

CACHE LEVEL

2

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Extended Diploma in

Health & Social Care



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How to use this book

Key features of the book

How will I be graded?

The table below shows what learners must do to achieve each grading criterion. Learners must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Grade	Assessment Criteria number	Assessment Criteria/What you need to show
D1	1.1	Outline the life stages of human growth and development. Provide information to outline each of the stages of human growth and development: <ul style="list-style-type: none">• infancy• childhood• adolescence• early, middle, late adulthood.
D2	1.2	Outline social, emotional, cognitive and physical development within one (1) life stage. Information must relate to social, emotional, cognitive and physical development within one (1) life stage.

The table shows what learners must do to achieve each grading criterion.



Check your understanding

- 1 What does the term 'inclusion' mean?
- 2 Name two pieces of legislation that promote equality, diversity and inclusion in care.
- 3 Give two examples of how an individual's rights can be promoted in care.



Key terms

Person-centred care involves the health and social care practitioner placing the individual at the centre of their working practices. They must always act in the individual's best interests to ensure that the individual remains in control of their care and support.

Definitions of terms that are used in health and social care practice.

Read about it



Case Scenario

Shannon has been working as a respite worker for over 20 years and does not believe that she needs much CPD because she is very experienced and mentors new respite workers. Shannon also believes that as she attends all the mandatory training provided, she is fully kept up to date with current best practice.

If you were Shannon's Manager, what would you say to her in relation to the importance of CPD?

An example of a scenario, with questions for the learner.

Activity

Research one piece of legislation from Table 1. You may find it useful to use the government's website: www.gov.uk. Create a poster that outlines how it supports equality, diversity and inclusion in the health and social care sector.

An activity that helps consolidate learning.

Define Activity

Produce a leaflet that defines the terms: equality, diversity, inclusion. Include examples that support the meaning of each of these terms.

Description Activity

Build a picture of an individual by describing their likes, dislikes, needs, beliefs, culture, values and preferences. Include details with examples of each.

Activities linked to specific command words in the specification.

Summarise Activity

Take it in turns to summarise the different types of discrimination you know about. Include brief details about each type.



Classroom Discussion

Discuss the importance of person-centred practice when providing care and support to individuals. Give examples of the benefits of person-centred practice on individuals. Discuss the different methods that can be used to explain these to individuals.



HSC CM1

Equality, diversity and rights in health and social care

About this unit

Equality, diversity and inclusion underpin all person-centred practice. They are essential for delivering high-quality care and support. In this unit, you will learn more about what these terms mean in relation to health and social care and why they are important. You will also find out about relevant legislation and inclusive ways of working.

You will develop your understanding of how discrimination can happen and the different ways it can be challenged. Your learning will also include considering how health and social care practitioners' values, beliefs and experiences can influence their delivery of care.

Finally, you will explore the concept of person-centred practice, its benefits and how it is used to support individuals. Ethical dilemmas may arise when health and social care practitioners balance individuals' rights with their duty of care. You will develop your understanding of such dilemmas to help you consider positive ways of managing these situations well.

Learning Outcomes

L01: Understand equality, diversity and inclusion in health and social care.

1.1. The terms:

- equality
- diversity
- inclusion.

1.2. Legislation, policies, procedures and codes of practice in relation to equality, diversity and inclusion:

- Care Act 2014
- Health and Social Care Act 2012
- The Equality Act 2010
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989

- related policies and procedures
- codes of practice relevant to the sector
- current legislation as relevant to Home Nation.

1.3. How the health and social care practitioner contributes to inclusive practice:

- knowledge of individuals' beliefs, culture, values, needs and preferences
- promote rights
- value diversity
- person-centred practice
- access to services
- information and advice
- manage risk.



L02: Understand discrimination.

2.1. Types of discrimination in relation to:

- direct
- indirect.

2.2. Approaches to challenge discrimination:

- strategy
- communication
- reporting
- whistleblowing
- modelling
- training.

2.3. How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care:

- self-awareness
- acknowledging belief systems, attitudes and behaviours
- influence of others on own belief system, attitudes and behaviours to include: media, family and peer pressure
- professional versus personal
- respect and value diversity.

L03: Understand person-centred practice.

3.1. The concept of person-centred practice:

- individual central
- individual in control.

3.2. How person-centred practice is used to support individuals:

- informed choices
- dignity and respect
- care planning
- tailored communication
- consent
- risk management.

3.3. Impacts of person-centred practice on individuals:

- meets individual needs (social, emotional, cognitive and physical)
- individual rights
- independence
- decision-making and confidence
- health and well-being.

3.4. Ethical dilemmas that may arise when balancing individuals' rights and duty of care:

- confidentiality
- managing values and beliefs
- risk taking
- rights versus responsibilities.

L01 Understand equality, diversity and inclusion in health and social care

1.1 The terms equality, diversity, inclusion

What is equality?

Equality is very important for maintaining people's rights and ensuring that everyone feels valued and safe. Imagine how you would feel if you were being treated unfairly by someone you knew. Perhaps you would feel angry, upset, frightened or devalued?

Equality is not about treating everyone the same. Equality means:

- treating every person fairly with dignity and respect. You should find out how they want to be treated rather than how you think they should be treated.
- valuing every person as an individual. You should respect people's differences and individual needs by not treating people the same.
- supporting every person's rights, such as their rights to privacy; to make their own choices; and to be independent.
- providing every person with equal life opportunities, such as access to education and work, and to develop and maintain relationships.

It is important to understand what equality means if you want to ensure that you are supporting and respecting the rights of the **individuals** and **others** you work with, such as individuals' families and your colleagues. If you did not support or respect the rights of individuals and others you work with, you would be treating them unfairly and breaking the laws that are in place to protect people's rights to not be **discriminated** against. For example, The Equality Act 2010 sets out the different types of discrimination that exist. You will learn more about the Act and other relevant laws in AC1.2.

What is diversity?

Diversity is very important for being able to recognise people's differences and ensuring that everyone is treated as an individual. People are different in a variety of ways: for example, their physical appearance (i.e. hair colour, weight, height, how they dress, etc.), age, sex, **ethnic group** and where they live. It is these differences that make each person unique.

Diversity means:

- respecting every person's differences (e.g. by finding out their likes and dislikes; meeting their individual preferences such as the way they dress or the food they eat).
- valuing every person as a unique individual, learning more about their **values, beliefs** and customs, and their personal experiences.
- supporting every person's differences by sharing and discussing different or new ideas, such as in relation to work and day-to-day activities.
- supporting every person's choices by encouraging people to make their own choices in line with their individual preferences, views and beliefs.

It is important to understand what diversity means to ensure that you recognise and value people as individuals. Understanding and respecting diversity means that you will be contributing to a positive environment. This is because people from different backgrounds and beliefs will feel valued and that they belong.

What is inclusion?

Inclusion is very important for ensuring every person has a meaningful role in the group, community or society that they live in. Imagine how you would feel if you were unable to be in control of your life or your care and support.

Inclusion does not just mean 'being involved'. Inclusion means:

- respecting every person's right to realise their potential by enabling them to work towards their life goals and to access the support they require.
- valuing every person's right to have a meaningful role by finding out what role they would like and supporting them to achieve it, such as a parent, partner, employee, member of a group.
- supporting every person's strengths by enabling the individual to recognise their abilities and developing their confidence, **self-esteem** and respect.
- supporting every person's **active participation** by enabling the individual to participate in new and different activities. This includes opportunities to socialise and develop relationships with others.

It is important to understand what inclusion means when supporting individuals to develop a positive sense of **well-being**. Understanding and supporting inclusion means that you will provide support to

individuals to be in control of their own care and support. This will enable them to meet their own unique needs and lead fulfilling lives.



Figure 1.1 How do you support individuals' rights for inclusion?

Define Activity

Produce a leaflet that defines the terms: equality, diversity, inclusion. Include examples that support the meaning of each of these terms.

1.2 Legislation, policies, procedures and codes of practice in relation to equality, diversity and inclusion

Current legislation

All health and social care practitioners' ways of working are based on current UK and international **legislation**. The legislation outlined in **Table 1.1** promotes people's rights, such as being:

- treated equally
- respected for their differences
- able to realise their potential
- protected from unlawful and unfair treatment.

For further information, you will find the 'Read about it' section at the end of this unit useful.



Key terms

Active participation refers to an individual's involvement in all aspects of their own life, care and support.

Beliefs are opinions that an individual accepts as true; not necessarily based on fact.

Discrimination is the unfair or unequal treatment of an individual or a group.

Ethnic group refers to a group of people who share a common cultural background, such as the country they come from or the language they speak.

Individuals are persons accessing health and social care services.

Others are parents/carers, family, friends, colleagues, external partners and health and social care practitioners.

