.
<b>Prejudice</b>	An attitude, opinion or judgement about someone or something that is not based on evidence or reason.	A healthcare professional treating patients from a certain background differently, assuming they are less capable or not taking their health, social and guidance.

### Applied activity

Come up with your own example of each type of discrimination in a health and social care setting.

## Multiple characteristics and discrimination

Discrimination is complex because people can experience it in many different ways. They can be discriminated against based on multiple characteristics, such as age, gender, ethnicity, and economic status. With so many factors at play, this can make it challenging to identify and address different types of discrimination in health and social care. Additionally, when there are multiple factors, it is even harder to recognise and overcome these barriers.

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## Challenging discrimination in practice

To overcome these barriers to improving health and social care outcomes, discrimination must be challenged. The following are some ways this can be done.

### Awareness of intersectionality

Healthcare professionals need to have an awareness of how intersectionality can lead to differences in how people are treated. This means that individuals with intersecting identities (such as race, gender or age) may experience more favourable or less favourable treatment. For example, certain combinations of identities may result in someone being treated unfairly due to discrimination, such as stereotypes, while others may receive better treatment because of having different characteristics.

It's important for healthcare professionals to have an awareness of intersectionality and how different aspects of someone's identity can affect how they are treated. With this awareness, healthcare professionals can avoid unknowingly treating people unfairly, and contribute to better health outcomes.

#### Applied activity

Discuss with your partner what intersecting identities may experience more or less favourable treatment. Consider how these identities might influence the care someone receives.

### Promoting inclusion in resources and imagery

Healthcare providers should ensure they promote materials (such as posters, websites and leaflets) that reflect diverse backgrounds. This includes using images and language that represent different races, genders, ages, etc. This representation not only helps promote inclusion, but helps to challenge stereotypes and break down discrimination.

### Using policy and procedures to address discriminatory practice

To help combat discrimination in health and social care, healthcare providers need to have clear policies and procedures when addressing discrimination. One key policy they need to follow is the Equality Act 2010, which protects people from being treated unfairly or discriminated against. This law applies to everyone using healthcare services but also those who work in health and social care. By developing clear policies and procedures, healthcare providers can ensure they do not discriminate against someone and outlining the steps to take if someone believes they have been discriminated against. It provides guidelines for healthcare providers to address discrimination in practice.

### Supporting service users to report discrimination

Healthcare providers and professionals need to support individuals to report and challenge discrimination. Speaking up about discrimination can be daunting and scary, so it is crucial to provide support to individuals to report incidents. Service users need to understand their rights (such as the Equality Act 2010), and the reporting procedures and support available to them. Healthcare providers should ensure individuals feel empowered to address discrimination, helping to challenge discriminatory practices in health and social care.

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## The impact of pandemics on health outcomes

A pandemic is an outbreak of a disease that occurs on a global scale, such as the recent COVID-19 pandemic. Pandemics have a major impact on health, not only overwhelming healthcare systems but also affecting vulnerable groups more severely. As a result, pandemics can worsen health inequalities, meaning that certain groups of people face greater challenges in accessing care and experience higher rates of negative outcomes. In this section, we will explore the impacts of pandemics on health outcomes in more detail, including how they affect vulnerable groups and the consequences of service reprioritisation and resource loss.

### Vulnerabilities across different geographical areas and groups

Pandemics affect different regions and groups in various ways. Rural areas often have fewer healthcare facilities, which means people in these regions may struggle to access the care they need. Overcrowding in hospitals and delays in treatment, leaving people in these isolated areas with serious health problems during a pandemic. As mentioned in C1, regional differences in healthcare resources make certain groups more vulnerable during a pandemic. Poorer regions with fewer healthcare facilities and fewer people in these areas experiencing more severe health outcomes.

#### Did you know?

The North West of the UK experienced the highest rates of COVID-19 hospitalisations, compared to the South East of the UK, which experienced the lowest rates. This is a real-life example of regional differences in healthcare resources.

### Disparities in mortality rates among cultural groups

People from certain cultural backgrounds can be at risk of worse health outcomes due to factors such as genetics, access to healthcare, socio-economic status and exposure to environmental factors. This was particularly evident during the COVID-19 pandemic, where certain ethnic groups (e.g. Black and Asian) experienced higher mortality rates due to social, economic and geographical factors. Understanding these disparities can help identify the factors within a cultural group that make them more vulnerable to poor health outcomes (such as socio-economic factors), which in turn can help to address and reduce these disparities.

