LEARNING AIM A:

UNDERSTAND THE PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE WHICH UNDERPIN MEETING THE CARE AND SUPPORT NEEDS OF INDIVIDUALS

A1 Values essential to health and social care practice

- These values ensure consistent, safe and ethical practice across health and social care settings.
- **NHS Core Values:** underpin every role in the NHS and are used for 'values-based recruitment' of staff, e.g. staff are recruited that can demonstrate how they use these values in practice
  - Working together for patients
  - Respect and dignity
  - Commitment to quality of care
  - Compassion
  - Improving lives
  - Everyone counts
- **Skills for Care Values:** set expected standards of behaviour and professional practice in adult social care
  - Dignity and respect
  - Learning and reflection
  - Working together
  - Commitment to quality care and support
- **The 6Cs:** framework for care professionals, who are expected to embody these values in their practice
  - Care
  - Compassion
  - Competence
  - Communication
  - Courage
  - Commitment

LEARNING AIM A: UNDERSTAND THE PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE WHICH UNDERPIN MEETING THE CARE AND SUPPORT NEEDS OF INDIVIDUALS

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A2 Person-centred care and approaches

- **Person-centred care:** an approach that places the individual at the heart of their care, respecting their needs, preferences, values, and choices. It involves collaborating with the person, rather than just delivering services to them, ensuring care is tailored to their unique circumstances and promotes their dignity, autonomy, and wellbeing.
- **Standards of care:** every individual should be treated with dignity, independence, choice, rights and privacy.
- **People skills:** empathy, patience, honesty, humour, problem-solving, negotiation – essential for building trust and effective relationships.
- **Needs-led, inclusive care:** planning support around an individual's needs and choices rather than the service's convenience.
- **Empowerment:** involving individuals in decisions about their care, respecting their opinions, and valuing their individuality.
- **Care/ support plans & electronic health records (EHRs):**
  - Provide an official record of preferences, needs, and values.
  - Must be kept up to date and shared across teams to ensure continuity of care.
  - Enable individuals to take an active role in their care.
- **Supporting individuals to raise concerns:** clear reporting channels (e.g. complaints procedures) help ensure safe, person-centred care.

A3 Communication in health and social care

- **Types:** verbal (spoken language), non-verbal (body language, gestures, eye contact), written (records, letters), digital (emails, video consultations, apps).
- **Purpose:** supports person-centred care, enables values to be demonstrated/embodied, provides accurate information, maintains privacy and dignity, demonstrates empathy, avoids jargon/slang to ensure clarity.
- **With colleagues/ professionals:** good communication promotes collaboration, shared responsibilities, and effective problem-solving in multi-disciplinary teams.
- **Adapting communication:** e.g. using visual aids for learning disabilities, clear speech for hearing impairments, patience and repetition with dementia.
- **Impacts:**
  - Good communication → individuals trust staff, share important information, are more likely to follow treatment, adopt healthier lifestyles, and experience improved wellbeing.
  - Poor communication → risk of harm, extended hospital stays, poor morale among staff, missed information, poor/ inaccurate records, delayed care, unresolved issues.
- **Digital communication:** home monitoring apps, video consultations, virtual wards.
  - **Benefits to professionals and individuals:** increases access to services, saves time, improves reassurance, supports independence, maintains professional relationships.

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A4 Confidentiality

- **Principle:** all personal and sensitive information must remain private.
- **When to share:** only if necessary/ relevant, proportionate, accurate, timely, and secure (e.g. for safe care).
- **Permission:** must be obtained before sharing with family or carers unless safety is at risk.
- **Organisational policy:** staff must follow rules on storing, recording and sharing information.
- **Consequences of breaches:** disciplinary action at work, possible dismissal or legal action.
- **Challenges:** cost of devices, data privacy (cybersecurity), ethical concerns, low digital literacy among staff or patients.