Self-esteem is the value or confidence a person places upon themselves.

Values are standards based on moral principles or beliefs that are important to the person.

Well-being refers to how a person thinks about themselves, physically, mentally and emotionally. It may include aspects that are social, emotional, cultural, spiritual, intellectual, economic, physical or mental.

Table 1.1 Legislation

Legislation	How it relates to equality, diversity and inclusion
Care Act 2014	Promotes the: <ul style="list-style-type: none"> ● well-being of individuals, who require care and support, and their carers ● rights of individuals and their carers to be in control of their care and support, meeting their unique needs and preferences.
Health and Social Care Act 2012	Promotes the rights of individuals to: <ul style="list-style-type: none"> ● high-quality health and social care and support ● have care and support that is fair, inclusive, safe and meets their diverse needs.
The Equality Act 2010	Ensures that individuals are not treated unfairly because of their differences in relation to their: <ul style="list-style-type: none"> ● age ● disability ● sex, sexual orientation or gender reassignment ● marriage and civil partnership ● pregnancy and maternity rights ● race ● religion. <p>The four main types of discrimination are unlawful:</p> <ul style="list-style-type: none"> ● direct ● indirect ● harassment ● victimisation. <p>(You will learn more about types of discrimination in LO2 of this unit.)</p>
Human Rights Act 1998	Promotes the rights and freedoms that every UK citizen has, such as: <ul style="list-style-type: none"> ● respect for private and family life ● liberty ● to not be discriminated against. <p>Public organisations (such as the government, police and local councils) to work together to uphold people's rights to being treated fairly, with dignity and respect.</p>
United Nations Convention on the Rights of the Child (UNCRC) 1989	Ensures that: <ul style="list-style-type: none"> ● the rights of all children are upheld, such as being listened to, respected and protected from abuse ● adults and organisations work together to promote and uphold children's rights.
European Convention on Human Rights 1950	Ensures that: <ul style="list-style-type: none"> ● people's basic human rights are upheld, such as being treated fairly and with dignity ● people have access to the European Court of Human Rights if an individual's rights have not been upheld.
The Mental Capacity Act 2005	Establishes the: <ul style="list-style-type: none"> ● rights of individuals who lack mental capacity. It ensures that decisions that concern them are made in line with their unique needs, views and preferences ● use of Independent Mental Capacity Advocate (IMCA) services.



Key terms

Direct discrimination is when someone is treated unfairly because of a **protected characteristic** they, or someone they know, has or appears to have.

Harassment refers to unwanted, intimidating or aggressive behaviour related to a protected characteristic.

Independent Mental Capacity Advocate (IMCA) services represents a person where there is no one independent of services, such as a family member or friend, who can represent them. The service is available in England to support individuals and their carers who wish to make a complaint about their NHS treatment or care.

Indirect discrimination is when a practice or system is applied without taking into account an individual's protected characteristic.

Legislation refers to laws made by the government that must be followed. Legislation includes Acts of Parliament and regulations.

Mental capacity refers to an individual's ability to make their own decisions.

Protected characteristic refers to the nine characteristics protected from discrimination under the Equality Act.

Race refers to the common physical qualities or characteristics associated with a group of people from the same culture and/or shared history, for example skin colour, ethnic origin, national origin and nationality.

Victimisation is when someone is singled out or treated unfairly. For example, for supporting or speaking up for an individual with a protected characteristic.

Activity

Research one piece of legislation from Table 1.1. You may find it useful to use the government's website: www.gov.uk. Create a poster that outlines how it supports equality, diversity and inclusion in the health and social care sector.

Related policies and procedures

In the health and social care sector, organisations use and comply with the legislation you have learned about so far to ensure they uphold individuals' rights relating to equality, diversity and inclusion. Organisations have **policies** in place that state how they aim to work and **procedures** that detail how they put their aims into practice.

Below are some examples of the policies and procedures related to equality, diversity and inclusion that health and social care organisations may have. How do these compare to those of organisations you know about?

- **Policies** – set out an organisation's commitment to promote equality, diversity and inclusion and prevent discrimination in the workplace, for example Equality, Diversity and Inclusion Policy.
- **Procedures** – set out how an organisation will promote equality, diversity and inclusion: for example, by meeting the needs of individuals who have protected characteristics and tackling discrimination, such as Promoting Equality, Diversity and Inclusion At Work.

Codes of practice relevant to the sector

Codes of practice are useful guides for health and social care practitioners. They outline how the values or principles of equality, diversity and inclusion must be applied in day-to-day working practices. Some organisations have their own codes of practice but there are some that are especially relevant to the health and social care sector. Below are two examples you may have come across:

1 The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

- Overseen by **Skills for Health** and **Skills for Care**.

- Sets out a number of principles that health and social care practitioners are expected to follow, such as promoting and upholding individuals' and their carers' rights to:

- privacy
- dignity
- confidentiality
- well-being
- promoting equality, diversity and inclusion in their working practices.

2 The Mental Capacity Code of Practice

- Supports the Mental Capacity Act 2005.
- Sets out how the principles of the Act for those who work with individuals who lack capacity should be applied.
- Outlines the support that can be provided to an individual who is unable to make a decision, what information should be provided to individuals, and how.

Legislation, organisations' policies, procedures and codes of practices are all linked and together they enable health and social care practitioners to understand and promote equality, diversity and inclusion when providing care and support to individuals and others.

Current legislation as relevant to Home Nation

You have learned about the equality and diversity legislation that applies to adults in England. Other pieces of legislation are relevant to Northern Ireland, Scotland and Wales, for example:

- **Northern Ireland** – The Equality Act 2010 does not apply to Northern Ireland; it only applies to England, Scotland and Wales. Examples of legislation relevant to equality and diversity include The Employment Equality (Repeal of Retirement Age Provisions) Regulations (Northern Ireland) 2011, which protects the rights of people

of retirement age, and the Autism Act (Northern Ireland) 2011, which protects the rights of individuals with autism, their families and carers.

- **Scotland** – The Criminal Justice (Scotland) Act 2003 and the Offences (Aggravation by Prejudice) (Scotland) Act 2009 promote the rights of people to not be victimised or harassed through violent or distressing behaviour.
- **Wales** – The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 promotes equality, diversity and inclusion.



Key terms

Codes of practice set out the standards or values that health and social care practitioners must follow to provide high-quality, safe, compassionate and effective care and support.

Policies are statements of how an organisation works based on legislation, such as a safeguarding policy. They outline the organisation's aims and how it works. Policies refer to an organisation's commitment, for example to data protection.

Procedures are step-by-step guides of how to put a policy into practice.

Skills for Care is a not-for-profit organisation that informs policy and raises standards in the adult social care sector.

Skills for Health is a not-for-profit organisation that informs policy and raises standards in the health sector.

1.3 How the health and social care practitioner contributes to inclusive practice

As you will have learned in AC1.2, **inclusive practice** involves health and social care practitioners working in ways that respond to individuals' unique needs and preferences. They should support individuals so that they have a meaningful role in society and develop a sense of well-being. Inclusive practice

enables health and social care practitioners to provide high-quality care and support that is unique to the individual, safe and effective.

Knowledge of individuals' beliefs, culture, values, needs and preferences

Everyone is entitled to their own beliefs, culture, values, needs and preferences.

- Beliefs are strong principles that influence how we live. For example, they may affect what you wear, what you eat, or the religion you practise.
- Culture refers to the traditions or customs we share with other people from one country or group. For example, you may share customs with other people who originate from another country.
- Values are what we consider to be important in our lives, such as our family, friends, our health, having a home and our rights.
- Needs refer to the areas where we require support and this will vary from person to person. These may be, for example,

in relation to finding a job, learning a new skill or improving how we communicate with others.

- Preferences refer to our likes and our own personal choices. For example, they may relate to the activities we enjoy doing, the food we like to eat or the clothes we like to wear.

Health and social care practitioners can develop a good knowledge of individuals in order to ensure that inclusive practice is being upheld. This knowledge informs the care and support provided to meet the individuals' unique beliefs, culture, values, needs and preferences. Examples of how to get to know an individual include:

- Discussion with individuals
- Spending time with individuals
- Observation
- Reading an individual's **care or support plan**
- Collecting information from others who know them well, for example family, friends, an advocate or a colleague who has worked with them over a period of time.

