

We are working towards endorsement for this Student Book.

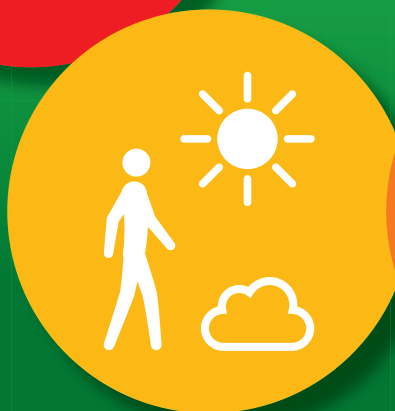
**CAMBRIDGE NATIONAL LEVEL 1 / LEVEL 2**

# Health and Social Care

Starter  
Pack

## Student Book

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**Digital Access**

Dear teacher,

The Cambridge National in Health and Social Care Level 1/Level 2 Student Book will publish later this summer.

We have produced this free 'Starter Pack' to enable you to plan and teach the course while we finalise and print our resources, which have been specially written for the redeveloped specification.

We are working closely with OCR to provide endorsed resources to support you and your students taking a Cambridge National, so you can be confident that the resources provide an exact match to the specifications.

This pack contains content from the student book, written to support the redeveloped specification for first assessment from 2024. It includes the following:

- Table of contents
- A guide explaining how to use the student book
- First two topic areas from the externally assessed unit in the Cambridge National in Health and Social Care Level 1/Level 2 Student Book

Please note that the material included in this Starter Pack is at an advanced draft stage, but may still change between now and publication.

Visit our website to view the full series at: [cambridge.org/cambridgenationals](https://www.cambridge.org/cambridgenationals). If you would like to discuss these resources further then please contact our school and college support team at [customerdevelopment@cambridge.org](mailto:customerdevelopment@cambridge.org).

We hope you enjoy using this Starter Pack and will see how our resources will best support you and your students.

Lucy Mills  
Publisher  
Cambridge Nationals  
Cambridge University Press



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# How to use this book

Throughout this book, you will notice lots of different features that will help your learning. These are explained below.

These features at the start of each unit give you guidance on the topic areas, what you will learn and how you will be assessed

Thought-provoking questions at the start of units and topics will get you thinking about the subject

The rights of service users in health and social care settings TA1

**TA1**

## The rights of service users in health and social care settings

**Let's get started 1**

Consider the images in Figure 1.1. What care settings are shown?  
How many care settings can you think of that you or members of your family have used?



Figure 1.1: What care settings are shown here?

**What will you learn?**

- Types of care settings.
- The rights of service users.
- The benefits to service users' health and wellbeing when their rights are maintained.

**1.1 Types of care settings**

The term 'care setting' is quite broad. It is used to describe any setting (or place) where care is given. This could be a hospital, a community centre or a dental practice. There are two types of care setting:

- health care settings
- social care settings.

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This section gives you information about what content is covered in the topic

R032 Principles of care in health and social care settings

**What will you learn in this unit?**

You may be planning to work in health care or social care. In either case, it will be vital for you to know what makes good care and to understand the rights that underpin that care. You need to know how to offer person-centred care. Communication is at the heart of everything you will do, so you must know how to communicate effectively. All of this has to be done in a caring environment which is safe and hygienic for all service users, service providers and visitors.

In this unit you will learn about:

- The rights of service users in health and social care settings **TA1**
- Person-centred values **TA2**
- Effective communication in health and social care settings **TA3**
- Protecting service users and service providers in health and social care and settings **TA4**.

**How will you be assessed?**


This unit is assessed by an exam. The exam is 1 hour and 15 minutes and is worth 70 marks in total.

The exam will have six compulsory questions. Question types include:

- short and medium answer
- extended response.

Three questions will be set with a situation or scenario.

The exam questions will analyse and evaluate your understanding in a variety of health and social care contexts.



## Case study

### Sunshine Lunch Club

Melissa is a new team member in a social care setting. She helps with a lunch club for local adults over the age of 55. After a couple of weeks, Melissa realises that some members of the lunch club do not feel they are listened to. For example, some service users are unhappy with the food offered by the weekly menu. Melissa is aware that the other team members have thought carefully about the menu. They believe it is a good compromise: all the food is soft and 'traditional' and the menu includes meals that the club members might not cook for themselves at home.

### Check your understanding

- 1 What assumptions have been made about the adults attending the lunch club? Identify the ways in which the team think they are offering fair and equal treatment.
- 2 Explain how staff members could involve the club members in future consultation about the menu.

Case studies based on real-life situations put key concepts and practices into context. The accompanying questions check your understanding and challenge you to take your learning further.