### Effects on specific vulnerable populations

Different vulnerable populations face particular challenges during pandemics, making them more susceptible to negative health outcomes:

<b>Disabled people</b>	Certain disabilities can increase someone's risk of illness, making it more difficult to manage serious health issues during a pandemic. Additionally, the challenges of accessing healthcare services can be worsened during a pandemic, making it difficult to receive the care and support they need. This can put them at a higher risk of health complications.
<b>Ethnic minority communities</b>	Ethnic minority communities can be more impacted by a pandemic, being at a higher risk to mortality and illness, facing greater challenges due to socio-economic factors.
<b>Care home residents</b>	Care home residents are highly vulnerable during a pandemic as they often have multiple health needs. Controlling infections in these settings is challenging, and pandemics can worsen existing health conditions due to a limited ability to isolate. Isolation from family and friends can also impact residents' emotional well-being.

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<sup>10</sup> [https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-024-09210-6#:~:text=The%20North%20West%20had%20the,\(72.2%20%C2%B1%2016.8%20years\).](https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-024-09210-6#:~:text=The%20North%20West%20had%20the,(72.2%20%C2%B1%2016.8%20years).)

<b>Prisoners</b>	Prisoners are more at risk during pandemics due to environmental overcrowding and a limited access to healthcare services. They have higher levels of certain health conditions, such as respiratory conditions, making them more vulnerable during a pandemic.
<b>Homeless people</b>	Experiencing homelessness can increase the risk of illness and living environments which increase the spread of illnesses. Homeless people face barriers accessing healthcare services, for both pandemic-related and non-pandemic-related reasons.

## Cultural isolation during pandemics

During pandemics, individuals from certain cultural backgrounds may face isolation from family, friends or communities who understand and affirm their culture. For example, homes or inpatients in hospitals may be less likely to have contact with people who face challenges in dealing with culturally significant events, such as end-of-life needs. Additionally, communication barriers may mean healthcare information isn't provided in a way that individual understands. This cultural isolation can lead to reduced access to support and worse health outcomes.

## Reprioritisation of services and its consequences

Pandemics can lead to reprioritisation of services and restrictions on services. When services such as healthcare shift their focus to things which need urgent attention, such as treating the pandemic. However, when services are shifted towards urgent needs, it can result in services that are still very important.

Some consequences of this include:

- ✗ **Unmet care needs:** people with chronic health conditions or non-urgent medical treatment they need, which can create delays and worsen health problems.
- ✗ **Mental health issues:** less mental health services may be available, meaning individuals may not get the support they need for their mental struggles. The duration of a pandemic can be an extremely stressful and isolating time, so without this support this can increase the rate of mental illnesses such as anxiety and depression.
- ✗ **Education gaps:** schools and universities may have to limit access or close, meaning students can fall behind on their education. School closures can also disproportionately affect disadvantaged students due to a lack of access to online learning.
- ✗ **Loss of employment:** businesses may face restrictions or have to close, meaning many individuals can lose their jobs.
- ✗ **Financial insecurity:** as a result of job loss or other reduced working hours, financial worries and instability can increase.

### Did you know?

Over a million people lost their jobs in the first few months of the pandemic.

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<sup>11</sup> <https://www.centreforcities.org/unemployment/>

## Questions (C3: Potential barriers to improving in practice)

### Checking my understanding:

- Which type of discrimination involves a biased, simplified and c about someone?
  - Labelling
  - Othering
  - Prejudice
  - Stereotype
- Outline how intersectionality can impact how someone is treated why it is important for healthcare professionals to have an aware
- Identify **two** ways to challenge discrimination in practice.
- Outline **four** vulnerable populations most affected by pandemic
- Explain **three** consequences of reprioritisation of services.

### Developing my understanding:

Read the case study on **Yasmin** and answer the questions below:

- Identify **two** potential barriers that may be affecting Yasmin, and they may be affecting her health outcomes.

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## Assignment Practice Task 3b: Inclusive practices on health outcomes

For the **two** case studies – *George* and *Yasmin* – you are going to:

**Evaluate the success of approaches to inclusive working practices in improving health outcomes and overcoming potential barriers of individuals with mental health problems.**

Continue your report started in **Task 3a** to:

- A.** Evaluate the advantages and disadvantages of the methods and strategies used in addressing the barriers *George* and *Yasmin* face.
- B.** Assess the overall impact of each strategy in overcoming barriers and improving health outcomes.
- C.** Use detailed research and analysis to assess the broader impact of equitable working practices on improving health outcomes of *George* and *Yasmin*, supporting your reasoning with evidence.

## Assignment Practice Task 3c: *Putting it all together*

Using your report (**Task 3a and Task 3b**) as a basis, create a leaflet aimed at health professionals (approximately 800–1000 words). The leaflet can be created in any suitable format.