Table 1.2 Developing knowledge of individuals' beliefs, culture, values, needs and preferences

Inclusive practice knowledge	Examples
Knowledge of individuals' beliefs <ul style="list-style-type: none"> ● This knowledge is essential for understanding and respecting individuals' needs and promoting their well-being. ● Individuals' religious beliefs may influence how their care and support are provided. 	<ul style="list-style-type: none"> ● Hinduism – those from this faith may believe that cleanliness can only be observed by using running water for washing in. So, a shower may have to be provided rather than a bath (or the availability for them to wash by pouring water over themselves). ● Judaism – those from this faith may believe that they must only eat kosher food. They may not eat pork or consume meat and milk at the same meal.
Knowledge of individuals' culture <ul style="list-style-type: none"> ● Being aware of individuals' cultural customs and traditions will give individuals a sense of belonging. It will also make them feel valued and respected. 	<p>In some cultures:</p> <ul style="list-style-type: none"> ● typically, eldest member of the family is the person who makes the decisions. Health and social care practitioners will need to work with this person in relation to an individual's care to avoid showing any disrespect. ● individuals may find it difficult to question or challenge decisions made by health and social care practitioners. Health and social care practitioners should practice person-centred care to ensure that individuals are central to all decision making, as appropriate.



Inclusive practice knowledge	Examples
Knowledge of individuals' values <ul style="list-style-type: none"> This knowledge of what is important to an individual can be used as the basis of all care and support provided. When contributing to inclusive practice, the health and social care practitioner must not allow their own values to influence individuals. This is so that the individual remains in control of their care and support. 	<ul style="list-style-type: none"> An individual may value the time to sit quietly on their own without any distractions when they return from college. Respecting this will promote a sense of well-being. An individual may value being independent when going out shopping. Asking the individual how best to support them to do this is another way to contribute to working in inclusive ways.
Knowledge of individuals' needs <ul style="list-style-type: none"> This knowledge is essential for treating individuals as unique, ensuring that the care and support provided is focused on their needs. 	<ul style="list-style-type: none"> An individual might use facial expressions and eye contact to communicate. It is important that their communication needs are met so that they can express what they are thinking and feeling, interact with others and make their own choices and decisions. An individual's social needs might mean that they like to meet and socialise regularly. It is important to provide them with opportunities so that their social needs are being considered.
Knowledge of individuals' preferences <ul style="list-style-type: none"> This knowledge is required to understand personal likes and dislikes, providing care and support that empowers the individual. 	<ul style="list-style-type: none"> An individual might prefer to have a hot snack at lunch rather than a sandwich. Meeting their preferences will mean that they will be more likely to be involved in making it and look forward to it. An individual might prefer to have a bath rather than a shower in the mornings. Meeting their preferences will contribute to their well-being and support their empowerment.



Key terms

Care or support plan is a personalised plan for the care and support of an individual, identifying all those involved and their responsibilities.

Empower refers to enabling and supporting individuals to be in control of their lives.

Inclusive practice refers to working in ways that involve individuals in their own care and support so that they are in control of their lives.

Kosher refers to the way food is prepared, cooked and eaten under Jewish law. A food is permitted to be eaten because it is considered to be 'clean' in the Jewish religion.

Promote rights

Promoting individuals' rights underpins inclusive ways of working used by health and social care practitioners. All individuals who access services have rights that are supported by the promotion of equality, diversity and inclusion. **Table 1.3** provides you with some examples of the different rights individuals have and how these can be promoted by the health and social care practitioner to contribute to inclusive practice.

Description Activity

Build a picture of an individual by describing their likes, dislikes, needs, beliefs, culture, values and preferences. Include details with examples of each.

Table 1.3 Individuals' rights and inclusive practice

Rights	Examples of how to promote
Privacy	<ul style="list-style-type: none"> Knocking on an individual's closed door before entering their room. Providing an individual with access to a private room when discussing their care or support.
Dignity	<ul style="list-style-type: none"> Supporting an individual to change their clothes if they have dropped food or drink on themselves. Placing a towel around an individual if they are getting out of the bath.
Choice	<ul style="list-style-type: none"> Asking an individual what they would like to wear. Providing an individual with different options about the activities they could participate in.
Respect	<ul style="list-style-type: none"> Addressing an individual by their preferred name. Speaking to an individual calmly and politely.
Independence	<ul style="list-style-type: none"> Enabling an individual to prepare their own lunch. Supporting an individual to make arrangements for what they would like to do at the weekend.
Effective communication	<ul style="list-style-type: none"> Speaking clearly when communicating with an individual who has hearing loss. Speaking in short phrases when communicating with an individual who has dementia.
Be involved in their own care and support	<ul style="list-style-type: none"> Empowering an individual to organise a meeting to discuss their own care and support. Asking an individual what improvements they would like to be made to their care and support.
Be protected from danger, harm and abuse	<ul style="list-style-type: none"> Identifying, reporting and recording potential and actual dangers when they occur, such as a faulty plug socket, worn or loose carpet, or changes in an individual's behaviour when they are visited by a family member.

Promoting individuals' rights contributes to inclusive ways of working because doing so makes individuals feel valued and respected and therefore improves the quality of the care and support provided. It also influences the working relationship between the health and social care practitioner by developing mutual respect, trust and understanding.



Key term

Dementia is a disorder of the mental processes caused by brain disease or injury. Examples of symptoms include memory loss and/or difficulties with thinking, problem-solving or language.



Figure 1.2 What rights do individuals with care and support needs have?

Value diversity

Valuing diversity contributes to working inclusively. By doing this, it means that the health and social care practitioner recognises that every individual they work with is their own, unique person. Valuing diversity also contributes to inclusive practice, because it involves:

- respecting individuals' differences (e.g. by supporting an individual to practise their faith, or to eat a vegan diet)
- understanding individuals' differences (e.g. by finding out how an individual would like to be moved from one position to another, or what service(s) an individual would like to access when recovering at home from a fall)
- ensuring individuals remain at the centre of their own care and support (e.g. by encouraging an individual to focus on their abilities, or empowering an individual to express what care and support they would like to have).

Person-centred practice

Person-centred practice involves the health and social care practitioner placing the individual at the centre of their working practices. They must always act in the individual's **best interests** to ensure that the individual remains in control of their own care and support. You will learn more about the concept of person-centred practice and how it is used to support individuals in LO3 in this unit. The diagram below provides details of how person-centred practice contributes to working in inclusive ways.

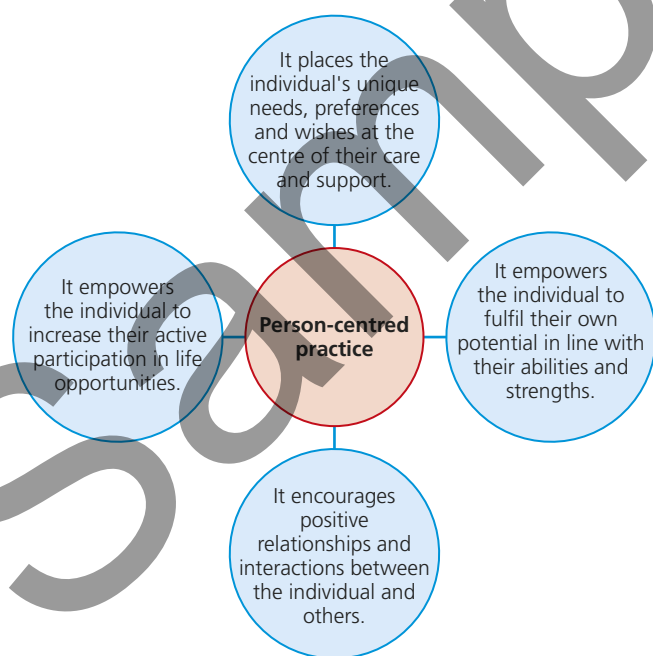


Figure 1.3 Person-centred practice

Access to services

When individuals plan their care and support, the health and social care practitioner can contribute to inclusive practice by sharing their knowledge of the services that are available. For example, the health and social care practitioner may have had experience of supporting other individuals to access different leisure services in the local area. They may have gathered useful information about the facilities each service provides, how much they cost, and their strengths and weaknesses. This information could then be shared with the individual, who can then be empowered to make an **informed choice**.

In addition, the health and social care practitioner can show inclusive ways of working when they are providing individuals with access to the care and support they require to meet their unique needs, views and preferences. You might find it useful to recap your previous learning on inclusive practice in AC1.2.

Information and advice

Information and advice is required in health and social care for many different reasons. For example, getting to know individuals, working with others, planning individuals' care, and providing consistent care and support. Health and social care practitioners can also contribute to inclusive practice by ensuring that the information and advice they provide to individuals and others is:

- **Accessible** – provided in a format that can be understood by the individual and others. For example, this may involve using verbal and/or written language that is clear and free from **jargon**.
- **Suitable** – provided in a way that meets the needs of the individual and others. For example, this may involve using sign language when advising an individual who is deaf, or a formal writing style when

emailing an individual's relative about an aspect of their care.