Protecting service users and service providers in health and social care settings TA4

**Over to you! 2**

Look at the images in Figure 1.44.

- List the items of PPE you can see in each image.
- Identify the setting or settings in which each practitioner could be working.
- Explain why different settings require different types of PPE.




Figure 1.44: Types of PPE in different settings

During the **COVID-19** pandemic, the number of people wearing PPE increased – including members of the general public. The virus is spread by droplets in the air, so wearing a mask helps to prevent the spread of infection.

**Over to you! 3**

During the **COVID-19** pandemic, the UK government and Public Health England ran a health campaign entitled 'Hands. Face. Space.'

- Research this health campaign.
- Explain how the guidance in this campaign helped to reduce the spread of infection.

**Test your knowledge 2**

- List four different ways a service provider could prevent infection in a day centre.
- What are some situations in which a service practitioner might need to wear PPE in a residential care home?
- Why should service practitioners in a nursing home have good personal hygiene?
- What could be the impact of poor infection prevention on service users and service providers in a homeless shelter setting?

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Practical activities that you can do on your own give you the opportunity to practise important skills and techniques, and to prepare for your assessments.

Over to you! activities let you apply your knowledge, and think more deeply about your course.

Key words are highlighted in the text and explained fully in the glossary, often using examples, to ensure you fully understand key terminology

R032 Principles of care in health and social care settings

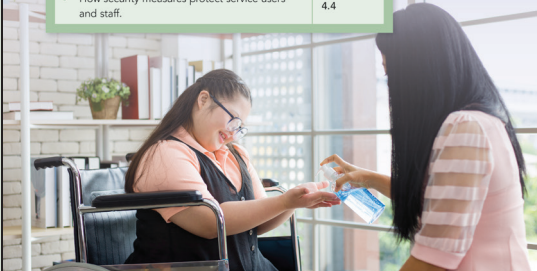
**Review your learning**

**Test your knowledge 4**

- What are some different types of visitor who might visit a residential care home for older adults?
- What are some ways in which a service user with dementia might recognise a service provider?
- Why is it important to monitor keys in settings?
- What are some methods of restricting access that would be appropriate in a day centre for adults with learning disabilities? Consider how visitors to the setting might be monitored.

**What have you learnt?**

	See section
• Safeguarding.	4.1
• Infection prevention.	4.2
• Safety procedures and measures.	4.3
• How security measures protect service users and staff.	4.4



#### Stretch

Consider the following statements:

- I have the right to live.
- I have the right to die.
- I have the right to say what I want.
- I have the right to be treated the same as everyone else.

For each statement:

- explain whether you agree or disagree with it
- justify your reasons for agreeing or disagreeing.

Stretch activities and questions give you the opportunity to try more challenging questions and to extend your knowledge

These question boxes give you regular opportunities to test your knowledge so that you feel ready for your exam or assessment

Summary sections help you review your learning, to check you understand key concepts and can apply your learning. They also show you where to look back for more information if you need to read it again.

We are working towards endorsement for this Student Book.

**R032**

# Principles of care in health and social care settings

## Let's get started

How would you define high-quality care? What are your expectations of health and social care professionals? What impact could poor standards of care have?





### What will you learn in this unit?

You may be planning to work in health care or social care. In either case, it will be vital for you to know what makes good care and to understand the rights that underpin that care. You need to know how to offer person-centred care. Communication is at the heart of everything you will do, so you must know how to communicate effectively. All of this has to be done in a caring environment which is safe and hygienic for all service users, service providers and visitors.

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- Person-centred values **TA2**
- Effective communication in health and social care settings **TA3**
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## TA1

# The rights of service users in health and social care settings

**Let's get started****1**

Consider the images in Figure 1.1. What care settings are shown?

How many care settings can you think of that you or members of your family have used?



**Figure 1.1:** What care settings are shown here?

## What will you learn?

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- The rights of service users.
- The benefits to service users' health and wellbeing when their rights are maintained.