A5 Duty of Care

- **Moral, professional and legal responsibility:** all professionals must act in the best interests of service users and protect them from harm.
- **Professionals:** follow national standards of care, codes of conduct, and codes of ethics set by their regulator.
- **Policies and procedures:** guide staff in maintaining safety e.g. maintaining accurate, up to date records, and wellbeing e.g. safeguarding.
- **Reporting responsibilities:** any concerns about safety, wellbeing, faulty equipment, abuse, neglect, or poor practice must be reported immediately.
- **Professionalism:** maintain high standards inside and outside of work, including responsible use of social media.
- **Protection and promotion of rights:** ensure individuals are not deprived of their rights, can live as independently as possible and can make choices and take risks.
- **Positive risk-taking:** balancing protection with independence, e.g. allowing someone to cook for themselves while ensuring safety measures are in place.
- **Mental capacity:** staff must assess whether individuals can make informed decisions and support them in doing so.

A6 Working with vulnerable children and adults at risk

- **Definition of vulnerability:** Vulnerability generally refers to a person who is at increased risk of harm, neglect, or exploitation because they are less able to protect themselves or make safe decisions due to factors such as age, disability, illness, mental health, or social circumstances.
- **Vulnerability:** may arise from age, disability, illness, or increased risk of abuse/ neglect.
- **Safeguarding:** protecting individuals' rights to live safely, free from harm. Must also support their independence and choices.
- **Prevention:** identifying risks early and acting to reduce harm or neglect.
- **Policies and procedures:** ensure clear processes for documenting and reporting safeguarding concerns and ensure they are followed by H&SC professionals.
- **Roles and responsibilities:** everyone in health and social care has a duty to safeguard; organisations must provide training and monitor compliance.
- **Multi-agency working:** collaboration between health, social care, police, education, and voluntary organisations ensures comprehensive protection.

LEARNING AIM B:

EXAMINE HOW ORGANISATIONS, LEGISLATION AND GUIDANCE INFORM PRACTICE IN HEALTH AND SOCIAL CARE

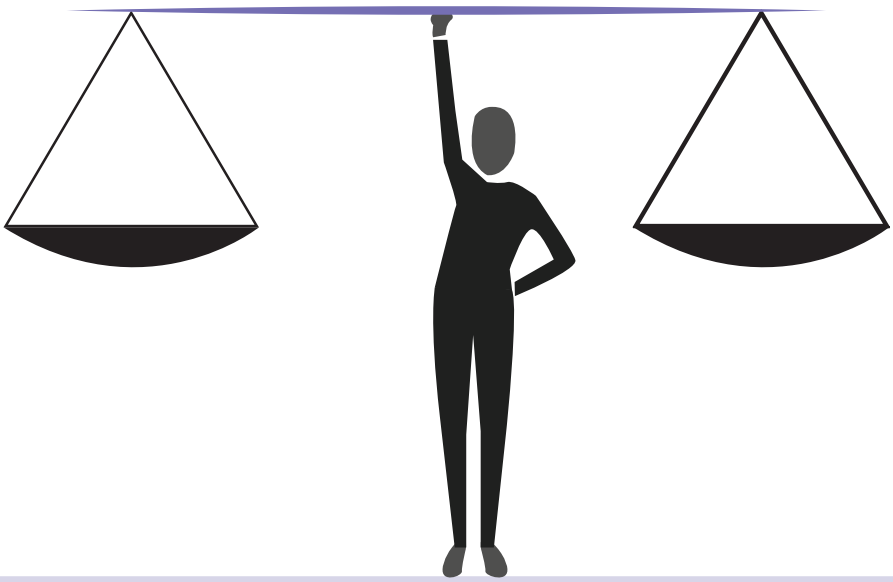
B1 Organisations, legislation and guidance affecting health and social care services

Organisations:

- Department of Health and Social Care (DHSC) – sets overall policy.
- NHS England – oversees NHS services.
- NICE and SCIE – provide best-practice guidance for health and social care treatment, care pathways etc.
- CQC – inspects and regulates services.
- Regulators – NMC, SWE, HCPC, GMC – set standards for education and training, professional codes of practice, hold the register of professionals and monitor professional standards.
- Skills for Health / Skills for Care – delivers workforce training and sets standards of care to be followed.