### Assignment guidelines (important for the real assignment):

- Your assignment practice task must be completed independently and not with other students.
- You must clearly reference any material from external sources, including websites or information.
- You must not use AI to support or complete your assignments. See this page for more information: <https://www.jcq.org.uk/exams-office/malpractice/artificial-intelligence>
- Ensure that any multimedia content (e.g. PowerPoints) is saved in an open format that does not require special software or login credentials.

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## Chapter A: The principles of health and social care practice meeting the care and support needs of individuals

A1: Values essential to health and social care practice and A2: Person-centred care

Checking my understanding:

No.	Answer
1.	<b>1 mark for each correct answer, any three from:</b> <ul style="list-style-type: none"> <li>• Respect and dignity</li> <li>• Commitment to quality of care</li> <li>• Working together for patients</li> <li>• Compassion</li> <li>• Improving lives</li> <li>• Working in partnership</li> </ul>
2.	<b>1 mark for each example:</b> <ol style="list-style-type: none"> <li>a) Learning and reflection – a care worker attending training session on dementia to improve their communication methods with patients with memory issues</li> <li>b) Commitment to quality care and support – a head nurse monitoring patient care with their team to improve standards of care</li> </ol> <p>Accept other suitable examples.</p>
3.	<b>1 mark for each correct definition:</b> <ol style="list-style-type: none"> <li>a) Compassion involves providing care with kindness, empathy and understanding, respecting the dignity of individuals</li> <li>b) Commitment is focused on delivering high-quality services and ensuring all patients are safe</li> </ol> <p>Accept other suitable answers</p>
4.	<b>1 mark for correct answer:</b> <ol style="list-style-type: none"> <li>b) Encourages healthcare service providers to speak up and challenge unsafe practice</li> </ol>
5.	<b>1 mark for each reason:</b> <ol style="list-style-type: none"> <li>1. Empathy – helps professionals understand and respond to service users' emotional and physical needs</li> <li>2. Flexibility – allows professionals to adapt care, communication and treatment to an individual's needs and preferences</li> </ol>
6.	<b>1 mark for:</b> <ul style="list-style-type: none"> <li>• Empowering individuals in person-centred care involves actively including them in decisions about their care, respecting preferences and opinions, and valuing their choices/individuality</li> </ul> <b>1 mark for any one from:</b> <ul style="list-style-type: none"> <li>• This will enhance their sense of control as individuals can make choices on their support options</li> <li>• It can improve emotional well-being and help them feel more satisfied</li> <li>• It can give them self-confidence as they are encouraged to advocate for their needs and express their preferences</li> </ul> <p>Accept other suitable answers</p>

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## Developing my understanding:

No.	Answer
1.	<p><b>1 mark for each relevant action:</b></p> <ul style="list-style-type: none"> <li>• Respect – actively listening to George and Mary’s concerns and using respect to help show respect</li> <li>• Dignity – supporting George’s independence in familiar activities, e.g. gardening to help him feel dignified</li> </ul> <p><i>Accept other suitable answers.</i></p>
2.	<p><b>2 marks for each point:</b></p> <ul style="list-style-type: none"> <li>• Professionals working together in planning care for George and Mary can ensure they are both involved in the decision-making process (1), which could involve different professionals to help manage George’s behaviour (1)</li> <li>• Professionals should regularly check in with George and Mary and provide support (1), which would help establish a trusting relationship (1)</li> </ul> <p><i>Accept other suitable answers.</i></p>
3.	<p><b>1 mark for how each value is explained and 1 mark for its role in building trust:</b></p> <ul style="list-style-type: none"> <li>• Compassion – showing empathy and kindness towards George and his feelings to help him articulate his feelings (1) and offer him reassurance and help build trust (1)</li> <li>• Communication – clear communication on his care options can help alleviate concerns, ensuring both George and Mary feel well-informed and involved, enhancing the care provided (1)</li> <li>• Commitment – consistent and reliable approach that adapts care needs and regular check-ins demonstrates commitment to his care (1) reinforcing trust over time (1) as Mary can depend on the professionals (1)</li> </ul> <p><i>Accept other suitable answers.</i></p>
4.	<p><b>1 mark for strategy given and 2 marks for describing its importance, e.g.</b></p> <ul style="list-style-type: none"> <li>• Creating a structured routine (1) can help reduce anxiety and confusion as it provides a clear plan for George (1), promoting autonomy and increased confidence (1)</li> </ul> <p><i>Accept other suitable strategies and importance.</i></p>

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## **Preview of Answers Ends Here**

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This is a limited inspection copy. Sample of answers ends here to stop students looking up answers to their assessments. See contents page for details of the rest of the resource.