## 1.1 Types of care settings

The term 'care setting' is quite broad. It is used to describe any setting (or place) where care is given. This could be a hospital, a community centre or a dental practice. There are two types of care setting:

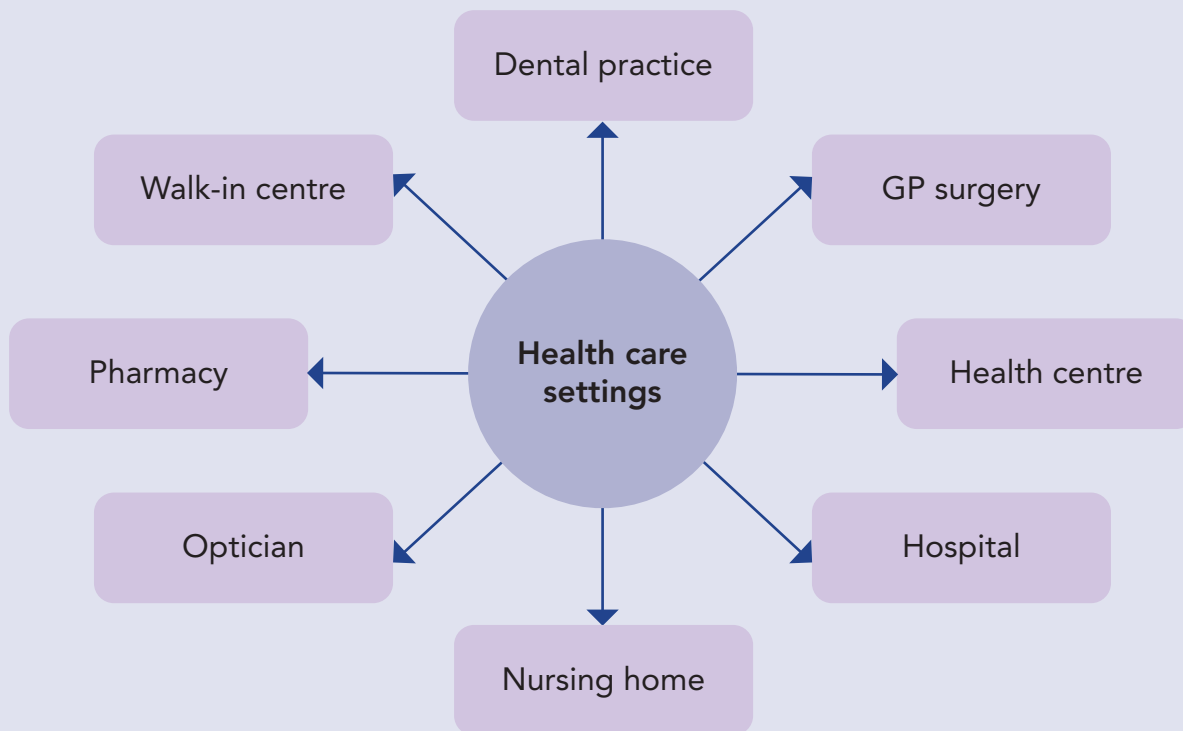
- health care settings
- social care settings.

**Service users** are individuals who access health and social care services.

**Service providers** are individuals who work in a setting and provide care and support to service users.

## Health care settings

Health care settings provide help and support to service users who have an illness or require medical care. Figure 1.2 shows some examples of health care settings.



**Figure 1.2:** Examples of health care settings

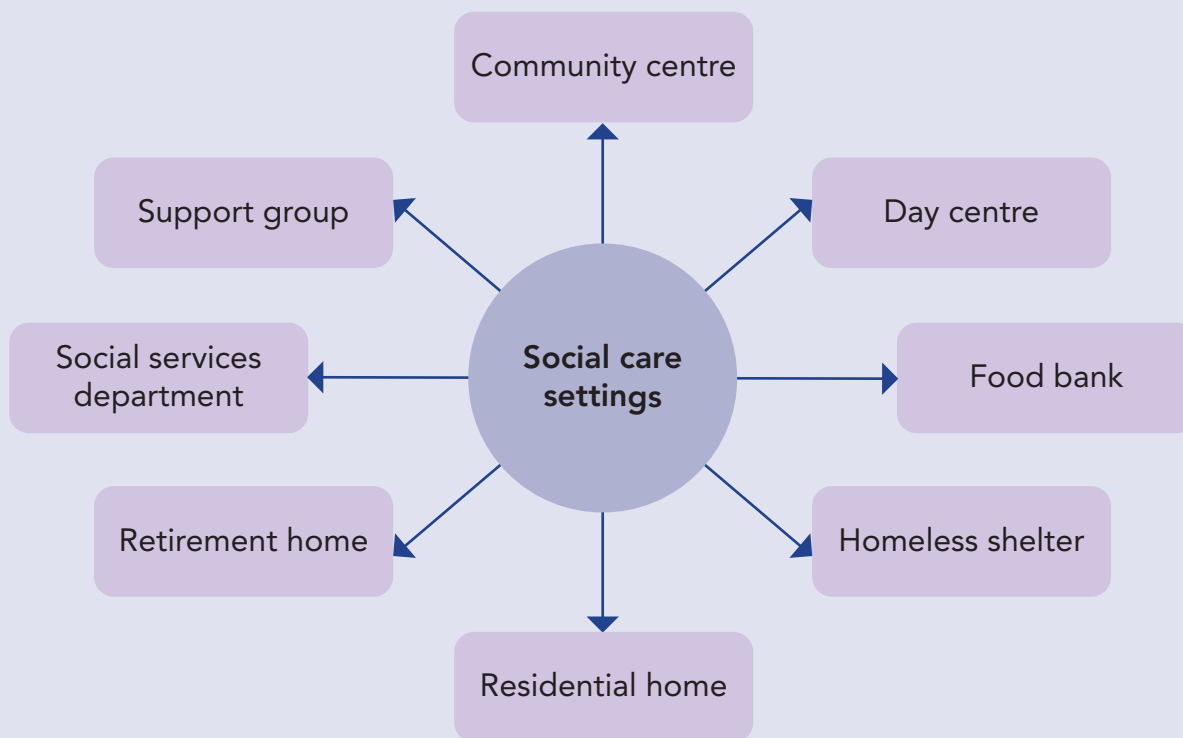
Service providers who work in health care settings can include: dentists, nurses, GPs, specialist doctors, opticians, pharmacists, health care assistants, counsellors and physiotherapists.

