

Key terms

Topic 1

1.1

Health care: the service of providing medical care, preventative screening and treatment for illness, disease, disability or injury. Example: A service user attends a GP appointment and is prescribed medication for their illness.

Social care: the service of providing a wide range of different types of care. The main areas of social care are: domiciliary care in service users' homes and providing protection or support services for adults and children in need or at risk. Example: A care provider helps a service user at home with daily tasks such as cooking and cleaning.

Service user: A person who accesses health and social care services from service providers. Example: A elderly person attends a appointment at a hospital.

Care provider: is an organisation acting as a direct provider of health care services. Example: A doctor takes out a simple procedure such as checking the temperature of a toddler.

Domiciliary care: the range of services put in place to support an individual in their own home. Example: A district nurse helps the service user to cook and clean within their home.

1.2

Choice: choice gives service users control over their lives and promotes independence. It also ensures that they receive care and treatments that meet their needs. Example: offering a range of different activities so that residents can choose whether or not to take part.

Confidentiality: limits access or places restrictions on sharing certain types of sensitive information, such as medical records, so that it is kept private and available only to those who need to be aware of it. Example: Information should only be shared on a 'need-to-know' basis, with people who are directly involved with a service user's care.

Consultation: the process of discussing an issue with another person in order to receive their thoughts, advice or opinion, so that a decision can be made that is acceptable and appropriate for all involved. Example: A care provider clarifies the likes and dislikes of the service user.

Equal: Equal treatment means being given the same opportunities and choices as everyone else. Example: A secondary school child with special educational needs or disability should be enabled to take part in the same lessons as the rest of their class. This may mean that they need: extra support such as simpler worksheets and tasks.

Fair: Fair treatment means being able to have full access to those opportunities and choices, as well as receiving the correct type of care that meets service user needs. Example: Staff at a residential home for older adults have arranged a day trip to the coast for all of the residents who want to go. The coach is taking them on the trip must have a wheelchair ramp otherwise those residents who are wheelchair users will be unable to go because they would be unable to access the coach.

Abuse: the intentional harm done to another person through mistreatment or ill-treatment or failing to act to prevent harm. Example: A nurse opens the window on a ward and removes the service users blanket making them cold and their health deteriorating.

Equality Act: A law intended to prevent discriminatory practice, to ensure service users are treated fairly. Example: A right within the equality act is protection from abuse and harm.

Law: These are passed by Parliament, and state the rights and entitlements of service users. If someone breaks the law, they can be prosecuted by being taken to court. Example: Care providers follow the legislation of the NHS.

'Need-to-know' basis: Information is only shared with those directly involved with the care and support of the service user. Example: A care provider only shares information of a service user with another care provider who is involved within the service users care.

Safeguarding: Actions taken to protect service users by ensuring a safe and healthy environment where the risks of danger, harm or abuse are reduced. Example: It is important that patients remain confident that their personal information is kept safe and secure.

Manual Handling: Using the correct procedures when physically moving any load by lifting, putting down, pushing or pulling. Example: Transferring a client from a chair to a bed.

1.3

Empowerment: Giving someone the authority or control to do something. The way a health or social care service provider encourages a service user to make decisions and to take control of their own life. Example: They allow the service user to control their care and what care they want to receive.

Self-reliant: Able to do or decide things by yourself, rather than depending on other people for help. Example: A service user decides what they treatment they want rather than the care provider.

Self-esteem: How much a person values themselves and the life they live. Example: High self-esteem is associated with people who are happy and confident. A service user with low self-esteem experiences feelings of unhappiness and worthlessness.

Trust: Service users must be able to feel that service providers are trustworthy, they they will not harm them and that they have their best interests at heart. Example: A service user who lacks trust may not continue with the care they are receiving. This could have negative effects on their physical and mental health and well-being.

Physical health: physical health describes the condition of your body. This includes whether you have a illness, injury or a health condition. Example: The physical health of n elderly woman has deteriorated due to her falling and breaking her hip.

Mental health: The state of health of somebody's mind. Example: Someone who has a lost a close family member mental health may decline due to grief they will go through.

Respect: admiration felt or shown for someone or something that you believe has good ideas or qualities. Example: A care provider respects the decisions a service user makes about their care.

Topic 2

2.1

Person-Centred: Person-centred values of care are key principles that underpin the work of those providing care and support in health and social care services. Example: person-centred care enables service users to receive person-centred care that meets their own unique needs.

Equality: This means treating people fairly and valuing them for who they are. Everyone should be provided with the same rights and opportunities, and this should not be affected by their age, ability, gender, culture or religion. Example: A care provider provides every service user with the same level of care.

Individuality: This value means recognising that each person has their own identity, needs, wishes, beliefs and values. These individual differences must be considered and taken account of when providing care and support. Example: A hospital providing a prayer room in which service users can follow their own beliefs.

