

CACHE TECHNICAL
LEVEL

3

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nurturing achievement

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Extended Diploma in Health & Social Care

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How to use this book

This textbook will provide you with the knowledge and understanding required for the following qualifications:

The Technical Level 3 Extended Diploma in Health and Social Care (601/8435/8) and the Level 3 Extended Diploma in Health and Social Care (601/6110/3).

Please note that unit HSC DM3.1 Anatomy and Physiology for Health and Social Care is assessed by examination at Technical Level and excludes any skills-based outcomes.

Note: The legislation covered in this book is correct at the time of writing. However, you should keep up-to-date with any changes to legislation. The Children and Social Work Act 2017 was introduced just before the publication of this book, and is not covered here. This has meant changes to Local Safeguarding Boards and Serious Case Reviews. For further information on any changes that affect the content of this book, visit <https://tinyurl.com/lt4dozz>

Key features of the book

Learning Outcomes

L01: Understand the key elements of development across human lifespan

1.1 Identify the life stages of human development

1.2 Describe social, emotional, cognitive and physical developments within each life stage

L02: Understand theories of human growth and development

2.1 Describe theories of human growth and development

Prepare for what you are going to cover in the unit.

About this unit

The aim of this unit is to provide knowledge and understanding of human growth and development through the human lifespan. It will explore changes across the lifespan and theories of human growth and development. Finally, it will explain some of the significant life events and the potential impact these can have on individuals. This unit has relevance to health and social care in that practitioners work with people of all ages.

Understand some of the key issues with this short introduction to the unit.

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L01: Understand equality, diversity and rights in health and social care

1.1 Define the terms equality, diversity, inclusion and discrimination

Understand all the requirements of the qualification with clearly stated learning outcomes and assessment criteria fully matched to the specification.



Key term

Duty of care – a care practitioner's legal duty to act in the individuals' best interests and keep them safe from danger, harm and abuse

Understand important terms.

Activity (AC 1.1, 1.2, 1.3)

Imagine you have been asked to produce a training session for care assistants in a new service that provides care and support to older people. Your training materials must include:

- a *definition* of the terms equality, diversity, inclusion and discrimination. A definition means that you need to state the meaning of these terms in a health and social care context.
- an *explanation* of how individuals' rights are promoted in health and social care services. An explanation means that you need to provide a clear account of your understanding, with examples of how individuals' rights are promoted and why.
- a *discussion* of ethical dilemmas that may arise when balancing individual rights and duty of care. A discussion means that you need to present and explain more than one ethical dilemma.

Prepare a slideshow or flipcharts for your training session to support the points above.

Test yourself with various tasks and knowledge-based questions to help enhance your understanding of assessment criteria.

Command word activity

Explain (AC 3.1)

Create a pamphlet aimed at new parents. It should explain the challenges and benefits of parenthood, and explain how a new sibling can affect the family dynamics.

Test your knowledge with activities specifically linked to command words, such as Describe, Explain, Evaluate and Analyse.

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Case Scenario: Taking risks (AC 1.3, 5.1, 5.2, 6.1)

Jeremy is a mental health support worker to a young adult, Michael, who lives in a flat on his own. He provides support with day-to-day activities such as cooking, household cleaning and shopping. Part of Michael's plan of support, states that two support workers must always be present when supporting Michael with shopping as he can become very anxious when outside his home.

Consider real life issues and scenarios.

Take it further

For more information on promoting dignity in care visit the Social Care Institute for Excellence's (SCIE) website and their dignity in care video films: www.scie.org.uk

Enhance your understanding of a topic with helpful cross references, suggestions for further reading and research encouraging you to explore an area in more detail.



Classroom Discussion

Identify two examples of ethical dilemmas that may arise in health and social care (you can use any of the examples included in Table 1.1). For each one, discuss the reasons why it is an ethical dilemma, the conflicts that may arise when balancing individual rights and duty of care as well as different perspectives.

Work in groups to reflect on topics, discuss and share ideas.



Check your understanding

1. What is the meaning of safeguarding adults?
2. Can you name the two principles that underpin the safeguarding of children?
3. Can you give two examples of how safeguarding protects individuals?
4. Can you give two examples of how health and social care practitioners can safeguard themselves when providing support to individuals?

Test your knowledge and understanding of each learning outcome.

Read about it

Argyle, M. (1972) *The Psychology of Interpersonal Communication*. Harmondsworth: Pelican.

Websites

Bridge School (2010) Speech Generating Devices accessed from: <https://www.bridgeschool.org/transition/multimodal/sgd.php>

HRA Our Committees Accessed from <http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/>

Includes references to books, websites and other sources for further reading and research

| | | Assessment grading criteria | Assessment of learning / What you need to show |
|----|-----|---|--|
| D1 | 1.1 | Explain what is meant by 'safeguarding' | The explanation of safeguarding must: <ul style="list-style-type: none">• show accurate understanding of the meaning of safeguarding• relate safeguarding to the context of health and social care. |

Understand how you will be assessed and graded with these tables from the specification.



HSC CM1

Equality, Diversity and Rights in Health and Social Care

Learning outcomes

L01: Understand equality, diversity and rights in health and social care

1.1 Define the terms:

- equality
- diversity
- inclusion
- discrimination.

1.2 Explain how rights are promoted in health and social care services

1.3 Discuss ethical dilemmas that may arise when balancing individual rights and duty of care

L02: Understand how to work in an inclusive way

2.1 Explain how to promote equality and support diversity

2.2 Describe how to challenge those not working inclusively in a way that promotes change

2.3 Explain how to support others in promoting equality and rights

L03: Understand legislation and codes of practice in relation to inclusive practice in health and social care settings

3.1 Summarise legislation and codes of practice relating to equality, diversity, inclusion and discrimination

L04: Understand the role of the health and social care practitioner in relation to inclusive practice

4.1 Evaluate the role of the health and social care practitioner in meeting individuals' needs through inclusive practice

About this unit

Promoting equality, diversity and human rights is essential for preventing discrimination when accessing health and social care services. Creating an inclusive environment for individuals is integral to providing high-quality and effective care and support. In this unit you will learn about equality, diversity, inclusion and discrimination in relation to health and social care. Having an awareness of these terms is not enough; you must also know and understand how these can be put into practice on a day-to-day basis, across a variety of settings where care and support

are provided. You will also, therefore, learn more about how equality, diversity, inclusion and rights can be promoted and discrimination prevented in health and social care services.