- **Impartial** – provided in a way that does not influence the individual. For example, this might involve explaining the pros and cons of a range of activities that are available for individuals to access. This will help them to make their own informed choices regarding which activity they would like to participate in.
- **Up-to-date** – provided in a way that is timely and current. For example, when an individual's physical needs change, this needs to be documented clearly and immediately. This is so that the care and support provided to the individual reflects their change in needs.



Key terms

Best interests refers to considering an individual's circumstances and preferences before making a decision or choice on their behalf.

Impartial refers to being fair and objective.

Informed choice means having all the necessary information including the options available to make choices and decisions.

Jargon is the use of technical language or terms and abbreviations that are difficult for those not in the group or profession to understand.

Manage risk

Health and social care practitioners have an important role to make sure that when individuals who access services take risks, they do so positively. For example, an individual who is prone to falling when walking could be supported to use a mobility aid such as a walking frame so that they can mobilise independently. This is because it enables individuals to make their own choices and remain in control. Inclusive practice when supporting individuals to manage risks involves:

- **Informing** individuals to understand what the risks and dangers are. For example, an individual who has recently had a hip operation could fall and injure themselves if they want to go for a walk because they might have reduced mobility.
- **Supporting** individuals to understand how the risks and dangers can be managed so that they stay safe. For example, suggesting that the individual asks a member of staff to accompany them when they want to go out for a walk. This will provide them with additional support while walking and minimise the risk of falling over.
- **Encouraging** individuals to take risks. For example, suggesting that a member of staff could accompany the individual when they go for a walk if they feel nervous or frightened of falling over. This will increase the individual's confidence and enable them with the independence to continue to do the things they enjoy.

Managing risks is part of inclusive practice because individuals feel valued when their choices are respected. This can help to create opportunities for individuals to learn new skills and develop new interests. You will learn more about how person-centred practice is used to support individuals with risk management in LO3: AC3.2 of this unit.



Check your understanding 1

- 1 What does the term 'inclusion' mean?
- 2 Name two pieces of legislation that promote equality, diversity and inclusion in care.
- 3 Give two examples of how an individual's rights can be promoted in care.

L02 Understand discrimination

2.1 Types of discrimination

As you will know from learning about The Equality Act 2010 and other legislation relevant to equality, diversity and inclusion, the term 'discrimination' refers to treating a person or groups of people unfairly due to factors such as their gender, sexuality or religious beliefs. Discrimination prevents inclusive practice and can lead to disempowerment, because when individuals are discriminated against, they do not have access to the same opportunities as everyone else. Therefore, this can negatively impact their confidence and well-being. For example, imagine if you went to the cinema with your friends and were refused entry because you use a wheelchair and there was no suitable access for you to enter the building. How would you feel? How would this affect your well-being and your social expectations? Perhaps you would feel upset or angry that you were not allowed in with your friends. Discrimination does not only happen in social situations but also in education, employment and when accessing services.

There are different types of discrimination that are recognised in law but unlike equality, diversity and inclusion, all types of discrimination are negative and for this reason must not be tolerated. You will learn about useful approaches to challenge discrimination in AC2.2 of this unit.

- **Direct discrimination** occurs deliberately and involves treating an individual with a protective characteristic unfairly. For example, an older adult is not asked if they want to participate in a social activity because of their age; a male individual is excluded from a cookery course because of their gender; or an individual from a Christian background is denied a job opportunity because of their religious beliefs.

- **Indirect discrimination** occurs unintentionally and involves applying a practice or system that appears to treat a group of individuals equally, but leads to individuals who have a protected characteristic being treated unfairly. For example, a health and social care organisation that has a policy in place expecting staff to work part-time may exclude staff who have family commitments, including caring for relatives or children. Another example is a social club that will only accept a driver's licence as proof of identification, which may exclude individuals with disabilities who cannot drive; or information about a health group that is only available in English may exclude individuals who do not speak or read English.

Summarise Activity

Take it in turns to summarise the different types of discrimination you know about. Include brief details about each type.

2.2 Approaches to challenge discrimination

Discrimination can have a negative impact on people because it can result in a lack of confidence and self-esteem, as well as reduce life opportunities and expectations. It is therefore essential to have approaches to challenge discrimination in place, as they are everyone's responsibility in health and social care.

Strategy

One approach to challenge discrimination is having a plan in place, and ensuring everyone understands it and works together to put it into practice. In health and social care organisations, policies and procedures will be in place that detail their commitment to challenging discrimination and how to do so. A health and social care practitioner will be expected to follow their employer's procedures if they become aware that

discrimination has or may have occurred. The employer's procedure may include the steps to take, such as:

- not ignoring the discriminatory behaviour
- how and when to report and record what has occurred
- maintaining **confidentiality**.

You will learn more about reporting discrimination later in this section.

Communication

Communicating effectively when challenging discrimination includes using positive approaches. This involves communicating verbally, non-verbally and in writing. Positive approaches will ensure that the information provided is understood and received in the way that it was intended. For example, when a health and social care practitioner recognises that discrimination has or is taking place, they should say this to the person carrying out the discrimination or to a more senior person, such as their manager or employer.

When a health and social care practitioner communicates their concerns, they must do so by:

- using language that is free from jargon (so that it can be understood)
- speaking in a medium **tone** and **pitch**
- ensuring that their **body language** is respectful.

This will mean that the communication comes across as assertive, positive, and will be more likely to be listened to by others.

Effective written communication is also very important when challenging discrimination because it provides a clear message and avoids misunderstandings. For example, when a health and social care practitioner records that discrimination has taken place, they must only write down accurate and factual information rather than their personal

opinions. It must also be free from jargon and be completed fully, i.e. with all the relevant information, date, time, their signature. This will mean that the communication is valid, respectful and professional.

Reporting

When discrimination has occurred, it is the responsibility of all health and social care practitioners to report the time it has happened. This ensures that the person is made aware of their discriminatory behaviour quickly, so that they can then stop doing it and **reflect** on their actions. Reporting discrimination at the time it occurs is important because it will minimise the harm it is causing and enable actions to be taken to address it. For example, the person showing the discriminatory behaviour could be **disciplined**, have their work supervised by a senior staff member, or be asked to attend further training.

All health and social care practitioners must follow their work setting's procedure for reporting discrimination. The manager or employer will then ensure that the person(s) being discriminated against are safeguarded from any further harm taking place. They will also notify the relevant authorities, such as the **Care Quality Commission (CQC)**.

Whistleblowing

All health and social care practitioners have a **duty of care** to report all unsafe and illegal practices, including discrimination. If discrimination is reported at work and no action is taken by the manager or employer (or their actions are unsatisfactory) then their concerns can be reported to someone more senior in the organisation, such as a Director or the Care Quality Commission. All information shared will be treated as confidential.

Legislation is in place to protect whistleblowers' rights to not be discriminated against in the workplace. This is so that they will not be negatively affected as a result of reporting

discrimination. Health and social care practitioners must follow their organisation's procedures for **whistleblowing**.

Modelling

The working approaches and practices that health and social care practitioners use can have a huge impact on the likelihood of discrimination occurring again. For example, health and social care practitioners modelling good practice to others they work with, by showing positive behaviours that are fair, non-discriminatory and that value and respect individuals' rights and differences. As you will have already learned in this section of the unit, modelling positive approaches is also necessary when health and social care practitioners respond to discrimination. This is so that others will understand that discrimination will always be challenged and never tolerated. Modelling good practice is essential so that everyone is treated fairly and equally regardless of their differences.



Figure 1.4 How can you be a good role model?

Training

Training courses on equality, diversity and inclusion raise people's awareness, developing their understanding of behaviours and how these impact on others, including how to change them. Training also provides useful information about, for example, the legislation in place for challenging discrimination. It provides opportunities for having discussions with others and reflecting on occasions when

discrimination has been challenged, as well as the approaches that were used and which ones were effective. Training may also include reviewing and discussing with colleagues **agreed ways of working** and relevant policies and procedures that are in place



Key terms

Agreed ways of working are the working practices that are followed in a work setting, including policies and procedures.

Body language is a form of non-verbal communication in which thoughts, feelings and intentions are expressed through the movement and position of the body.

Care Quality Commission (CQC) is the regulator of all health and social care services in England.

Confidentiality refers to keeping something private, such as an individual's personal information. It means protecting an individual's personal, sensitive or restricted information and only disclosing it with those who need to know it.

Disciplined refers to the action taken by an employer against an employee when their behaviour and/or work does not meet expected standards.

Duty of care refers to the health and social care practitioner's legal obligation to ensure the safety and well-being of individuals and others, such as their colleagues and visitors, while providing care and support.

Pitch refers to the quality of a vocal sound made by a person in a communication (e.g. low, high).