Examples of service users accessing health care services include:

- a family who visit the dentist twice a year for a routine check-up
- a pregnant woman who visits the hospital for ultrasound scans to check the health of her unborn child
- a young person who visits the Accident and Emergency (A&E) department at the local hospital following a sports injury.

## Social care settings

Social care settings provide physical, emotional and social support to service users. Figure 1.3 shows some examples of social care settings. Service providers can deliver care to service users in professional settings or community settings, or in the service user's own home.



**Figure 1.3:** Examples of social care settings

Service providers who work in social care settings can include: social workers, care workers, volunteers and counsellors.

Examples of service users accessing social care services include:

- an individual staying at a homeless shelter
- an individual who has **dementia** and is unable to care for themselves in their own home, living in a residential care home
- a family who are struggling to cope with the demands of caring for a physically disabled child.

**Over to you! 1**

- 1 Research health and social care services in your local area. Create a list of all the services that exist within five kilometres of where you live.
- 2 Describe the care they offer and what type of setting they are.  
*For example: Oaks Nursing Home offers care for adults aged from 55 years. It is a health care setting.*

**Over to you! 2**

- 1 Consider the settings in Figure 1.2 and Figure 1.3. Do you know what care and support is offered in each setting?
- 2 Write down the three settings you are least familiar with. Then research each setting. Create a short written report for each setting which:
  - a describes the care and support offered
  - b explains why service users may need this care and support.
- 3 Compare the three settings you researched in question 2.
  - a What do they have in common?
  - b What is unique about each setting?

**Case study****St Stephen's homeless shelter**

People may experience homelessness for all kinds of reasons – for example, unemployment, relationship breakdown or addiction to drink or drugs. Being homeless is often dangerous and can lead to long-term medical conditions. St Stephen's homeless shelter offers 16 people a safe and warm place to stay for up to 28 nights.

St Stephen's supports service users by offering them a safe place with a warm bed. The setting also offers hot food and drinks, access to hygiene and laundry facilities, clean second-hand clothing and toiletries.

St Stephen's employs a support worker to work with the residents. This service provider will help each resident in different ways. For example, they might provide support with benefit claims or help service users to find employment or permanent accommodation.



**Continued**

St Stephen's has links with the local GP surgery. This means it can help service users with ongoing medical needs. It is also able to arrange counselling to support service users with mental health issues, addiction and relationship difficulties.

**Check your understanding**

- 1 Identify two ways in which a homeless shelter can support a service user who is living on the streets.
- 2 Describe three reasons why being homeless makes an individual vulnerable, so they need support.
- 3 Evaluate the impact of the care offered by St Stephen's homeless shelter on the service users receiving help or care.

**Test your knowledge 1**

- 1 Name as many health care settings as you can.
- 2 Name as many social care settings as you can.
- 3 Name as many service providers as you can who may work in a health care setting.
- 4 Name as many service providers as you can who may work in a social care setting.

## 1.2 The rights of service users

**Let's get started 2**

Imagine you are attending a walk-in centre. As a service user, you have certain rights. This means there are some actions you can expect to happen, no matter who you are.

Create a mind map showing all the different actions that settings and service providers should carry out to show respect for the rights of service users.

In health and social care, there are five rights that are the basis to good care:

- choice
- confidentiality
- consultation
- equal and fair treatment
- protection from abuse and harm.