An understanding of relevant legislation and codes of practice that underpin the promotion of equality, diversity and inclusion, will help you to further develop knowledge and understanding of inclusive practice and the role of the health and social care practitioner in meeting individuals' unique and diverse needs.

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L01: Understand equality, diversity and rights in health and social care

1.1 Define the terms equality, diversity, inclusion and discrimination

What does equality mean?

Equality means treating every person fairly and valuing every person as an individual. It also means supporting people's rights and ensuring every person has equal rights and opportunities to improve their lives and achieve their full potential through, for example, pursuing a career of their choice, learning a new skill or activity or being able to socialise with their friends.

Equality applies not only to the people accessing services and their parents, families and friends, but also to all those who work within health and social care services and external organisations such as Social Services and other **voluntary sector organisations** including the mental health charity MIND and the Royal National Institute for the Blind (RNIB) that provides practical support, information and advice.

| Equality does involve... | Equality does not involve... |
|--|--|
| treating every person as an individual | treating every person the same |
| treating every person fairly | treating some people unequally |
| supporting every person's rights | not respecting every person's rights |
| providing every person with access to the same life opportunities as everyone else | denying some people access to the same life opportunities as everyone else |



Key term

Voluntary sector organisations also known as third sector organisations and are not for profit such as charities

What does diversity involve?

Diversity involves recognising that every person is unique and different. Valuing the importance of these individual differences allows the sharing of different views and ideas as well as the development of a culture in which everyone can participate in. Figure 1.1 below provides examples of some of the differences that may exist between people that make them unique.

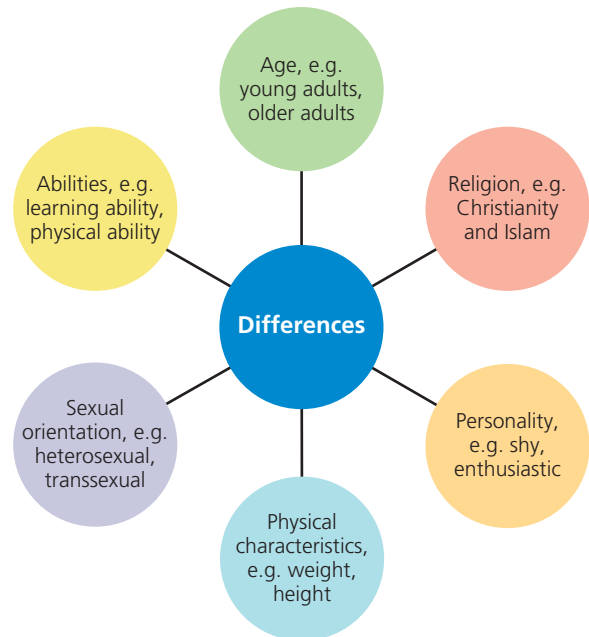


Figure 1.1 What makes you unique?



Key terms

Christianity a religion based on the life and teachings of Jesus Christ

Islam a religion followed by Muslims that teaches that there is one God (Allah) and that Muhammad is its prophet

Heterosexual a person that is sexually attracted to people of the opposite sex

Transsexual a person that may assume the gender role of the opposite sex and undergo treatment to acquire the physical characteristics of the opposite sex

Health and social care services in the UK reflect the diversity of the population including the needs of everyone who uses them and works in them. In order to be able to develop positive working relationships with **individuals** and **others** and provide safe, effective, compassionate and high-quality care it is important to find out and understand the diversity that exists in people's day-to-day lives.



Key terms

Individuals persons accessing health and social care services

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



Key terms

Learning disabilities refers to individuals who have a reduced ability to learn new skills, carry out daily living activities, understand complex information and interact with other people

Mental health needs refer to individuals that have a mental health illness that affects the way they think, feel and behave

Depression a low mood that continues for a long period of time and affects day-to-day living

Anxiety and panic attacks the physical and emotional negative sensations experienced as a result of worry and fear

Dementia refers to a group of symptoms that may include memory loss and/or difficulties with thinking or language

Alzheimer's refers to a disease that is the most common cause of dementia

Activity

Read through the three case scenarios below that focus on different health and social care settings, and then answer the questions that follow.

Scenario 1: NHS hospital:

Andrei has been working as a health care assistant across a number of hospital wards for two years; Andrei works full time and variable day, night and weekend shifts. Mandy has six years of experience as a health care assistant and has worked across a number of different wards and hospitals. She works alongside Andrei but only on a part-time basis because she provides care and support to her elderly father who lives with her and her family.

Scenario 2: A supported living service

Robinson House is a supported living service for four individuals who have **learning disabilities and mental health needs** and require support with daily living. Dean is 44, has a mild learning disability and **depression** and lives on the ground floor; he likes going out to socialise with his friends. Liam, is 40, has a mild learning disability, **anxiety and panic attacks** and lives on the first floor; he likes spending time with his nephew. Ana, 40 and Marina, 42 have mild learning disabilities and depression; they share the top floor and enjoy gardening and going to the gym.

Scenario 3: A day centre

Trent Day Centre is a service for individuals who have **dementia**. A team of volunteers provide support to individuals to participate in a range of activities including singing, arts and walking. David has recently become a volunteer after having been diagnosed with **Alzheimer's**. Stuart has been a volunteer for three years and provides support to his father who attends twice a week. Lina has been a volunteer for four years and runs a Spanish group for all those interested in learning more about Spain, its language, food and music.

1. In what ways are health care assistants Andrei and Mandy different from each other in Scenario 1?
2. What differences are there between Dean, Liam, Ana and Marina in Scenario 2?
3. How do volunteers, David, Stuart and Lina differ from each other in Scenario 3?

What is meant by the term inclusion?

The term inclusion means a lot more than being included; it involves having a meaningful role in society as well as being supported to feel respected and develop a positive sense of well-being. Additional information about other key aspects of inclusion that is integral to high-quality care is provided below:

Individualised support

Nurturing confidence in one's own abilities

Controlling one's own life, care and support

Living life with a sense of belonging

Understanding and feeling respected and valued

Supporting positive relationships between individuals and others

Increasing participation in life opportunities

Openly engaging in community life and society

Nurturing support and commitment from others to fulfil own potential

What is the meaning of discrimination?

The term discrimination refers to the unfair or unequal treatment of an individual or a group. All those who access, live and work in health and social care services have a right not to be discriminated against. The Equality Act 2010 sets out the different types of discrimination that exist; you will learn more about these in Learning Outcome 3.