Personalised care: A personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. Example: During a multi-disciplinary meeting a service user is in control of their care plan.

Privacy: Many procedures in healthcare and social care require privacy, such as showering and dressing someone, or carrying out intimate procedures. It is vital to respect and protect the service user's privacy. Example: A care provider knocks on the service user's door before entering.

Dignity: This value involves having regard for the feelings, opinions and wishes of others. By respecting and valuing the service user's rights, views and needs, the service provider supports their self-esteem and makes them feel valued. Examples: A care provider respects the needs of the service user when carrying out their care.

Partnership: This involves different professionals, services and agencies working together to provide the most effective care for a service user requiring treatment or support. Example: the hospital, a social worker and a care home working together to provide care to meet the needs of an older adult being discharged from hospital after a fall.

Diversity: appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect. Example: A care provider understands the beliefs of people and make sure that they are followed so the people feel fully cared for.

Sexuality: Sexuality includes a person's gender identity, body image and sexual desires. Example: A service user is treated as the gender they identify themselves as.

The six C's: Key principles which should inform every health and social care service provider's practice and enable them to provide person-centred care.

Care: Means a service provider will do all they can to provide appropriate treatment or support that will maintain or improve a service user's health and well-being. Example: A care provider supports the right care to help and treat the whole of the service user.

Compassion: is being able to provide care and support with kindness, consideration, respect and empathy. It is also having consideration for the service user receiving care or treatment as well as being able to put yourself in the patient's situation and show understanding. Example: A care provider listening and helping a service user with worries they may be facing.

Competence: refers to the ability of a service provider to provide high quality, effective care through applying their knowledge, skills, understanding and expertise to meet a service user's care needs. Example: a care provider using all of their knowledge and skills during an operation.

Communication: essential to developing good relationships with service users, their families and also with colleagues. It is important to be able to listen carefully and speak in a way that service users receiving care and support can understand. Example: During a multi-disciplinary team it is important all information is communicated effectively with everyone involved within the care plan.

Courage: is being brave: being able to speak up when having concerns, doing the right thing and also trying something new such as a new way of working. Example: A service user expressing their concerns and the care provider changing the care they are giving.

Commitment: when a service provider is dedicated to providing care and support to meet the service user's need. Example: A care provider plans thoroughly through the care plan to allow for everything to be covered.

2.2

Valuing diversity: Accepting and respecting individual differences such as faith, diet, sexuality, ethnicity and customs. Example: Receiving appropriate care that meets their needs and do not experience discriminatory attitudes.

Nutrition: the process of providing or obtaining the food necessary for health and growth. Example: Eating a healthy diet so health and diet is positive.

Standardisation: Healthcare standardization is the specifications of rules, guidelines or characteristics for designing products or carrying out activities. Example: Care providers with follow standardisations to make sure they follow all of the rules when caring for a service user.

Quality of Care: degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Example: the quality of care within hospitals should be high as they should improve the health of the service users.

Quality of life: a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning. Example: providing hospital patients with appropriate nutritional meals, providing help to eat and drink and discussing treatment.

2.3

Physical effects: relate to the service user's body. Example: a nursing home resident suffers with coeliac disease- this causes unpleasant symptoms if gluten is consumed. If they are not given gluten- free food, it will lead to a deterioration of their digestive health.

Intellectual effects: Relate to the service user's thought processes such as thinking skills, understanding, learning, reasoning, comprehension and knowledge. Example: If a young adult who has learning difficulties is not given support and learning activities matched to their special needs, their learning will not progress and they will not reach their potential.

Emotional effects: Relate to the service user's feelings. Examples: An elderly woman attends a day centre. She is a vegetarian but at lunch is expected to eat the same meal as others, just without the meat. This is unfair treatment and is likely to upset her as she is not being treated as well as the others. She might develop low self-esteem as she feels she is not important enough to be given a proper vegetarian meal. She could also feel embarrassed that she is being a nuisance, expecting a 'special' meal.

Social effects: relate to the service user's relationships with others. Example: if staff at a day centre do nothing about other young adults laughing at a girl who has a birthmark on her face, the girl may lack friends, become isolated and withdrawn and refuse to attend.

Malnutrition: lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things or being unable to use the food that one does eat. Example: A service user is not given a sufficient amount of food throughout the day in a day centre.

Dehydration: the lack of water or the loss of water. Example: a service user not having any water throughout the day within the hospital.

Self- confidence: a feeling of trust in one's abilities, qualities and judgement. Example: A service user having the self-confidence to make a judgement about their care and report anything they may be concerned about.

Disempowered: to deprive of power, authority or influence. Example: A service user is too worried to put their own opinions across for their care plan as they feel a lack of power.

Topic 3

3.1

Communication: exchanging of information by speaking, writing or using some other medium. Example: give or receive information about the care that is being provided for a service user.