## Choice

Service providers must include service users in the decisions about their care. Every service user has the right to decide if they want or agree to the care being offered.

Other choices that service users can make include the following.

- Choosing which activities they participate in. Remember, choosing *not* to join in is still a valid choice and service providers should respect this decision.
- Choosing what to eat (for example, in a care home). These choices might be based on preference, religious beliefs or lifestyle choices.
- Choosing the type of treatment they want to receive. For example, a female service user might ask to be treated by a female nurse or GP, or a pregnant woman might decide she would like a home birth instead of a hospital birth.

Service users' choices should always be recognised and supported.

## Confidentiality

Confidentiality means keeping personal information safe and secure. Health and social care services have a duty of care to protect service users' personal information. This includes written information (such as treatment notes) and information verbally shared between service users and **practitioners**. Service providers cannot discuss a service user's care with their family or friends, or with other service providers who are not directly involved in the service user's care.

Conversations should take place in private settings, where other people cannot overhear. Benjamin is a practice nurse. He welcomes Claire to his room, asks her to sit down and makes sure the door is closed. He discusses Claire's treatment with her and suggests he'll also share with the GP as Claire might need to have an additional consultation. Claire is happy with this.

Confidentiality also includes keeping personal information secure. Written information such as medical records should be kept in a locked cupboard or filing cabinet. If these notes are stored on a computer, the

files should be password protected. In many hospitals, service users' medical records can only be accessed by service providers who are directly involved with their care. This access may be controlled in different ways. For example, the service provider may need to:

- log in to the system, using a secure email address and password
- use a security badge which will give them access to particular medical records only.

### Let's get practical! 1

Select either a health or social care service. Create a poster to explain:

- what the service does
- who the service supports
- why service users might need the service
- how the service supports service users' choices
- how the service maintains service users' confidentiality.

## Consultation

Service users should be involved in all decisions that are made about them. Consultation is when service providers share information with service users and vice versa, so care decisions can be made together.

During a care consultation, the service provider must find out about and respect the service user's opinions, beliefs and concerns. This will help to build trust between the service user and the people involved in their care. If a service user feels involved in the decision-making process, they will feel more in control. This in turn will help to reduce any fears or worries they have.

Dentists will consult service users about the type of treatment they would like to receive. Social workers will consult families about the services they need – for example, for financial or educational support. If an elderly person wishes to continue living at home but is finding it difficult to care for themselves, service providers including social workers, occupational health practitioners and community nurses could be involved in discussions with the service user. Family members may believe that a care home is the

best place for the service user. However, consultation with the service user is essential to identify the best care solution for them. It might be possible to identify ways to support the service user to remain in their home; for example, by arranging **meals-on-wheels** and daily visits from carers, or making alterations to the toilet and shower in the service user's home.

### Case study

#### Sunshine Lunch Club

Melissa is a new team member in a social care setting. She helps with a lunch club for local adults over the age of 55. After a couple of weeks, Melissa realises that some members of the lunch club do not feel they are listened to. For example, some service users are unhappy with the food offered by the weekly menu. Melissa is aware that the other team members have thought carefully about the menu. They believe it is a good compromise: all the food is soft and 'traditional' and the menu includes meals that the club members might not cook for themselves at home.

#### Check your understanding

- 1 What assumptions have been made about the adults attending the lunch club? Identify the ways in which the team think they are offering fair and equal treatment.
- 2 Explain how staff members could involve the club members in future consultation about the menu.

## Equal and fair treatment

Equal and fair treatment means ensuring every service user is able to access health and social care services, regardless of who they are. No service user should be treated unfairly because of, for example, their age, their gender, how much money they have, the colour of their skin or their ability to care for themselves.

A common misconception is that we should treat everyone in the same way. However, if we do this then some people will be disadvantaged. A physically fit young adult does not need to be treated in the same way as an older adult with mobility difficulties. Instead, service providers must support the individual needs of service users. They should be able to offer wheelchair access to anyone who needs it.

In a hospital, different patients may need the same information presented to them in different ways. A patient with a visual impairment may need the information in large print. A patient who does not have English as their first language will need the information translated into a different language. A patient who has a learning disability may need the information in an 'easy-read' format, using simpler vocabulary and pictures to help their understanding. All these service users will be supported, but in different ways.



**Figure 1.4:** Easy-read documents can help patients who have learning disabilities to understand important information

### Over to you! 3

Imagine you work in a residential care home for adults with a range of learning disabilities including Down's syndrome. List three resources the home could provide to ensure all residents have equal and fair access to the facilities on offer within the home.

## Protection from harm and abuse

Every service user – and every service provider – has the right to feel safe, secure and protected from harm and abuse.