Reflect refers to when a person evaluates their experiences, which can relate to their personal life and/or work to improve and change how they act, think and behave.

Tone refers to the strength of a vocal sound made by a person in a communication (e.g. quiet, loud).

Whistleblowing refers to reporting any information or activity that is deemed illegal or unethical, such as unsafe practices or abuse.

Description Activity

Select one type of discrimination that you have learned about. Describe two different approaches you could use to challenge the type of discrimination positively.

2.3 How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care

Health and social care practitioners have their own values, beliefs and experiences that will form part of who they are, and may therefore affect how they carry out their job roles. Health and social care practitioners work with many different people who will also have their own values, beliefs and experiences that may be similar or different to theirs. It is for this reason that they need to be aware of how their own values, beliefs and experiences can impact on their working practices, so that they do not obstruct the quality of the work, care and support that they provide.

Self-awareness

It is very important for health and social care practitioners to be aware of their own values, beliefs and experiences and how these may affect their work practices. This is to ensure that they do not have a negative impact on the delivery of care and support. Self-awareness involves health and social care practitioners being:

- **honest** about their own values, beliefs and experiences
- **willing** to recognise their own prejudices
- **understanding** of how their own values, beliefs and experiences may impact on the delivery of care.

Self-awareness can be increased through the reflection process, discussing with individuals and others they work with, and meeting with their manager or employer. For example, a health and social care practitioner may have completed an apprenticeship as part of their training and value this type of study more than a university education. As part of the reflection process, they may consider how this might affect how they work with individuals. For example, an individual in their care might need support when choosing a university they would like to go to. What could the health and social care practitioner do to stop their values and experience from affecting the support they provide to the individual? Perhaps they might not share their own values and experience of an apprenticeship with the individual, so that they do not influence the individual's views about going to university. They might also make sure they present all of the relevant information about university courses in an impartial way, so that the individual can make their own informed choices.

Figure 1.5 How honest are you about how your beliefs impact on others?

Acknowledging belief systems, attitudes and behaviours

Recognising that health and social care practitioners' belief systems, **attitudes** and **behaviours** may be different to those of individuals will allow them to value and

respect individuals' differences and take these into account when providing care and support. They may agree or disagree with others' beliefs, but it is important that they accept that others are entitled to hold those beliefs just as they are entitled to their own. Acknowledging belief systems, attitudes and behaviours therefore involves health and social care practitioners being:

- aware of their own **prejudices**
- able to reflect on their own prejudices
- accepting of individuals' unique differences that are the basis of how they live their lives (even if they are different to their own)
- understanding of individuals' rights to hold their own belief systems, attitudes and behaviours.



Key terms

Attitudes are the ways an individual expresses what they think or believe through what they say or do.

Behaviours are the ways in which an individual acts physically and emotionally, for example self-harming or not eating, including when interacting with others.

Prejudices are the negative opinions that you may have of someone, which are not based on experience of interaction.

Acknowledging belief systems, attitudes and behaviours is not always easy. This requires being able to reflect on feedback received from others, for example:

- A health and social care practitioner may be vegan and might openly discuss the benefits of being vegan as a lifestyle choice, since they do not harm or exploit any animals.
- Talking about their personal beliefs may make individuals who are not vegan feel

uncomfortable about eating meat or wearing leather when the health and social care practitioner is present.

- It is therefore important for the health and social care practitioner to acknowledge how their own beliefs may influence others in a negative way. They should reflect on how they could take steps to avoid doing so. For example, they could not talk about their beliefs at work and think carefully about how and what they say, so that individuals do not feel awkward or under pressure when they are around them.
- They could also reflect on the positive and negative feelings they have about different groups of people and think about how these could affect their work. They could discuss these with their manager so that the care and support provided is of a high quality and any prejudices can be addressed.

Influence of factors on own belief system, attitudes and behaviours

Our belief systems, attitudes and behaviours are formed throughout our lives from early childhood to late adulthood. They can be influenced by factors, such as:

The media

What we see on the television, hear on the radio and read about online or in newspapers can influence our beliefs, attitudes and behaviours. For example:

- If you watch a television documentary about how individuals who live alone may be more vulnerable to abuse, then you might be more aware of any neighbours you have who are living on their own, ensuring that you are more vigilant.
- If you hear on the radio that there has been an increase in the number of burglaries in a particular area, then you may believe that the area is unsafe. You might decide to avoid the area and recommend to others that they do the same.

- If you read in an online article that a group of people who live in your area have raised money to keep the local library open, then you might be more likely to visit the library and tell others to do so too.

Family

Family members can be very important to us, especially when influencing our beliefs, attitudes and behaviours. For example, if a close family member believes that eating well and exercising regularly helps them to stay healthy, then this may influence the lifestyle choices that you make.

If you are surrounded by people who behave positively, then this will influence how you think about yourself and others. For example, you may find that you believe in your own potential and are not afraid to share your ideas and opinions with others.

Similarly, if you are surrounded by people who show negative behaviours, then this may also influence your thoughts and attitudes towards others. You may, for example, not trust others or behave in an unfair way towards them.

Peer pressure

Your peers are those who you relate to and who know you well. They might also influence your beliefs, attitudes and behaviours because you may feel under pressure to be like them or remain part of the peer group. For example, you may believe in following a healthy lifestyle that includes not drinking alcohol. However, if all your peers drink alcohol when you go out together, you may feel under pressure to do so too. What you think, say and feel may also be affected by your peers. For example, if your peers at work talk about the positive effects that person-centred ways of working can have on individuals' lives, then you may be more likely to practise these when you provide care and support.

Being aware of how your beliefs, attitudes and behaviours are formed can affect the way

you think, feel and behave towards others. It will enable you to ensure that they do not have a negative impact on the care and support you provide to individuals.

Professional versus personal

All health and social care practitioners are professionals. Therefore, they have important **responsibilities** and sets of behaviours that they are expected to follow. These are essential for providing safe, consistent and high-quality care and support and may include, for example, supporting individuals to make their own choices and respecting their rights.

Sometimes, there may be a conflict between the set of behaviours health and social care practitioners are expected to follow and their own beliefs and behaviours. For example, there may be an individual who is obese and has care and support needs. As a professional, a health and social care practitioner must respect the individual's choice to live their life how they want to. So, if the individual chooses not to follow a healthier lifestyle after being informed about the potential consequences on their health, then the health and social care practitioner must respect this. This may be very difficult to do, especially if the health and social care practitioner believes that following a healthy lifestyle is important and essential for well-being. Perhaps the health and social care practitioner believes this because they have experienced the negative impact this had on a close family member.

To ensure this does not impact negatively on the care provided, the health and social care practitioner must:

- be aware of the differences between their own professional and personal values, beliefs and experiences
- be aware of the professional and personal values, beliefs and experiences of others
- respect the values, beliefs and experiences of others, even if they are different to their own.



Key term

Responsibilities are obligations that are required when carrying out your duties and care at work.

Respect and value diversity

As you will have learned, a health and social care practitioner's day-to-day practices are influenced by their own values, beliefs and experiences and you have been able to consider the importance of appreciating such influence in order to work. The legal and organisational requirements that are in place mean that health and social care practitioners must always treat individuals with dignity and respect when providing care and support. For example, they can do this by treating individuals fairly, respecting their privacy professionally and promoting their independence. Other examples of the ways that health and social care practitioners can show that they recognise, value and respect diversity, include:

- valuing the differences individuals have by encouraging individuals to be their own unique person
- respecting individuals' rights to make their own choices by providing the individual with the information they need
- treating individuals with dignity by valuing their beliefs and preferences while being respectful towards them.

It is important that health and social care practitioners can work in ways that show respect and value diversity, because it is essential for:

- providing safe, compassionate and high-quality care and support
- developing good working relationships with individuals that are based on trust
- developing a good understanding of individuals' differences and person-centred care.

Explain Activity

Identify the values, beliefs and experiences that a health and social care practitioner may have. Explain how these may have been formed using examples. Explain, using examples, the different ways that these can influence the provision of care to individuals in positive ways.



Check your understanding 2

- 1 Give one example of direct discrimination.
- 2 Describe how whistleblowing can be used to challenge discrimination.
- 3 Describe how others can influence a health and social care practitioner's beliefs.

L03 Understand person-centred practice

3.1 The concept of person-centred practice

Your values are unique to you and contribute to what makes you different to others, such as your family and friends. Because your values are important to you, they will also influence the day-to-day choices and decisions you make.

The care and support you provide will also be underpinned by a set of values that are commonly referred to as 'person-centred values'. Applying these values to your practice will ensure that the care and support you provide is high quality and personalised to each individual. You will learn more about these in AC3.2.