Discrimination usually occurs when an individual or group treats another individual or group worse than they would others because of their unique differences. Being discriminated against can lead to low life expectations, poor self-esteem, reduced mental and physical well-being, as well as a reduction in life opportunities. For example, if a young man who has autism is denied support to move to independent living because of his condition, then, not only is he being treated unfairly but he is also being prevented from living his life how he wants to and being denied the

Command word activity

Describe (AC 1.1)

Take it in turns to test your partner's understanding of the terms inclusion and discrimination in relation to health and social care. Agree on a definition for each.

opportunity and experience to learn and develop new independent living skills. If you were this young man, how would you feel?

Similarly, if a group of older people were denied access to a running group because of the running group's preconceived and unfair opinion that older people will be more at risk of acquiring serious injuries then this is disempowering this group of older people from pursuing their interests and engaging in their local community. Again, if you were in this situation, how would you feel?

1.2 Explain how rights are promoted in health and social care services

Individuals who access health and social care services must have their rights upheld. In the UK these rights form part of the Human Rights Act 1998 and are underpinned by the principles of dignity, equality and respect.

As well as the right to be treated with respect, equality and dignity, individuals in health and social care services also have the right to:

- privacy
- independence and choices
- be protected from danger, harm and abuse
- be involved in their care and support
- be provided with care, support and services that meet their needs, strengths, abilities, preferences and choices
- communicate and have information communicated to them using their preferred methods of communication
- access and be supported with understanding information relevant to them.

Take it further

For more information on relevant legislation in health and social care you will find it useful to read LO3 in this unit and Unit HSC CM8 (LO1).

The promotion of individuals' rights in health and social care enables care practitioners to provide good-quality, safe and effective care and support.

Promotion of individuals' rights to respect, dignity, privacy, independence and choice

The *right to respect* involves taking into account individuals' views, feelings and wishes such as addressing the individual by their preferred name, taking into consideration their feelings and preferences when discussing their current care and support needs. The *right to dignity* involves providing care and support to individuals that raises their **self-esteem** and enables them to feel valued such as speaking to an individual politely and in a way that is not undermining or demeaning and ensuring their *right to privacy* is respected when being supported with maintaining their personal hygiene, for example by having doors closed and curtains drawn.

The *right to independence* involves individuals being encouraged to do as much as possible for themselves within their own abilities in all aspects of their lives and being supported with living their lives fully and how they wish. It is important, because enabling individuals to complete independent activities brings with it control, a sense of achievement and **self-fulfilment** that can positively enhance both their mental and physical well-being. Promoting



Figure 1.2 How can independence impact on individuals' lives?

independent activities will vary for individuals and may involve making a cup of tea, getting dressed, writing to a family member, visiting a friend, going out on public transport or learning a new hobby. Promoting independence can also positively impact on the relationships between care practitioners and individuals by instilling trust, encouraging positive interactions and developing happy memories of the time spent together.

The *right to choice* involves individuals being given all the information they need and in a form that they can understand to be able to make their own decisions in all aspects of their lives. This may involve day-to-day decisions such as what to wear, what to eat, what time to get up, what time to go to bed, how to spend the day as well as more complex decisions such as how their care and support is provided, that is, what services to access, how they would like the support provided and by whom.

Take it further

For more information on promoting dignity in care visit the Social Care Institute for Excellence's (SCIE) website and their dignity in care video films: www.scie.org.uk



Key terms

Self-esteem the value or confidence individuals place on themselves

Self-fulfilment following and achieving hopes and wishes

Command word activity

Explain (AC 1.2)

1. Give examples of how individuals' rights to respect, dignity, privacy, independence and choice can be promoted in the following care settings:
 - a. in hospital
 - b. in a residential care home.

Promotion of individuals' rights to be protected from danger, harm and abuse

The *right to be protected from danger, harm and abuse* involves the promotion of individuals' safety from both actual and potential danger, harm and abuse by not only protecting individuals when these do occur, but also by preventing these from taking place. Danger, harm and abuse can occur in different environments; for example, in residential care settings, in individuals' own homes, in community settings such as the shops, park and on public transport. The risk of harm can involve different people including family members who live or care for the individual, care practitioners who support the individual, other professionals and members of the general public. Care practitioners can protect individuals from danger, harm and abuse by:

- identifying potential dangers, harm and abuse before they occur, e.g. a wet bathroom floor that may cause an individual to slip over; an individual who may be vulnerable to being taken advantage of because they have a disability
- reporting and recording dangers, harm and abuse when they occur, e.g. reporting a faulty television in a **nursing home** to the manager; recording in the incident book of a **day centre** that an individual had a fall; reporting and reporting potential **physical abuse** of an individual to the nominated **Designated Safeguarding Officer**
- keeping up to date with how to promote individuals' rights to be protected from danger, harm and abuse, e.g. by health and social care settings raising awareness through training, information updates, policies and procedures.



Key terms

Nursing home a residential care setting that provides nursing care

Day centre a setting that provides care and activities for individuals

Physical abuse unwanted bodily contact with an individual that causes pain, injury or harm

Designated Safeguarding Officer the person that takes on the lead for safeguarding in an organisation

Take it further

For more information on protecting individuals from danger, harm and abuse you will find it useful to read the following units: HSC DM2: Protection of children, young people and adults in health and social care (LO2) and HSC CM3: Safeguarding in health and social care (LO5, LO6).

Promotion of individuals' rights to care and support that reflect their identity and diversity

The *right to care and support that reflects identity and diversity* involves accepting and valuing individuals' differences by getting to know who they are and supporting them to live their lives in line with their unique views, preferences and beliefs. This may involve supporting individuals to practise their faith and respecting individuals' beliefs in relation to the way all daily activities are carried out including, for example, in relation to:

- personal hygiene: e.g. preferences over being supported by a male or female carer
- eating, e.g. beliefs over whether to eat meat or vegetarian food
- dressing, e.g. beliefs over how to dress and what to wear.

Promotion of individuals' rights to effective communication

The *right to effective communication* involves care practitioners being aware of individuals' communication preferences and needs and using a variety of methods to communicate with

Take it further

For more information on effective communication you will find it useful to read Unit HSC CM4 (L02).

individuals such as using key words and phrases, sign language, pictures, symbols, photographs or an interpreter. It is important because, when communication is effective working relationships between care practitioners and individuals can develop and, in turn, enhance the quality of the care and support provided through the development of mutual trust, respect and understanding.