### Harm

Harm can include physical or emotional injury to an individual, whether this is intentional or not.

- Physical harm includes smacking, hitting, kicking, shaking and biting. This type of harm can lead to physical injuries such as bruises, burns, bite marks or broken bones. For example, in a school setting or children's home, staff may harm the children in their care, or one child may harm another child.
- Emotional harm includes shouting or swearing at a service user, insulting them or ignoring them completely. This may happen in a family home when a parent feels stressed about work or money.

Harm may also occur if the environment is deemed unsafe or inaccessible to service users. This may include maintaining the upkeep of the setting to ensure that the building is safe. This may include inadequate lighting, slippery flooring and missing handrails. Harm can also occur if equipment is not regularly checked for damage or wear and tear such as a frayed electrical flex or a broken chair. Finally, harm may occur if health and safety **procedures** are not followed correctly. For example, fire doors that are locked or cleaning measures not being carried out increasing the risk of infection.

### Abuse

Abuse can take many forms, including:

- verbal abuse
- physical abuse
- psychological abuse
- emotional abuse
- **neglect**
- abandonment
- sexual abuse.

It can happen in all settings and can affect service users, service providers and family members.

Service providers may abuse the individuals in their care, deliberately or accidentally. Abuse may be a result of prejudice, such as racism. It can also happen when there is a lack of training; for example, staff may not know enough about a service user's culture or religion to be able to provide care that is appropriate and respectful. An example of this would be a service provider asking a Muslim woman to remove her hijab (headscarf) without explaining why.

Abuse can also happen when other service users are able to act in abusive ways. For instance, in a residential care home, one resident may be singled out by another resident because of their skin colour, sexual orientation or specific health issues. This type of abuse may take the form of cruel comments, physical actions or isolation from others. Service providers should be alert to abuse between service users and must take action promptly if they see this happening.

### Stretch

Consider the following statements:

- I have the right to live.
- I have the right to die.
- I have the right to say what I want.
- I have the right to be treated the same as everyone else.

For each statement:

- a** explain whether you agree or disagree with it
- b** justify your reasons for agreeing or disagreeing.

## Protection from harm and abuse

Protection from harm and abuse includes health and safety, safe working practices and knowledge of what to do if you have concerns about a service user in your care. All service providers have a duty to prevent harm and abuse. All health and social care settings should have a clear complaints procedure in place. Staff must be vigilant, monitoring the behaviour of the service providers they work with and the service users in their care. All staff should receive the correct training, so they are able to recognise signs of abuse and they know how to report any concerns.



In all settings, there will be regular evacuation practice procedures (fire drills) to ensure staff know what to do in an emergency. In some settings, such as residential homes and care homes, service users will be included in these drills so they also know what to do. Residential and care home staff should receive training in first aid, food hygiene and **manual handling procedures**, so they are able to provide a high standard of care. Staff will also receive training to ensure they know how to report any concerns they have, including the reporting procedure and the members of staff who should be informed.

### Test your knowledge 2

- 1 What are some of the five rights of service users?
- 2 How could a nursing home staff member maintain the confidentiality of a service user?
- 3 What is consultation? How should this work between a service user and a service provider?
- 4 Why is staff training important in a community centre?  
How can it reduce the risk of harm and abuse of service users?





## 1.3 The benefits to service users' health and wellbeing when their rights are maintained

### Let's get started 3

Consider the interaction between a service user and a service provider shown in Figure 1.5. What kind of environment has been created for the service user? Why is this important? How will it benefit the service user?



**Figure 1.5:** An interaction between a service user and a service provider

If the rights of a service user are met, they will experience a better quality of care. They will have confidence and trust in the service provider and they will feel safe and valued. There are four key benefits to the health and wellbeing of a service user whose rights are maintained. These benefits are:

- empowerment
- high **self-esteem**
- their needs are met
- trust.

## Empowerment

Empowerment relates to the control or 'power' a service user feels they have over their life. A feeling of empowerment will benefit the health and wellbeing of a service user. They will feel stronger and more confident and, as a result, they will be more independent and self-reliant. A service user who feels empowered will also be more able to make choices for themselves.

## Independence and self-reliance

It is important to encourage service users to remain independent for as long as possible. This promotes self-worth and self-confidence. It also provides physical and intellectual stimulation, so the service user's life remains interesting and has value. It is essential to maintain a service user's right to choose and their ability to make choices. This will lead to self-reliance because the service user can be involved in all decisions about their care. This ensures their right to consultation and contributes to their self-esteem.

Annie had a **stroke** and during her recovery she was able to be involved in all the decisions about her care – including using some easy software to help her communicate. She felt confident that her needs were being listened to and it's helped her regain her independence and self-reliance.