Individual central

Person-centred practice involves placing the individual you care for or support at the centre of everything you do. You can do this by

focusing the care and support you provide on the individual's:

- **Strengths** – find out what a person is good at or their unique personality traits in order to respect their individual differences. For example, you may find out that they have a keen interest in sports or observe that they have a very enthusiastic personality. Therefore, you could encourage them to participate in new or alternative sports-based activities and provide opportunities for them to meet other people.
- **Abilities** – focus on what an individual can do rather than what they can't. This will help to empower them and feel in control of their care and support, as they can then lead on their day-to-day decisions. For example, an individual is able to get dressed without any support or can walk for longer distances by using a walking frame. Therefore, you could encourage the individual to continue to get dressed independently or support them to use their walking frame.
- **Needs** – find out what an individual's needs are by asking them and/or those who know them well, such as their family and friends. This means you can support an individual based on their needs, rather than on what you *think* they may need. For example, an individual might say they don't feel confident cooking on their own. Therefore, you could support them by helping them and demonstrating different ways to follow a recipe, so they feel more confident doing this independently.
- **Wishes** – find out what an individual's hopes and wishes are to enable them to feel understood as a person. For example, you could support the individual by helping them to use the internet to book their holiday online and to research the facilities available in the country they wish to travel to, such as disabled access at the airport and at the hotel. Therefore, you could discuss with the individual what support they need in order to plan, carry out and achieve their wishes.

- **Preferences** – find out what an individual's preferences are so you can tailor your care and support to that specific individual. For example, they might ask you what you think they should wear because they don't think they can make good choices on their own. Therefore, you could ask the individual what clothes they like to wear and why, whether they have any favourite items of clothing and if there are any colours in particular they like.

Individual in control

Person-centred practice not only keeps the individual at the centre of their own care and support but also involves supporting the individual to be in control of their life. This also relates to the decisions they make on a day-to-day basis. Imagine how you would feel if others made your decisions for you, or if others ignored your views and opinions. How would this make you feel? Why?

You can ensure that the care and support you provide enables individuals to:

- live as independently as possible and to do as much for themselves as they can. Not doing so denies individuals their right to make their own choices and live their lives the way they want to.
- understand their rights and the support they are entitled to. Not doing so prevents individuals from being in control of their care and support. This might potentially lead to them being discriminated against by being treated unfairly.
- assess the risks they may face. Not doing so prevents individuals from living as independently as possible. You will learn more about how to support individuals to manage risks safely in AC3.2.
- feel that they are respected and valued. Not doing so prevents individuals from developing feelings of self-worth and self-respect that are essential for being in control of their lives.

Working in person-centred ways means that you can contribute to an individual's care and support positively, focusing on their unique needs, wishes and preferences.

Define Activity

Create a poster that defines the concept of person-centred practice. Include examples that support the meaning of person-centred practice.

3.2 How person-centred practice is used to support individuals

Informed choices

You will already know that person-centred practice involves respecting individuals' choices and decisions. To do so, you must provide the individual with the information they need in order to understand the choices and decisions they are making. This information must be presented in a format that they understand. You can only do this if you know the individual's communication needs, i.e. using pictures, speaking in short phrases, etc. You will learn more about how to support individuals with tailored communication later on in this section.

You should also provide individuals with sufficient information about their options when making choices, including the benefits and drawbacks, so that they fully understand the consequences of their decisions. This is referred to as making 'informed choices'.

For example, you can support an individual who wants to go out one evening to make informed choices by discussing with the individual:

- where they want to go out (e.g. to a place they know, or somewhere different or new)
- what they want to do (e.g. go out for a meal, to the cinema, etc.)

- when they want to go out (e.g. morning, afternoon, early or late evening)
- how they want to get there (e.g. taxi or public transport)
- the benefits of going somewhere they know (e.g. they will know how to get there; they will be in familiar surroundings, etc.) and the drawbacks (e.g. they might get bored; the surroundings may have changed since they last went there, etc.)
- the benefits of going somewhere new or different (e.g. it's an opportunity to meet new people or do something different) and the drawbacks (e.g. they might find it uncomfortable to go somewhere different or not like it at all)
- the benefits of using different transport methods (e.g. a taxi means they will arrive at the destination safely; public transport is cheap) and the drawbacks (e.g. a taxi has to be booked for a specific time; public transport may not be as reliable).
- the risks of going somewhere new and how to manage them (e.g. letting someone know where you are, knowing public transport times, etc.). You will learn more about how to support individuals to manage risks later on in this section.

Dignity and respect

Person-centred practice is used to support individuals' **dignity** and respect. This way of working involves health and social care practitioners:

- treating individuals well (i.e. speaking to an individual respectfully and treating them with care)
- showing respect (i.e. listening to and taking into account an individual's rights, views and wishes)
- valuing individuals (i.e. treating them as an individual person with their own needs and preferences)

- promoting individuals' sense of self-worth (i.e. enabling an individual to take risks)
- empowering individuals to be in control (i.e. supporting an individual to take the lead and be actively involved in decisions about their care and support).



Figure 1.6 Do you know how to support an individual's dignity?

Care planning

Person-centred practice involves applying person-centred values when providing care and support to individuals. A care plan is also sometimes referred to as a support plan or individual plan. It includes information about an individual's specific preferences for their care and support. Care plans can be developed and updated by the individual along with others who know them well, such

as a family member. Your manager will then look at the care plan, assess and approve it.

A care plan includes the following information about the individual:

- personal details (e.g. name, date of birth, address)
- their preferences (e.g. likes, dislikes, interests, wishes, hopes)
- their needs (e.g. care and support needs)
- their support network (e.g. the names and contact details of family, those providing care and support).

A care plan can be used to support individuals as part of person-centred practice. This is because it includes information about the individual's:

- ability to manage certain activities by themselves. It focuses on their strengths to encourage them to be as independent as possible.
- need for support. It enables the individual to be fully involved and lead their care and support to achieve what they want to do.
- unique needs, preferences and wishes so that their individuality can be fully supported.



Case scenario

Kimberley has a learning and physical disability and requires support at meal times. Kimberley is worried about sharing a table with others at meal times, because she feels embarrassed that she needs support with both eating and drinking.

- 1 Describe how to promote Kimberley's dignity and respect.
- 2 Describe how to support Kimberley with making informed choices at meal times.
- 3 Explain how Kimberley's care plan can be used to support her at meal times.

Tailored communication

Good communication that is tailored to the individual is essential for providing person-centred care and support. It ensures that you can understand and value the individual for who they are as a person. This can help to build trust and respect, allowing the individual to feel at ease with you.

Health and social care practitioners can support individuals through tailored communication by first getting to know them so that they can build up a picture of who they are (e.g. by speaking with the individual and/or those who know them such as their family, advocate and other health and social care practitioners). In this way, they can find out about their:

- childhood experiences
- family and cultural background
- beliefs and values
- care and support required to meet their needs.

Collating all this information about the individual takes time. It may involve not only speaking to individuals and/or those who know them, but also reviewing other records such as individuals' care plans, communication records, photographs or images.

All individuals have different ways of communicating. Tailored communication enables health and social care practitioners to communicate with the individual in their preferred way that meets their communication and language needs, wishes and preferences. For example, you can use tailored communication with an individual with:

- a **hearing impairment** – for example, by using **British Sign Language (BSL)** or an **interpreter** to ensure the individual is fully involved in the communication,

understands what is being communicated and is able to express what they want to communicate. In addition, the individual may use specialist equipment such as hearing aids or **hearing loops** to communicate with others.

- **dementia** – for example, by using short phrases, avoiding asking too many questions or using unfamiliar language that may confuse the individual or prevent them from understanding what you are communicating. In addition, the individual may benefit from you giving them sufficient time to respond to your communications, as they might process the information they're receiving from you slowly.
- a **learning disability** – for example, by communicating with them using their preferred language. Examples include **Makaton**, a language that uses a combination of signs, symbols and spoken language or the **Picture exchange communication system (PECS)**, a non-verbal communication system that uses symbols and pictures.

Tailored communication also involves being able to communicate effectively with individuals in different situations by observing their responses. This is so that you can understand how they are feeling and communicate with them in a way that shows your support and **compassion**. For example, if an individual appears to be upset, then you can show your support and compassion by asking them if there is anything you can do to help. Similarly, if an individual appears angry, then you can show your support and compassion by communicating to them that you can see that they're angry. You could ask them whether they would like you to give them some time on their own to calm down. It is important to remember that every individual is a unique person and therefore their communication preferences will be personalised.



Figure 1.7 What does tailored communication look like?

Consent

When providing individuals with care and support, you must have their agreement to

do so in order to comply with legislation such as the Mental Capacity Act 2005. You must provide them with the information required to ensure that they understand: this is referred to as 'informed **consent**'. Obtaining individuals' consent when providing care or support is important for working in a person-centred way, because it:

- respects individuals' rights by enabling them to make their own choices and decisions
- places individuals at the centre of their care and support by enabling them to be in control
- promotes individuals' dignity by allowing them to take and manage risks.