1.3 Discuss ethical dilemmas that may arise when balancing individual rights and duty of care

Ethical dilemmas may arise in health and social care because care practitioners are supporting individuals to live their lives as they wish, which may conflict with their professional **duty of care** towards them. Table 1.1 provides details of different ethical dilemmas that care practitioners may face when balancing individuals' rights with their duty of care.

**Key term**

Duty of care a care practitioner's legal duty to act in the individuals' best interests and keep them safe from danger, harm and abuse

**Classroom discussion (AC 1.3)**

Identify two examples of ethical dilemmas that may arise in health and social care (you can use any of the examples included in Table 1.1). For each one, discuss the reasons why it is an ethical dilemma, the conflicts that may arise when balancing individual rights and duty of care as well as different perspectives.

Take it further

For more information on dilemmas when balancing the rights of the individual against the health and social care practitioner's duty of care, you will find it useful to read Unit HSC DM1 (L02).

Table 1.1 Examples of ethical dilemmas

| Ethical dilemmas | Examples |
|---|---|
| <i>An individual's right to independence</i> | Ana has dementia and gets confused and disorientated when out, sometimes for long periods of time. Ana wants to continue with her weekly visits to her daughter, who lives 3 miles away; Ana's carer is concerned about her safety and her getting lost. |
| <i>An individual's right to choice</i> | Jordan has depression and lives on his own. He prefers to stay in bed all day and chooses not to get up until 6 p.m. in the evening. Jordan's mental health support worker is concerned about his well-being and his lack of activity during the day. |
| <i>An individual's right to confidentiality</i> | Jolanda is 75 and has a good relationship with her son who visits her every day. Jolanda tells her home carer that her son asked her for money again and so she thought she had better give it to him. Jolanda tells her home carer to not tell anyone about this as she does not want her son to find out. |
| <i>An individual's right to respect</i> | Lina is 23 and has a learning disability. She has found out that she is pregnant and wants to have a termination. She asks her support worker to accompany her to the hospital. Her support worker holds religious beliefs that do not agree with terminations. |
| <i>An individual's right to dignity</i> | Aidan is 84 and lives with his wife who is his sole carer. The social worker visits and notices that Aidan is only partly clothed and not wearing any trousers. Aidan's wife explains that this is because it is easier for her when supporting him to use the toilet. |

Activity (AC 1.1, 1.2, 1.3)

Imagine you have been asked to produce a training session for care assistants in a new service that provides care and support to older people. Your training materials must include:

- a *definition* of the terms equality, diversity, inclusion and discrimination. A definition means that you need to state the meaning of these terms in a health and social care context.
- an *explanation* of how individuals' rights are promoted in health and social care services. An explanation means that you need to provide a clear account of your understanding, with examples of how individuals' rights are promoted and why.
- a *discussion* of ethical dilemmas that may arise when balancing individual rights and duty of care. A discussion means that you need to present and explain more than one ethical dilemma.

Prepare a slideshow or flipcharts for your training session to support the points above.



Check your understanding

1. What do the terms equality and diversity in health and social care mean?
2. What do the terms inclusion and discrimination in health and social care mean?
3. Give three examples of the rights individuals in health and social care have. How can these rights be promoted?
4. What is the meaning of the term 'duty of care'?
5. Give two examples of how and why ethical dilemmas in health and social care may arise.

L02: Understand how to work in an inclusive way

Having gained a greater understanding about individuals' rights in health and social care and how equality and diversity underpin these, you will now learn more about how working in an inclusive way links to promoting individuals' rights to be treated fairly and in line with their specific needs.

2.1 Explain how to promote equality and support diversity

There are many different ways to promote equality and support diversity in health and social care to ensure that individuals feel valued.

Promoting equality

Some ways of promoting equality include:

- respecting the rights of individuals, e.g. to privacy, dignity, independence
- working in **inclusive ways** with individuals, e.g. as the experts of their own care and support, as citizens
- providing equal opportunities for individuals, e.g. using an individual's preferred communication methods to enable their participation, adapting the environment to meet individuals' learning and physical needs, such as by ensuring it is not cluttered and is accessible for individuals who have poor mobility
- being **impartial**, i.e. not allowing your own beliefs and values to influence the care and support that you provide to individuals
- not engaging in **discriminatory practices**, challenging and reporting all discrimination.

Supporting diversity

Supporting diversity can include:

- treating individuals as unique, i.e. with their own unique needs, preferences, wishes
- understanding and valuing individuals' differences, e.g. enabling individuals' choices and preferences over what to wear, what to eat
- taking into account individuals' differences, e.g. considering special dietary requirements and preferences, providing opportunities for individuals to share their beliefs
- supporting the **empowerment** of individuals, so that they can make decisions about their care and access services that meet their needs
- providing good-quality care and support that is centred on the individual, their unique likes, needs, abilities, preferences and fulfils care practitioners' duty of care.



Figure 1.3 Supporting diversity

Take it further

For more information on empowerment in health and social care, you will find it useful to read Unit HSC DM1 (L01); and for supporting the communication needs and preferences of individuals, you will find it useful to read Unit HSC CM4.

Command word activity

Explain (AC 2.1)

Develop a short presentation that includes good practice examples of the different ways that health and social care settings promote equality and support diversity. To help you prepare your presentation you can search the internet for examples of organisations' equality and diversity policies and procedures, or you can visit health and social care settings and speak with the people who work in these. Remember to reference clearly the sources you used.



Key terms

Inclusive ways ways of working that provide individuals with equal opportunities so that they can be included

Impartial fair and objective

Discriminatory practices showing unfair treatment of individuals because of their differences

Empowerment enabling and supporting individuals to be in control of their lives

2.2 Describe how to challenge those not working inclusively in a way that promotes change

It is very important for health and social care practitioners to work in inclusive ways and equally important for them to know how to challenge those not doing so constructively and positively. For example, non-inclusive practices can include not responding to an individual because they do not make a fuss, not giving individuals the opportunity to make their own choices and decisions and not providing individuals with information in a format that they can understand and meets their needs. Non-inclusive practices may be deliberate or accidental; either way they must always be challenged and not tolerated or ignored. Not doing so may mean that working practices continue to become more discriminatory and that care practitioners fail in their duty of care. Here are some guidelines for how you can effectively challenge practitioners to work inclusively.