Legislation:

- Care Act 2014 – wellbeing and safeguarding.
- Health and Social Care Act 2008 – regulation of providers.
- Equality Act 2010 – prevents discrimination.
- Human Rights Act 1998 – protects individual rights.
- GDPR (2018) – protects personal data.
- Mental Capacity Act 2005 – protects and empowers individuals who may lack the capacity to make their own decisions, ensuring any decisions made for them are in their best interests and least restrictive of their rights.
- Mental Health Act (current version) – treatment and rights for those with MH needs.
- Safeguarding Vulnerable Groups Act 2006 – vetting and barring of the workforce.
- Freedom of Information Act 2000 – transparency in public services.



LEARNING AIM B: EXAMINE HOW ORGANISATIONS, LEGISLATION AND GUIDANCE INFORM PRACTICE IN HEALTH AND SOCIAL CARE

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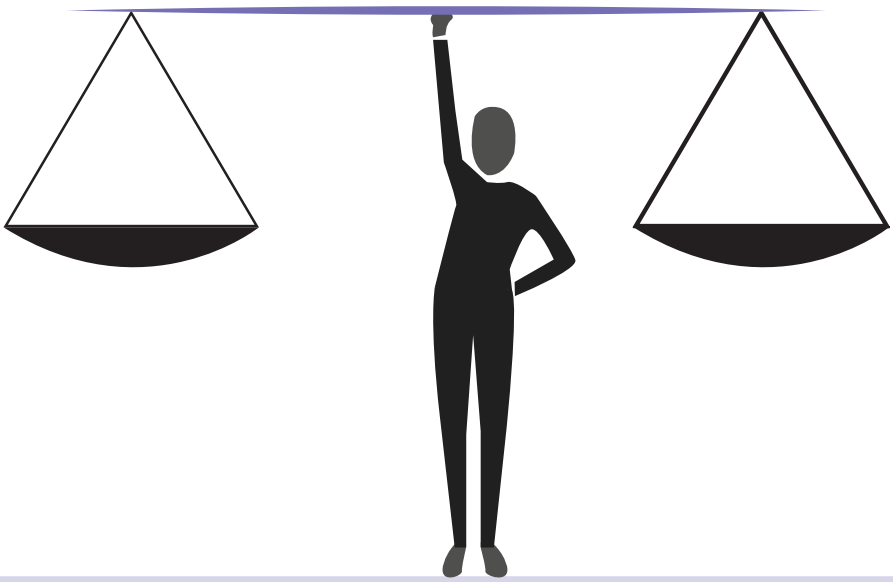
B2 Organisation of health and social care services

- **Primary care:** first point of contact for health advice, diagnosis, treatment, and ongoing care – provided by GPs, pharmacies, and dentists.
- **Secondary care:** provides specialist assessment, treatment, and care following referral – includes hospital services, emergency and mental health care, and planned (elective) treatments.
- **Tertiary care:** delivers highly specialised, complex treatments and expertise – such as neurosurgery, organ transplants, and secure forensic mental health services.
- **Community health:** offers accessible local support to promote health and prevent illness – e.g. sexual health clinics, smoking cessation, health visitors.
- **Social care:** supports daily living, independence, and wellbeing for those with additional needs – through care homes, domiciliary care, and rehabilitation services.
- **Palliative and end-of-life care:** manages pain, comfort, and dignity for people with life-limiting illness.
- **Learning disability services:** promotes independence, inclusion, and tailored support for people with learning disabilities.
- **Virtual wards/ hospitals:** provide hospital-level monitoring and care at home through digital technology and remote support.