Key terms

British Sign Language (BSL) is the sign language used in the UK by individuals who have a hearing impairment. It uses a combination of hand gestures, facial expressions and body language. It is a different language to English with its own grammar and sentence construction.

Compassion refers to delivering care and support with kindness, consideration, dignity and respect.

Dignity involves respecting individuals' choices, views and decisions and not making assumptions about how they want to be treated.

Hearing impairment is a hearing loss that may occur in one or both ears. This can be partial (some loss) or a complete loss of hearing.

Hearing loops are the sound systems used by individuals who use hearing aids. They provide a wireless signal that is picked up directly by the hearing aid, thus minimising any unwanted background noise.

Interpreter is a professional who converts spoken/oral or sign language communication from one language to another. Interpreters

must be good listeners and be able to process and memorise words and gestures while individuals are communicating.

Learning disability can be defined as a reduced ability to think and make decisions, along with difficulties coping with everyday activities, which affect a person for their whole life. For example, an individual with a learning disability may experience problems with budgeting, shopping and planning a train journey.

Makaton is a language programme to support spoken language. It is a method of communication using signs, symbols and speech, following the order of spoken words that is used by individuals who have learning disabilities.

Person-centred practice refers to a way of working that takes into account the individual's whole person and focuses on their unique needs, abilities, preferences and wishes.

Picture exchange communication system (PECS) is a non-verbal method of communication using symbols and pictures.

For example, you can obtain the informed consent of an individual who requires support with eating and drinking by:

- asking the individual how they want to be supported. This could be in relation to preparing themselves to eat and drink (washing their hands); during eating and drinking (cutting food up into manageable pieces); and after eating and drinking (ensuring the area where they've been is left clean).
- discussing with the individual what the support will involve. This could involve responding to the individual's questions and concerns.
- supporting the individual to be in control. This involves supporting the individual to make their own choices and respecting their choices even if you disagree with them.

You may find it useful to review your previous learning in AC3.2 of this unit on what is involved in supporting individuals with informed choices and how this is part of informed consent. Sometimes, it may not be possible for an individual to give their consent because they **lack the capacity** to do so. In these circumstances, a representative such as an advocate may decide on the individual's behalf, providing they act in the individual's best interests. You should speak to the individual's advocate but, in the first instance, you must make every effort to consult the individual.

At other times, it may not be possible to establish consent with an individual. This might be because the individual is undecided or you cannot guarantee whether the individual has given their consent. If this occurs, then you could:

- have another discussion with the individual where you explain the process again. Discuss the benefits, drawbacks, risks and how to manage them.

- seek advice from a more senior colleague, your manager or employer. They may be able to provide further guidance as to what to do to promote good quality care and support.
- consult with the individual's representative where you can discuss your concerns. You will need to check with your manager or employer that this is possible, as this information about the individual is personal and therefore protected when shared with others.

If you still cannot establish consent with an individual, even after trying all these options, then you might have to accept that it is not possible. Your manager or employer may have to seek advice from external organisations such as the courts, who can provide legal clarification, and **Professional Councils** who can provide additional support.



Key terms

Consent refers to an informed agreement to an action or decision.

Lack the capacity refers to when an individual is unable to make a decision for themselves because of a learning disability or a condition, such as dementia, a mental health need or because they are unconscious.

Professional Councils are organisations that regulate professions, such as adult social care workers who work with adults in residential care homes, in day centres and who provide care in someone's home. They can provide advice and support around working with individuals who lack capacity to make decisions.

Risk management

Taking risks is part of day-to-day life.

Individuals who have care and support needs will also have the same rights as everyone else to take risks. Supporting individuals to take risks is an essential part of person-centred practice because it can impact on individuals positively, helping them to fulfil their potential and live their life in the way that they want. You

will learn more about the positive impacts of person-centred practice on individuals in AC3.3.

Health and social care practitioners can support individuals through person-centred practice to manage risks positively. They can do this by discussing the risks with the individual; explaining what the risks are; how they can be managed safely; and how not to cause any harm. It is also important for health and social care practitioners to empower individuals to take risks so that they can build their resilience and grow in confidence.

For example, an individual might enjoy going for walks but is at risk of falling. You can support them by:

- identifying the risks with the individual (e.g. falling over, slipping, tripping)
- managing the risks safely (e.g. ensuring they go out for walks only when supported by someone else or by using a walking aid)
- exploring the benefits of taking the risks (e.g. walking is good exercise, which is beneficial for their health and overall well-being)

- exploring the consequences of not taking the risks (e.g. their mobility may deteriorate over time).

Evidence Activity

Identify the needs of an individual who requires care and support: this can be a fictitious person or someone you know. Remember not to use any real names if it's someone you know to protect the individual's confidentiality.

Describe how person-centred practice is used to support the individual to make their own informed choices and manage risks safely.

3.3 Impacts of person-centred practice on individuals

Person-centred practice impacts positively on individuals and their lives and, for this reason, it underpins all high-quality care and support delivered by health and social care practitioners. **Table 1.4** includes some examples of the positive impacts of person-centred practice on individuals:

Table 1.4 Impacts of person-centred practice on individuals

Impacts of person-centred practice on individuals	Examples of the benefits
Meets individual needs (social, emotional, cognitive and physical)	<ul style="list-style-type: none"> ● Social needs – individuals are encouraged to take an active part in their own care and support, which might include trying out new activities, going out to different places, meeting people, making friends or developing existing relationships. ● Emotional needs – individuals are encouraged to express their views, preferences and what they are thinking and feeling. Individuals need to know that they are being listened to, taken seriously and have their emotional needs met. ● Cognitive needs – person-centred practice supports individuals to develop their knowledge and understanding of their own ideas and thoughts, for example by providing them with opportunities to learn and think so that they are mentally stimulated. ● Physical needs – person-centred practice encourages individuals to do as much for themselves as possible, for example by encouraging them to develop their mobility skills when performing everyday tasks, such as walking and sitting upright, and their hand skills when brushing their teeth and eating with a knife and fork.

Impacts of person-centred practice on individuals	Examples of the benefits
Individual rights	<ul style="list-style-type: none"> ● Dignity – promote individuals' self-respect by enabling them to do as much for themselves as possible and be fully involved in all choices and decisions that impact their lives. ● Respect – promote ways of working that are respectful, treating individuals as their own person with their unique strengths, beliefs, needs and preferences. ● Fulfil their capacity – enable individuals to identify their strengths, abilities, needs and the support they require to live the lives they want and to achieve their hopes and wishes.
Independence	<p>Person-centred practice:</p> <ul style="list-style-type: none"> ● enables individuals to become more reliant on themselves rather than on others, such as health and social care practitioners and their families. This is to reduce their dependency on others. ● encourages individuals to focus on their own strengths and abilities and on what they can do rather than on what they can't. This helps the individual to increase their confidence and become more independent. ● empowers individuals to learn new skills and have different experiences, accessing the support they require to become more independent.
Decision-making and confidence	<ul style="list-style-type: none"> ● Making their own choices and decisions helps individuals to feel more in control of their lives and therefore more confident in their own abilities. ● Person-centred practice helps to focus on the individual and their preferences, which underpins their overall well-being. ● Individuals also learn how to take and manage risks, developing their self-esteem by increasing confidence in their own worth and abilities.
Health and well-being	<p>Person-centred practice can:</p> <ul style="list-style-type: none"> ● lead to good health and overall well-being because it focuses on the person as a whole along with their individual traits. ● impact positively on an individual's cultural requirements because it involves understanding their personal history and family background. Taking a genuine interest in who the individual is will increase their sense of self-worth and therefore promote their well-being. ● impact positively on individuals' mental health and well-being because it is a way of working that supports individuals to think positively and develop helpful ways of managing risks and responding to their feelings as well as new and different situations.



Figure 1.8 Do you know how to support an individual's independence?

Classroom Discussion

Discuss the importance of person-centred practice when providing care and support to individuals. Give examples of the benefits of person-centred practice on individuals.

3.4 Ethical dilemmas that may arise when balancing individuals' rights and duty of care

All health and social care practitioners are legally required to have a duty of care towards the individuals that they care for and support. This means that they must:

- always act in the best interests of individuals when carrying out their responsibilities. They must support an individual's rights to privacy, dignity and respect.
- make sure that individuals are not placed in any danger and are kept safe from harm. They must report any changes in an individual's behaviour that concerns them.
- always take action to prevent harm to individuals. They must discuss any risks with an individual, including the benefits and drawbacks of taking the risks.
- only carry out the work tasks that they are able to and have the required knowledge and skills to do so. They must be aware of their responsibilities and the agreed ways of working that must be followed.