All non-inclusive working practices must be

- *challenged immediately* to make it clear that they are unacceptable and will not be tolerated
- *reported* to ensure the person with the appropriate authority, i.e. a manager can take the necessary action
- *recorded* to ensure that there is documented evidence of what occurred, who it affected and the actions taken
- *challenged in a positive and constructive way*, i.e. through a discussion with the person to ensure they understand why their work practices are non-inclusive



Case scenario: Lee (AC 2.1, 2.2, 2.3)

Lee is a health care assistant who works in individuals' own homes in the community. He assists individuals with daily activities including washing and dressing, eating and drinking and spends time talking with them when they are feeling anxious or in a low mood.

Jean is Lee's supervisor and this morning, together with Lee, she will visit an individual who Lee provides care to. This will form part of her monitoring visits to ensure that all health care assistants are working in inclusive ways. Jean is looking forward to her monitoring visit today, as having met Lee on one previous occasion she remembers him being very caring, positive and friendly.

On arriving at the individual's home, Lee explains to Jean that this individual is not very nice to him and that he doesn't really enjoy visiting him as he can be quite difficult at times. As the individual opens the door, he ignores Lee and welcomes Jean into his home. Lee walks through the individual's front room into his kitchen and begins to make lunch for him.

The individual tells Lee that he does not feel hungry as it is too early for lunch; Lee explains that he is running late and so he only has 10 minutes to eat his lunch. Lee places a sandwich in front of the individual; the individual begins to get agitated and says that he wants to have a hot lunch today. Lee turns around to Jean and says, 'You see what I have to put up with!'

1. How many examples of non-inclusive ways of working can you find?
2. What do you think about Lee's words to Jean both before and during the visit to this individual?
3. How could Jean support Lee?

- *challenged in a supportive way* that encourages individuals to change their **behaviour**, i.e. by suggesting training courses, **self-reflection**, relevant reading, shadowing of more experienced colleagues, being assigned a **mentor**.



Key terms

Behaviour the way a person thinks, feels and acts

Self-reflection thinking about a situation that occurred, what happened and what could have been done differently

Mentor an experienced person in an organisation who provides training and guidance

2.3 Explain how to support others in promoting equality and rights

Promoting equality and rights involves providing support to others that are involved in individuals' lives, such as their parents, carers, family, friends, colleagues, external partners and health and social care practitioners. This can take many forms and can include:

- suggesting others read the setting's relevant policies and procedures that support the promotion of equality and rights
- raising others' awareness of what different laws say about promoting equality and rights
- providing clear information and advice in relation to practices that promote equality and rights
- encouraging others to access training and development opportunities around the promotion of equality and rights in practice
- learning through modelling and peer observation are good practice methods for the promotion of equality and rights
- providing effective supervision, monitoring and guidance
- reflecting on feedback from others on examples of occasions when equality and rights have been promoted and when they haven't
- open and honest discussions with others in relation to the support they require with promoting equality and rights.



Classroom discussion (AC2.3)

Discuss the different ways to support others in health and social care to promote equality and rights. For each method of support demonstrate your understanding of the reasons why this method can be used and give examples of how to put it into practice.

Activity (AC 2.1, 2.2 and 2.3)

Work in pairs to produce a presentation for a group of informal carers that includes parents, family, and friends of individuals. Your presentation must include:

1. An *explanation* of how to promote equality and support diversity: an explanation means that you need to provide a clear account of your understanding with examples and details of how to promote equality and support diversity and why.
2. A *description* of how to challenge those not working inclusively in a way that promotes change: a description means that you need to provide detailed information about the different methods of challenging practitioners to work inclusively.
3. An *explanation* of how to support others in promoting equality and rights: an explanation means that you need to provide a clear account of your understanding with examples and details of how to support others in promoting equality and rights and why.



Check your understanding

1. Give two examples of ways that care practitioners can promote equality in a health and social care setting.
2. Detail the reasons why supporting diversity in health and social care is important.
3. Detail the consequences of not challenging those who work in non-inclusive ways.
4. Name three methods for challenging non-inclusive working practices.
5. Give two examples of ways to support others in promoting equality.

LO3: Understand legislation and codes of practice in relation to inclusive practice in health and social care settings

All working practices in relation to equality, diversity and inclusion in health and social care that you have learned about are underpinned by legislation. This legislation sets out the experiences that individuals should expect when accessing different services.

3.1 Summarise legislation and codes of practice relating to equality, diversity, inclusion and discrimination

UK and international legislation or laws are established by governments; and in the UK they are made official by Parliament. The following laws you will read about relate to equality, diversity, inclusion and discrimination and the promotion of individuals' rights:

European Convention on Human Rights 1950

The Convention was set up to protect people's basic human rights to lead lives that are fair, dignified and free from discrimination; the UK agreed to be part of the Convention and therefore agreed to protect the Convention's rights. If an individual's rights are not upheld and the individual is unable to address this through the UK's Human Rights Act 1998 (you will learn about this Act in this section) then the Convention provides the individual with the right to have their case listened to by the European Court of Human Rights.

United Nations Convention on the Rights of the Child 1989

The UN Convention on the Rights of the Child (UNCRC) sets out the rights that all children around the world have, as well as how adults and governments must work together to ensure

Take it further

For more information on the UNCRC you will find it useful to access Unicef's website and information pages: <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/>

that children's rights are promoted and upheld. The Convention placed children and their rights at the forefront and described the rights that all children have in relation to different aspects of their lives such as in relation to the right to education, health and well-being, protection from abuse and discrimination as well as having their views and feelings listened to, respected and taken account of.

The Human Rights Act 1998

Individuals also have basic human rights; the Human Rights Act sets out the rights and freedoms that everyone in the UK has. It states that public organisations (including the Government, the police and local councils) must treat everyone fairly and with dignity and respect.

The following human rights are the most relevant when you receive health or care services. These include the right:

- to respect for private and family life, e.g. the right to privacy in a residential care home
- not to be tortured or treated in an inhuman or degrading way e.g. the right of an individual who is in hospital to be supported with eating and drinking when they are unable to
- to liberty, e.g. the right of an individual who has dementia to not sleep in a locked room
- to life, e.g. the right of an individual's wishes over life-saving treatment not to be ignored
- not to be discriminated against, e.g. the right of an individual who has a physical disability to access a service's premises.

Activity (AC 3.1)

Work in pairs and read through an Equality Policy for a health, social care or children's service and discuss how the policy complies with different pieces of legislation and promotes individuals' rights.

Take it further

For more information on the Human Rights Act 1998 you will find it useful to read the Disability Rights UK's factsheet:

<http://www.disabilityrightsuk.org/human-rights-act-1998-hra>

The Equality Act 2010

The Equality Act 2010 makes it unlawful for individuals to be treated unfairly because of their differences. It sets out nine differences that are protected in law and refers to them as the 'nine protected characteristics'.