## Feelings of control

Service providers can empower service users by ensuring their rights are met. During a GP appointment, the GP might ask the service user: 'Would it be okay for me to listen to your chest?' This meets the right of consultation and gives the patient a sense of control and choice about what is going to happen to them. This will improve their physical health and wellbeing, as the GP will be able to gather the information they need to make an accurate diagnosis. It will also mean the service user is willing to visit the GP again in the future, so their health can be monitored regularly.

## Choice

Choice is a fundamental right for all service users. It has many benefits:

- Service users will be involved in their own care and understand the implications of any decisions they make. This will improve their understanding and increase their self-esteem.

- Service users will have a sense of being in control. As a result, they are more likely to agree to the care offered. This will have benefits for their physical and emotional health.

A social worker can empower an elderly service user who would like to live independently in their own home by providing choices. The service user may be able to choose how often carers visit and at what times of day. They will also be able to choose the level of assistance they would like with personal care. Because they have been involved in the decision-making process, the service user will feel empowered.

### Over to you! 4

Select a health and social care setting. Then identify a specific service provider (practitioner) and a specific service user (e.g. a person aged x years old who has x specific needs).

Identify ways the service provider could:

- a** support the service user's independence and sense of self-reliance
- b** help them to feel in control
- c** give them choice.

## High self-esteem

If a service user's rights are maintained, they will feel valued and respected and this will increase their self-esteem. The service user will have a positive attitude and this will improve their mental health.

### Feeling valued

Health and social care professionals can improve the self-esteem of service users by ensuring their rights are met. For example, the right of choice will help service users to feel valued and worthy of care.

As a result, they will be more willing to accept help and more likely to ask for additional support in the future.

Marc is a care worker working with Cara and Rod who both have learning difficulties. Every morning they plan the day together – working out lunch menus, whether they'll go swimming or maybe just watch a DVD and then have a bit of a walk. Cara and Rod always feel that they're a team with Marc – and they each have equal value.

## Feeling respected

Service providers can show respect to service users by introducing themselves, asking the service user how they would like to be addressed, and listening to them properly. A service user whose rights are met will have respect for their service providers. This will mean they are more likely to engage with the service provider in a meaningful way and to listen to any advice they are given. A partnership will develop between the service user and the service provider. The service provider will understand the person in their care and a relationship based on honesty and trust can develop. This will ensure the service user receives the highest standard of care and that this care is appropriate to their needs and wishes. The service user's health and wellbeing will improve as a result.

A service provider can show respect for a service user by using the correct manual handling techniques when moving the service user. This will ensure the service user feels valued. The service provider should also address the service user correctly, in accordance with the service user's preference. This might be by first name or formally.



**Figure 1.6:** How we are treated can affect how we feel

## Positive mental health

Positive mental health is important as it contributes to a person's self-esteem and self-worth. A person with good mental health will be more able to cope with change. They will also be able to identify the benefits of the care offered. Service providers can improve the mental health of service users by ensuring their rights are met.

It is important to take a holistic approach to care. This means considering the service user's emotional and psychological needs as well as their physical health. Service providers should consider how the service user feels about the care they are receiving, the situation that they are in and how this makes them feel as a person. For example, a doctor would not only consider the treatment that the patient is given, but also how they feel about their ability to manage their illness.

## Service users' needs are met

It is essential to maintain the rights of a service user. Any care that is offered should be specific to that service user and planned so it will directly benefit their health and wellbeing. Otherwise, it will not be possible to meet their physical, intellectual, emotional and social (PIES) needs.

### Appropriate care or treatment

A food bank will not give every person the same food items. Instead, they will meet the right of consultation and the right to fair and equal treatment. Each service user will receive items that are appropriate to them, considering:

- the number of family members and their ages
- any dietary requirements, including likes and dislikes as well as lifestyle choices such as vegetarianism
- key times of the year (for example, at Christmas, the food package may include mince pies or Christmas pudding).

This attention to detail ensures that each service user feels respected and worthy of the support they are offered. This will mean they are more likely to use the service again if they need to, or to recommend it to others who may benefit.

It is also important for settings to be accessible. For example, there should be ramps for service users who use a wheelchair or walking frame. Doorways should be wide enough for all service users to pass through. If the setting is on more than one floor, there must be a lift so that all service users can access all areas of the building.

Service providers must give service users enough time. A service user with limited mobility may take longer to walk from the waiting room to the consultation room. It is important that they do not feel rushed or embarrassed. If the service user feels the setting is accessible to them, they will be more confident if they need to visit the setting again. This will benefit their overall health and wellbeing.