Not maintaining the duty of care to individuals can have serious consequences, which **Figure 1.9** illustrates.

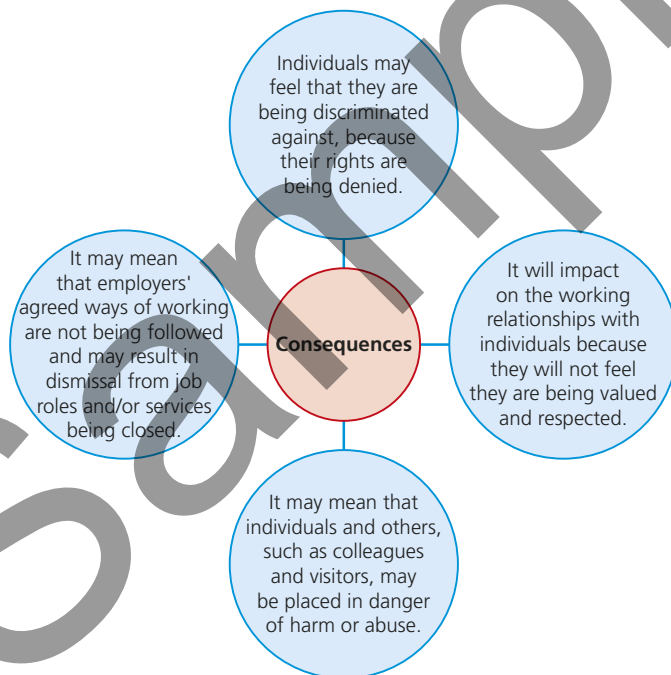


Figure 1.9 Consequences of health and social care practitioners not maintaining their duty of care

Sometimes, ethical dilemmas or conflicts may arise between the duty of care and individuals' rights because:

- health and social care practitioners' responsibility to fulfil their duty of care may be in direct conflict with an individual's rights
- individuals may not understand the duty of care health and social care practitioners have towards them and/or others
- individuals and health and social care practitioners may not be able to agree on how to manage a risk safely.

Confidentiality

Confidentiality is important for person-centred practice because health and social care practitioners must always respect individuals' personal information, their rights to privacy and only share individuals' personal information with others when there is a reason to do so. Sometimes, ethical dilemmas can arise because although individuals have the right to have all personal information held about them kept private, there may be occasions when the duty of care requires health and social care practitioners to share confidential information with others who need to know. This process is referred to as sharing confidential information on a '**need-to-know**' basis. For example, this may be when an individual requires hospital treatment or an individual discloses that they are being abused. In both these situations, not sharing confidential information may result in the individual's condition deteriorating and/or the individual continuing to be harmed.

Health and social care practitioners can ensure they follow person-centred practice when sharing individuals' confidential information by:

- informing the individual. In some cases, the individual's consent may also need to be obtained to ensure that their rights to dignity and respect are being maintained.

- informing the individual's representative when the individual lacks capacity and is unable to give their consent. This is to ensure that they are acting in the individual's best interests.
- checking the identity of those requesting confidential information and the purpose of their request. This is to ensure that only information that is necessary and relevant is shared.
- following their employer's agreed ways of working for confidentiality. This will include how, when and from whom to seek advice, in order to ensure they are complying with their responsibilities.

Managing values and beliefs

Ethical dilemmas may also arise when individuals' values and beliefs conflict with health and practitioners' duty of care. For example, an individual may have a strong belief that a poor diet will not damage their health, because their father ate many processed foods and lived until he was 94 years of age. The individual is entitled to have their own beliefs and make their own choices, but at the same time, the health and social care practitioner is required to promote the individual's health and well-being. In this situation, the health and social care practitioner could state that they respect the individual's choices and beliefs, but still inform the individual of the potential negative effects of a poor diet on their health and provide them with information about the benefits of eating well.

Risk taking

Taking risks, although essential for person-centred practice, can also lead to ethical dilemmas arising between health and social care practitioners' responsibilities to maintain individuals' safety while also promoting their right to take risks. For example, an individual with a learning disability may have considered all the potential benefits and

drawbacks of going on holiday on their own. They might decide that they do want to go on their own and they have the capacity to make this decision. The health and social care practitioner must respect their right to make their own decisions and cannot prevent them from going on holiday alone. In this situation, the health and social care practitioner could fulfil their duty of care by suggesting different ways to stay safe, such as not meeting up with people who they don't know in an isolated place and only going to places that have been recommended by their tour guide.

Rights versus responsibilities

Supporting individuals' rights can at times conflict with the responsibilities that health and social care practitioners are required to carry out as part of their duty of care. For example, an individual who has early stages of dementia may want to continue to go shopping on their own. If they have the capacity to make this decision, then it is their right to maintain their independence for as long as they are able to and cannot be prevented from doing so. In this situation, the health and social care practitioner could explain to the individual their responsibility for ensuring their safety when going out. They could agree on measures that they could put in place together, such as the individual letting them know where they're going and how long they will be out for.



Key term

Need-to-know refers to the process of sharing confidential information with others who need it, i.e. when an individual discloses that they are being harmed.

Managing ethical dilemmas that may arise between individuals' rights and the duty of care effectively requires health and social care practitioners to be sensitive and skilful in using person-centred practice to overcome these.

Description Activity

Identify a situation that may cause an ethical dilemma to arise when balancing an individual's rights and the duty of care.

Describe what the ethical dilemma is and outline the different ways to manage the individual's rights and the health and social care practitioner's responsibilities.



Check your understanding 3

- 1 Give one example of how person-centred practice is used to support individuals.
- 2 Describe how person-centred practice can influence an individual's independence.
- 3 Describe an ethical dilemma that may arise between an individual's rights and the duty of care.

Read about it

Care Quality Commission [2018] 'Equally outstanding Equality and human rights – good practice resource', Care Quality Commission

Skills for Care [2018] 'Good and outstanding care guide – updated', Skills for Care

Care Quality Commission (CQC) – (information about the Mental Capacity Code of Practice) www.cqc.org.uk/sites/default/files/Mental%20Capacity%20Act%20Code%20of%20Practice.pdf

Care Quality Commission (CQC) – (information about whistleblowing) www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-staff

Equality and Human Rights Commission – (information about the European Convention on Human Rights) www.equalityhumanrights.com/en/what-european-convention-human-rights

Equality and Human Rights Commission – (information about the Equality Act 2010) www.equalityhumanrights.com/en/equality-act-2010/what-equality-act

Equality and Human Rights Commission – (information about types of discrimination) www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination

Government Equalities Office – (information about equality legislation and policy) www.gov.uk/government/organisations/government-equalities-office

Skills for Care – (information about the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England) www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf

The British Institute of Human Rights – (information about the Human Rights Act 1998) www.bihhr.org.uk/thehumanrightsact

UNICEF – (information about the United Nations Convention on the Rights of the Child 1989) www.unicef.org.uk/what-we-do/un-convention-child-rights/

How will I be graded?

The table below shows what learners must do to achieve each grading criterion. Learners must achieve all the criteria for a grade to be

awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Grade	Assessment Criteria number	Assessment of learning/What you need to show
D1	1.1	The terms: <ul style="list-style-type: none"> equality diversity inclusion. Examples may be used to support the definitions.
D2	1.2	Outline one (1) piece of legislation, policy, procedure or code of practice in relation to equality, diversity and inclusion.
D3	1.3	Describe how the health and social care practitioner contributes to inclusive practice. Examples may be used to support the description.
D4		A minimum of one (1) relevant and traceable reference must be included.
C1	2.1	Summarise types of discrimination. A minimum of three (3) types of discrimination must be summarised.
C2	2.2	Describe approaches to challenge discrimination. A minimum of two (2) approaches used to challenge discrimination must be described.
C3	3.1	Define the concept of person-centred practice. Examples must be used to support the definition.
B1	2.3	Explain how the health and social care practitioner's own values, beliefs and experiences can influence delivery of care.
B2	3.2	Describe how person-centred practice is used to support individuals.
B3		A minimum of two (2) relevant and traceable references must be included. A reference list must be included.
A1	3.3	Discuss impacts of person-centred practice on individuals. A minimum of four (4) impacts of person-centred practice on individuals must be discussed.
A*1	3.4	Describe ethical dilemmas that may arise when balancing individuals' rights and duty of care. A minimum of one (1) ethical dilemma that may arise when balancing an individual's rights and duty of care must be described.
A*2		References must be present throughout to show evidence of knowledge and understanding gained from wider reading. References must be relevant and traceable.
		Current legislation as relevant to Home Nation.