LEARNING AIM B: EXAMINE HOW ORGANISATIONS, LEGISLATION AND GUIDANCE INFORM PRACTICE IN HEALTH AND SOCIAL CARE

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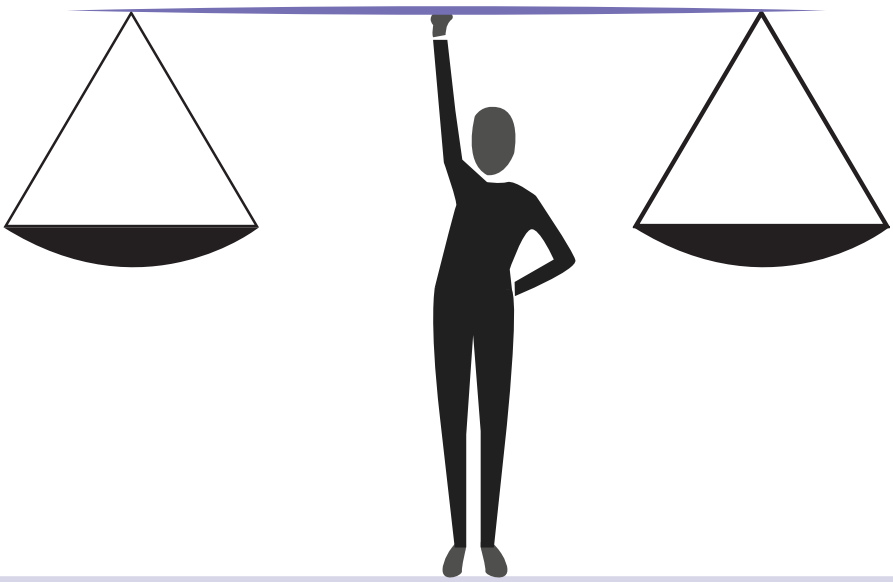
B3 How health and social care services are organised to benefit the population

- **Integrated Care Systems (ICSs):** partnerships between NHS, local authorities, and social care.
  - **ICP (Integrated Care Partnership):** strategy for local population health and wellbeing.
  - **ICB (Integrated Care Board):** funds and commissions NHS services locally.
- **Purpose:**
  - Bring health and social care together to plan services and reduce duplication.
  - Share resources and staff for efficiency.
  - Improve outcomes and reduce health inequalities.
  - Support those with long-term or complex conditions to live independently.

B4 Using critical thinking skills to draw valid conclusions

- **Skills include:**
  - Questioning relevance of information and challenging bias.
  - Breaking down information into parts and spotting connections.
  - Identifying strengths and weaknesses of arguments or data.
  - Drawing logical, evidence-based conclusions.
- These skills are essential for reflective practice and making fair, balanced decisions.
- These skills are essential for demonstrating a full range of knowledge and skills when completing coursework.



LEARNING AIM C:

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EXAMINE HOW SOCIAL DETERMINANTS AFFECT THE HEALTH STATUS OF INDIVIDUALS AND THE IMPORTANCE OF EQUALITY, DIVERSITY AND INCLUSION IN PRACTICE

C1 The effect of social determinants on individuals' health status

- **Health status factors:** physical and mental health, access to care, quality of care.
- **Behavioural risks:** smoking, alcohol, inactivity, poor diet.
- **Wider determinants:** housing, income, education, access to green space, type of work.
- **Social/ environmental factors:** socioeconomic status, deprivation, region (urban/ rural).
- **Protected characteristics:** age, disability, neurodiversity, ethnicity, religion, sex, gender identity, pregnancy/ maternity.
- **Excluded groups:** homeless people, asylum seekers, refugees.
- **Intersectionality:** overlapping characteristics (e.g. age + poverty + disability) combine to shape health outcomes.

C2 Improving health outcomes in practice

- **Equality:** ensuring individuals have fair access to care based on their needs.
- **Diversity:** recognising and valuing individual differences.
- **Inclusion:** the practice of ensuring everyone feels valued, respected, and able to participate fully, regardless of their differences, abilities, or background.
- **Discrimination:** unfair treatment based on a protected characteristic.
- **Inclusive, person-centred approaches:** recording unique needs/ preferences, avoiding assumptions, respecting cultural differences.
- **Equality, Diversity & Inclusion (EDI) in practice:** improves service quality, efficiency, and staff morale; encourages innovation; supports recruitment/ retention of diverse staff.
- **Cultural competence:** understanding and meeting needs of people from different backgrounds, including use of appropriate language and resources, and not making assumptions based on preconceptions or generalisations.
- **EDI benefits for service users:** needs more likely to be met, greater satisfaction, culturally sensitive care.

C3 Potential barriers to improving health outcomes in practice

- **Discrimination:** can be unconscious (bias) or conscious (prejudice, stereotyping); may involve labelling or othering. Multiple discrimination can occur.
- **Challenging discrimination:** requires awareness, inclusive resources, policies/ procedures, and encouraging individuals to report.
- **Pandemics as a barrier:** increased vulnerability in minority and excluded groups; cultural isolation; unmet care needs; restricted services leading to worsening mental health, unemployment, education gaps, and financial strain.