Figure 1.4 includes the nine protected characteristics stated in the Equality Act 2010.

1. Age: protects individuals from being discriminated against, **harassed** or **victimised** because of their age, i.e. young individuals, older individuals (see p. 13 for definitions)
2. Disability: protects individuals from being discriminated against because of their disability, i.e. physical disability, learning disability, a disability that impairs an individual's mental health

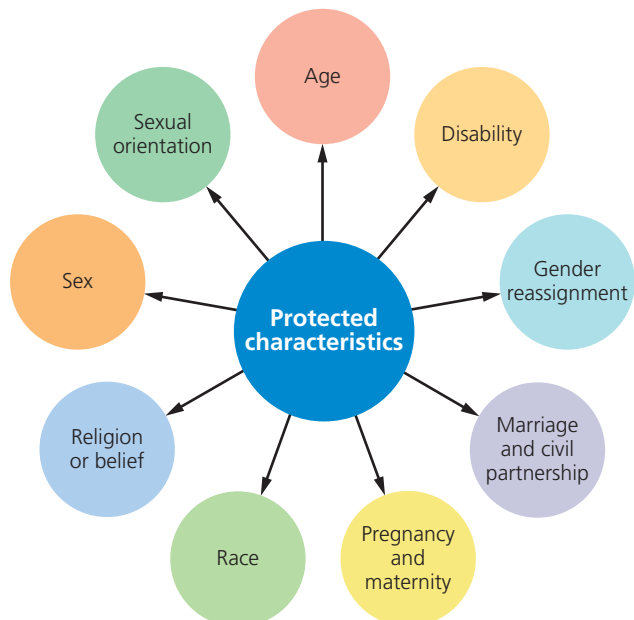


Figure 1.4 The nine protected characteristics of the Equality Act 2010 – do you know what they are?

3. Gender reassignment: protects individuals who have reassigned their gender from being discriminated against, harassed or victimised, e.g. an individual being refused access to a community based social evening group because of their physical appearance
4. Marriage and civil partnership: protects individuals from discrimination and victimisation because of marriage or civil partnership, e.g. being ignored when consulting with a group of residents because of being in a civil partnership which is only available to same sex couples
5. Pregnancy and maternity: protects individuals from discrimination and victimisation because of their pregnancy, or for taking or seeking to take maternity leave, e.g. withdrawal of a care service because an individual is pregnant
6. Race: protects individuals from discrimination, harassment and victimisation because of their race, e.g. exclusion from a mental health drop-in service because of an individual's ethnicity, place of birth or cultural background
7. Religion or belief: protects individuals from discrimination, harassment and victimisation because of religion or belief, e.g. where an individual with Christian beliefs living in a residential care setting is not supported to go to church on Sundays in line with their preferences
8. Sex: protects both male and female individuals from discrimination, harassment and victimisation because of sex (gender), i.e. unwanted conduct of a sexual nature
9. Sexual orientation: protects individuals from discrimination, harassment and victimisation because of sexual orientation.

Activity (AC 3.1)

Select three out of the nine characteristics that are protected by the Equality Act and for each one provide an example of how individuals may be treated unfairly when accessing health, social care or children's services.



Key terms

Harassed unwanted conduct related to a 'protected characteristic'

Victimised when an individual is treated less favourably for making or seen to be supporting an allegation or complaint

Race an umbrella term that includes colour, ethnic origin, national origin and nationality

The Equality Act also sets out *four* main types of discrimination:

1. Direct discrimination occurs where someone is treated less favourably directly because of a protected characteristic they have or are perceived to have, someone they are associated with has (such as family, friend, colleague); e.g. to deny an individual good-quality care and support because of a protected characteristic.
2. Indirect discrimination occurs where a practice or system is applied equally to a group of individuals but does not take into account individuals who have a protected characteristic; e.g. a setting organising a social event but specifying that only younger individuals can attend; there are three older individuals who live in the setting who do not understand the reason for this as they also want to attend.
3. Harassment occurs when there is 'unwanted conduct', that is intimidating or violates a person's dignity and is related to a relevant protected characteristic, e.g. bullying, making inappropriate remarks that humiliate and cause offence.
4. Victimisation occurs where an individual is treated less favourably for making or seen to be supporting an allegation or complaint, e.g. an individual is treated less favourably by the care and support team for making a complaint against the service.

Command word activity

Summarise (AC3.1)

Develop a poster about the Equality Act. Sum up the key facts about the Act. Include how the Act supports equality, diversity and seeks to prevent discrimination.

The Mental Capacity Act 2005

This Act protects the rights of individuals who lack mental capacity by:

- enabling individuals to make decisions for as long they are able to, i.e. assuming capacity
- enabling individuals to make decisions in line with their views, needs and preferences that others may not agree with
- enabling individuals to make advance decisions about their future care and support, i.e. make decisions before they lose capacity
- appointing who they would like to make decisions on their behalf if they lose capacity, including the use of Independent Mental Capacity Advocates (IMCA) to represent those individuals who do not have anyone to support them
- ensuring all decisions made are in individuals' best interests.



Key term

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

Command word activity

Summarise (AC3.1)

Research the five key principles on which the Mental Capacity Act 2005 is based. Sum these up on a spidergram and include how they relate to the promotion of individuals' rights.

Take it further

For more information on the Mental Capacity Act you will find it useful to read the Factsheet, 'Mental capacity and mental illness, The Mental Capacity Act 2005 (MCA)' produced by Rethink Mental Illness: <https://webcache.googleusercontent.com/search?q=cache:JPnK3GJDEwJ:https://www.rethink.org/resources/m/mental-capacity-and-mental-illness-factsheet+&cd=2&hl=en&ct=clnk&gl=uk>

The Health and Social Care Act 2012

The Health and Social Care Act 2012 brought with it many changes for the NHS, with the aim of improving the quality of health care provided and promoting individuals' rights to a fair and inclusive service. With this Act primary care trusts were abolished and replaced with clinical commissioning groups (CCGs). CCGs are responsible for commissioning the majority of health services in England, including emergency care, hospital care, community and mental health services; there are now more than 200 CCGs in England.

Under the Act the NHS and local authorities were given new responsibilities and duties to improve health and reduce health inequalities for the public, such as through the introduction of health and well-being boards that bring together different sectors including the NHS, public health, adult social care, children and young people's services and encourage them to work together in partnership to provide high-quality care and support that meet individuals' diverse needs.