Effective: successful in producing a desired or intended result. Example: effective communication and interpersonal skills are needed to enable service users who use care services to feel respected, supported and valued and to feel their needs are being met.

Interpersonal skills: the ability to communicate or interact well with others. Example: A care provider needs good interpersonal skills when they are communicating with children as they could be scared and worried.

Verbal communication: is the exchange of information between people using speech. Example: provide emotional support for a service user or a member of their family.

Non-verbal communication: the ways in which people convey information about their emotions, needs, intentions, attitudes and thoughts without the use of verbal language. Example: provide emotional support for a service user or a member of their family.

Clarity: clarity involves service providers being able to share information with other staff or with service users in a clear and accurate way that can be easily understood. Example: spoken words must not mumble and must pronounce words carefully.

Empathy: Ability to understand and share the feelings of another person, understand another person's way of thinking and imagine what it would be like to be in that person's situations. Example: this can help a service provider to gain a better understanding of other people's viewpoints, and shows the service user that their feelings have been acknowledged.

Jargon: Specialist or technical language, or terms and abbreviations that are difficult for non-specialists to understand. Example: Care providers use complex technical words that service users do not understand.

Patience: patience involves giving a service user the time to say or do what they need to, being supportive, not rushing them and not making them feel pressured. Example: an older person with arthritis may take a little longer to move than others because their condition makes mobility difficult or an individual may find it difficult to get their words out because of a stroke.

Tone: Is how your voice is heard. Example: the tone of your voice should be calm and not rushed. A varied tone of voice will come across to others as friendly and interested.

Volume: How loudly or quietly you need to speak depends on the situation. Example: raising your voice may be appropriate in a noisy environment such as in the Accident and Emergency department in a hospital, to attract someone's attention, but it would not be appropriate when discussing a patient.

Pace: it is important to have the correct pace when speaking. Example: if a service provider speaks too quickly, the service user may miss important information.

3.2

Eye contact: service providers must always be sensitive to the service user's views and cultural differences. Example: In some cultures, such as East Asian including Japanese and Middle Eastern Cultures, eye contact is considered disrespectful.

Facial Expressions: These can act as positive and negative responses to a situation such as raising eyebrows, frowning and moving your mouth. Example: a service user could use facial expressions to show a service provider they have a question.

Gestures: Involve hand movements. Example: drumming fingers on a surface or twiddling thumbs show signals of impatience.

Position: It is better for effective communication if people are at the same level as the service provider speaking to them. This reduces the risk of feeling dominated by someone 'talking down' to them. Example: it is important when speaking to someone in a wheelchair to lower yourselves to their level so they feel respected.

Personal space: personal space differs between cultures and between service users. Some people feel uncomfortable if others are close, whereas other people find it acceptable. Example: a group training activity with staff will require space and an area where noise doesn't matter.

Posture: health and social care staff need to be approachable by service users and so it is important that they use open body language. Example: It makes service providers appear more welcoming and trustworthy.

3.3

Active listening: Having an open, relaxed posture, making eye contact and looking interested, nodding agreement, showing empathy, reflecting feelings, clarifying and summarising to show understanding of key point.

3.4

Advocate: is someone who speaks on behalf of a service user who is unable to speak up for themselves. Example: an advocate for a child could be a parent.

Braille: method of communication used by visually impaired or blind people. Consists of dots which are read by touch.

British sign language: involves using the hands and fingers to make visual signs. This is used by people who have impaired hearing and by other people to communicate with them.

Interpreters: who will convert a written message from one language to another and speak it. Example: An interpreter may change a language of a service user into English for the care provider to understand.

Makaton: a system that uses a combination of speech, gestures and pictures to communicate.

Voice activated software: allow users to write text, use the internet, send emails and use applications by using their voice rather than a mouse or a keyboard. Example: someone with cerebral palsy may have difficulties with fine motor skills, which makes handwriting and using a keyboard challenging. They would benefit from using voice-activated software to help with communication.

Reassurance: the action of removing someone's doubts or fears. Example: a care provider reassuring a mother before their child goes into an operation.

Patronise: treat in a way that is apparently kind or helpful but betrays a feeling of superiority. Example: Repeating words to a service user when they still don't understand.

Student or pupil: the name given to someone attending school under the age of 16.

Patient: the name given to the person who visits or has a stay in hospital.

Resident: the name given to someone who lives in a care home.

A sense of humor: is appropriate to help put a service user at ease, as a form of distraction if the service user is having an unpleasant procedure performed and to lift the spirits. It can help to create connections and reduce stress. It is inappropriate when upsetting news or important information is being given to a service user, when service providers are discussing their patients/ residents/students etc. and if the person is experiencing serious pain, discomfort or nausea.

Active listening: when a care provider is actively listening they can maintain eye contact, ask relevant questions, repeat back information they have been told by the other person, nod at appropriate times, have open body language and not interrupt. It is appropriate so as to make the other person feel valued, listened to and cared for.