Command word activity

Evidence (AC3.1)

Produce a pocket-sized leaflet of the key facts of the Mental Capacity Act 2005.

Use the Harvard referencing system to produce an easy-to-follow list of all the sources of information that you've read and referred to.

Remember to use a minimum of two references that can be easily tracked and their validity confirmed.

Remember when recording electronic sources of information used to include the date you accessed the resource, the website you used, the resource title and form, i.e. web page, blog.

Remember when recording textbook sources of information used to include the author's name, the title of the book, the name of the publisher, the place where it was published and the year of the publication.

The Act also established Monitor as the health sector's regulator for health care with responsibility for regulating all NHS-funded services in England. The importance of ensuring all care and support provided is of the highest quality is one of the key principles of this Act. This led to the Care Quality Commission, the independent regulator of adult social care in England improving its systems for inspecting care and support services to ensure that individuals do not experience any serious failures, i.e. such as those experienced at the Mid Staffordshire NHS Foundation Trust, where between January 2005 and March 2009 up to 1,200 patients died.

The Care Act 2014

The Care Act aims to make care and support clearer and fairer. It is underpinned by the 'well-being' principle that takes into account the physical, mental and emotional well-being of individuals who require care and support and their carers. It aims to empower individuals to be in control of their care and support. It also states that services must prevent, reduce or delay the need for care and support for all individuals. For example, if an older individual requires assistance with care, shopping or household tasks then they have a right to be supported to access the care and support they require and be provided with a range of options that meet their individual needs and preferences.

Command word activity

Summarise (AC3.1)

Produce an information handout that sums up how the Care Act 2014 relates to individuals who access services and their carers.

Take it further

For more information on the Care Act, you will find it useful to access Skills for Care's resources:
<http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx>

In addition to legislation there are **codes of practice** (also referred to as codes of conduct), relating to equality, diversity, inclusion and discrimination:

Code of Conduct for Health care Support Workers and Adult Social Care Workers in England

This Code is overseen by **Skills for Health** and **Skills for Care** and includes the following Principles, that is, to:

- be accountable for your actions or omissions
- promote and uphold the privacy, dignity, rights, health and well-being of individuals who use health, care and support services and their carers at all times
- work together with your colleagues to ensure the delivery of high-quality, safe and compassionate health care, care and support
- communicate openly and effectively to promote the health, safety and well-being of people who use health, care and support services and their carers
- respect a person's right to confidentiality
- be committed to continuing professional development to improve the quality of health care, care and support
- promote equality, diversity and inclusion.



Key terms

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

Skills for Health a not-for-profit organisation whose role is to inform policy and raise standards in the health sector

Skills for Care a not-for-profit organisation whose role is to inform policy and raise standards in the adult social care sector

Command word activity

Summarise (AC3.1)

Sum up in 60 seconds how the Code of Conduct for Health care Support Workers and Adult Social Care Workers in England benefits individuals who access services and their carers.

Take it further

For more information you can access the Code of Conduct for Health care Support Workers and Adult Social Care Workers in England from here: <http://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf>

Mental Capacity Code of Practice

The Mental Capacity Code of Practice supports the Mental Capacity Act 2005. It provides guidance on how the five Key Principles of the Mental Capacity Act 2005 should be applied.

Take it further

For more information you can access the Mental Capacity Code of Practice from here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Command word activity

Summarise (AC 3.1)

Produce an information booklet for individuals and their carers about how their rights are promoted through legislation and codes of practice relevant to equality, diversity, inclusion and discrimination:

- a summary of current and relevant legislation and codes of practice relating to equality, diversity, inclusion and discrimination. A summary means that you need to provide an account that includes the main points about relevant legislation and codes of practice.



Check your understanding

1. Give two examples of legislation relating to inclusive practice in health and social care settings
2. Define the meaning of a 'code of practice'.
3. Give two examples of codes of practice relating to inclusive practice in health and social care settings.

L04: Understand the role of the health and social care practitioner in relation to inclusive practice

4.1 Evaluate the role of the health and social care practitioner in meeting individuals' needs through inclusive practice

Inclusive practice

Inclusive practice is about ensuring that individuals are included and involved in all aspects of life and that they are not excluded or discriminated against because of their differences. Inclusion also links with equality and diversity as it involves recognising individuals' differences and treating them fairly.

The role of the health and social care practitioner

All workers in health and social care have a professional duty of care to ensure that individuals are supported to live their lives as they want to and are in control. Legislation and codes of practice also require health and social care practitioners to support inclusive practice. They require care practitioners to work in the best interests of the individual they care for and support.

Factors that enable inclusive practice

The role of the health and social care practitioner is underpinned by the following principles that enable inclusive working practices:

Activity

Inclusion and the health and social care practitioner (AC 4.1)

Refer back to the case scenario about Lee, a health care assistant working in individuals' own homes in the community that you read about in AC 2.2 and answer the following questions:

1. How could Lee adapt his working practices in this situation to work in an inclusive way?
2. What might be the impact of Lee working inclusively?

1. **Promoting individuals' rights** – practitioners must promote and maintain individuals' rights, i.e. to independence, dignity, privacy, choice, respect, safety, not be discriminated against and accept their differences as unique characteristics of who they are.
2. **Choice** – practitioners must enable individuals to make their own choices within their abilities. For this to be effective individuals need to be able to have accurate information and suitable to their needs, i.e. in a format that can be understood.
3. **Dignity** – practitioners must promote individuals' dignity at all times by respecting their unique preferences, their right to privacy and not to be humiliated.
4. **Culture and personal beliefs** – practitioners must respect individuals' cultures and personal beliefs. The starting point involves getting to know the individual, finding out about their culture, their beliefs and how they prefer to practise them. The next step is to take into account these differences in all aspects of their care and support. Empowering an individual to practise their culture and beliefs will make them feel valued and respected.
5. **Protecting from danger, harm and abuse** – practitioners have a duty to safeguard individuals from danger, harm and abuse and to raise any concerns they have if they believe that an individual's safety or care or dignity is at risk; this is known as whistleblowing. Being trained in how to recognise signs of abuse and knowing the policies and procedures available in organisations for the actions to take will ensure that the potential for abuse occurring is significantly reduced.
6. **Effective communication** – good communication between practitioners and the individuals who access care and support and others is important for the building of positive relationships where everyone feels that they can have open and honest communications and mutual trust and respect are the basis.
7. **Individual care** – care and support that focuses on the individual, their strengths, abilities, unique preferences and differences will enable the individual to feel in control of their care and support. Individual care involves personalising all services provided to the individual while being able to manage any risks identified safely.
8. **Confidentiality** – practitioners have a duty of care to maintain individuals' confidentiality and doing so is an integral part of high-quality care. They must also be aware of when confidentiality must be broken and how to do this without affecting the trust developed with individuals.
9. **Anti-discrimination** – practitioners must not tolerate any discriminatory practices or behaviours; these must always be challenged. It is also important that practitioners are aware of how to ensure that their own personal beliefs and values do not influence the care and support they provide to individuals and that they also educate and mentor others. Developing an organisational culture where this is the case will promote and enable inclusive practice.

Challenges to inclusive practice

Inclusive practice is not without its challenges. As you have already learned, valuing people's individuality and encouraging individuals to express their views increases their self-esteem and confidence. This may in turn mean that individuals make choices and decisions that are in conflict with health and social care practitioners' duty to care. It is important that dilemmas and tensions that may arise do not prevent individuals and practitioners from working together to

ensure that individuals have access to the same opportunities as everyone else, including the right to make mistakes and take risks.

Practitioners must use their empathy and communication skills to ensure that they listen to individuals, hear what they are saying, understand what they mean and then adapt their working practices to meet individuals' needs.

Take it further

For more information on the roles and responsibilities of health and social care practitioners you will find it useful to read Unit HSC CM8 (LO4).

Command word activity

Evaluate (AC 4.1)

Imagine you are a care practitioner in a health and social care setting. Write a reflective diary of how you meet the needs of individuals that you provide care and support to through inclusive practice and then evaluate your effectiveness in doing so:

- an evaluation of the health and social care practitioner's role in meeting individuals' needs through inclusive practice. An evaluation means that you need to consider several arguments and come to a conclusion about their success.



Check your understanding

1. Define the term inclusion.
2. What are the benefits of health and social care practitioners working in inclusive working practices?
3. How can health and social care practitioners show respect for individuals' cultures and beliefs?
4. Why is effective communication important to inclusive practice?
5. What is the meaning of individual care and how does it impact on individuals?

Read about it

Age UK (2011) 'Delivering the Equality Duty, Age Matters in public services', London: Age UK

Butt, J. (2006) 'SCIE Race equality discussion paper 03: Are we there yet?' Identifying the characteristics of social care organisations that successfully promote diversity, Social Care Institute for Excellence

Care Quality Commission (2015) 'Equal measures: equality information report' for 2014, Care Quality Commission

INVOLVE (2012) 'Diversity and inclusion: What's it about and why is it important for public involvement in research?', Involve

Morris, C., Ferreiro Peteiro, M. and Collier, F. (2015) Level 3 Health and Social Care Diploma, London: Hodder Education

Websites

Care Quality Commission – (guidance for providers of health and social care services) www.cqc.org.uk

Equality and Human Rights Commission – (information about the Equality Act 2010, Human Rights Act 1998 and on equality, diversity and rights)

www.equalityhumanrights.com

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

Skills for Care – (information and resources about the Care Act 2014, Codes of Conduct for care practitioners) www.skillsforcare.org.uk

Skills for Health – (information and resources about the Code of Conduct for care practitioners) www.skillsforhealth.org.uk

MIND – (information and resources about the Mental Capacity Act 2005 and its accompanying Code of Practice) www.mind.org.uk

Rethink Mental Illness – (information and resources about the Mental Capacity Act 2005 and its accompanying Code of Practice) www.rethink.org

Unit HSC CM1: How will I be graded?

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

awarded (i.e. criteria D1 to D3 must be achieved to pass this unit assessment at grade D). A higher grade may not be awarded before a lower grade has been achieved in full, although component criteria of a higher grade may have been achieved.

| | | Assessment grading criteria | Assessment of learning/What you need to show |
|-----------|-----|--|---|
| D1 | 1.1 | Define the terms: <ul style="list-style-type: none"> equality diversity inclusion discrimination | Provide information to define each of the following terms: <ul style="list-style-type: none"> equality diversity inclusion discrimination |
| D2 | 3.1 | Summarise legislation and codes of practice relating to equality, diversity, inclusion and discrimination. | Information must relate to equality, diversity, inclusion and discrimination to summarise: <ul style="list-style-type: none"> current and relevant legislation more than one relevant code of practice. |
| D3 | | Show evidence of reading or use of sources. | There should be evidence of learners' reading or use of sources. Learners must use a minimum of two traceable references. Learners must include an accurate reference list (bibliography) at the end of the assessment task. |
| C1 | 1.2 | Explain how rights are promoted in health and social care services. | Explain how rights of individuals are promoted in health and social care services. |
| C2 | 2.1 | Explain how to promote equality and support diversity. | Provide information to explain a range of ways that equality and diversity can be promoted in health and social care. |
| C3 | | Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar. | Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes. |
| B1 | 1.3 | Discuss ethical dilemmas that may arise when balancing individual rights and duty of care. | Discussion must focus on more than one ethical dilemma to demonstrate: <ul style="list-style-type: none"> understanding of ethical dilemmas conflicts that may arise when balancing individual rights and duty of care consideration from more than one perspective. |
| B2 | 2.3 | Explain how to support others in promoting equality and rights. | Explanation must demonstrate a range of ways that others can be supported to promote equality and rights. |
| B3 | | Show evidence of reading or use of sources. Referencing supports discussion or explanation. | Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support discussion or explanation. |
| A1 | 2.2 | Describe how to challenge those not working inclusively in a way that promotes change. | Provide detailed information to describe ways to effectively challenge practitioners to work inclusively. |

| | | Assessment grading criteria | Assessment of learning/What you need to show |
|--|-----|--|---|
| A2 | | Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis. | Wider background reading should be evident or a wide range of source material should be used. Referencing should support discussion and analysis. |
| A*1 | 4.1 | Evaluate the role of the health and social care practitioner in meeting individuals' needs through inclusive practice. | Evaluation of the practitioner's role in meeting individual needs through inclusive practice must demonstrate understanding of: <ul style="list-style-type: none"> ● inclusive practice ● practitioner's role/responsibility when supporting inclusive practice ● factors that enable inclusive practice ● challenges to inclusive practice. Valid judgements must be included to support the evaluation. |
| A*2 | | Show evidence of a range of background reading or use of sources used selectively. | Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately. |
| Current legislation as relevant to Home Nation | | | |