## Improvements in physical or mental health

The food packages provided by a food bank should be appropriate to the service user's needs. If they are, the service user will be able to eat healthy and nutritious meals and this will benefit their health and wellbeing. Hunger and missed meals can lead to feelings of tiredness and dizziness. A child who is hungry will also find it more difficult to concentrate in school. A person who has enough to eat will not suffer from these ill-effects. Food banks should be run in a non-judgmental and confidential manner so service users feel respected and confident to use them again if necessary. This will improve the service user's self-esteem and self-respect.



**Figure 1.7:** Many people rely on food banks

### Let's get practical! 2

- 1 Keep a journal for one week, recording how your own personal needs are met. During the week, observe how each of the following areas is cared for or not cared for, both by yourself and by other people. Record your observations.
  - a physical health and wellbeing
  - b intellectual health and wellbeing
  - c social health and wellbeing
  - d emotional health and wellbeing
- 2 At the end of the week, evaluate your findings by answering these questions.
  - a How were your needs met?
  - b What did you learn?
  - c Are there any areas you would like to change? Why?

## Trust

If a service user's rights are recognised and supported, they will develop trust. They will feel safe in the care of the practitioner and confident in the care they receive.

## Safety from harm

Service users should feel confident that they will come to no harm. A trusting relationship between service users and service providers will allow this confidence to develop. Lat loves his work as a mental health nurse. Tony, one of the service users, has been getting some worrying texts on his phone, which is making him anxious. Lat and Tony have talked about this and have taken steps to remove the sender from the phone. Tony feels much safer and knows he can always trust Lat if he has a problem. Lat is pleased that they've been able to work together to ensure Tony's safety and probably the safety of others.

Within a community care setting, all staff should ensure the setting is secure. They should make sure all locks and keypads are working, so there is no opportunity for intruders to enter. They should also wear identification so service users can recognise them easily. These measures will help the residents of the setting to feel safe.

## Best interests

It is important for service users to trust that the care they receive has their best interests at heart. This will reassure them that they are safe and give them confidence in the service providers' skills. Maggie doesn't like using the hoist to go to the toilet or to have a bath. But she knows that the staff are trained and the equipment has been tested (she's checked!) so she can feel confident. She knows as well that no one would use the hoist if it wasn't necessary for her safety and wellbeing.

## Confidence in the care they receive

Trust will give service users confidence in the care they are given. They will feel able to ask questions and they will be involved in any decisions that are made. This will lead to feelings of worth, so they feel valued, respected and safe in the setting. They will have trust in the service providers and will feel positive about the purpose and outcomes of their care. As a result, they will be more willing to take an active part in their care.

Trust can be supported through the right to confidentiality. A resident in a retirement home may have meetings with her service providers to discuss her care. These review meetings should take place in a private room, so the resident can be confident that the conversation will not be overheard. The resident should also be able to trust that the discussion will remain

private – for example, she might ask that information is not shared with family members. This will allow the service user to be honest about her needs, so the care she receives is appropriate. As a result, her health and wellbeing will improve.

**Let's get practical! 3**

Select a health and social care setting. Then identify a specific service provider (practitioner) and a specific service user (e.g. a person aged x years old with x specific needs).

Create a trust exercise which will help the service user to feel at ease with the service provider.

## Review your learning

**Test your knowledge 3**

- 1 What benefits does the right to choice bring to the following service users? Use the key vocabulary from this topic in your answers.
  - a a 32-year-old female who has just given birth to her first child
  - b an 87-year-old man who lives alone and recently broke his hip in a fall
  - c a 23-year-old with learning disabilities who wants more personal freedom
- 2 Marianne has had a bad fall and as she recovers she's learning to mobilise with a walking stick. Jo the physiotherapist has helped her use the walking stick to keep her balance and because of his help she is feeling more confident.
  - a Who is being trusted and with what?
  - b What are the impacts of trust between Jo and Marianne?



**What have you learnt?**

	See section
• Types of care settings.	1.1
• The rights of service users.	1.2
• The benefits to service users' health and wellbeing when their rights are maintained.	1.3



## TA2

# Person-centred values

**Let's get started****1**

Think about someone you really care about. Write a list of ten words that describe how you treat that person. Consider each word in your list. How does it link to the value you place on that person?

## What will you learn?

- Person-centred values.
- Qualities of a service practitioner, the six Cs.
- Benefits for service providers of applying person-centred values.
- Benefits for service users of having the person-centred values applied.
- Effects on service users' health and wellbeing if person-centred values are not applied.

## 2.1 Person-centred values and how they are applied by service providers

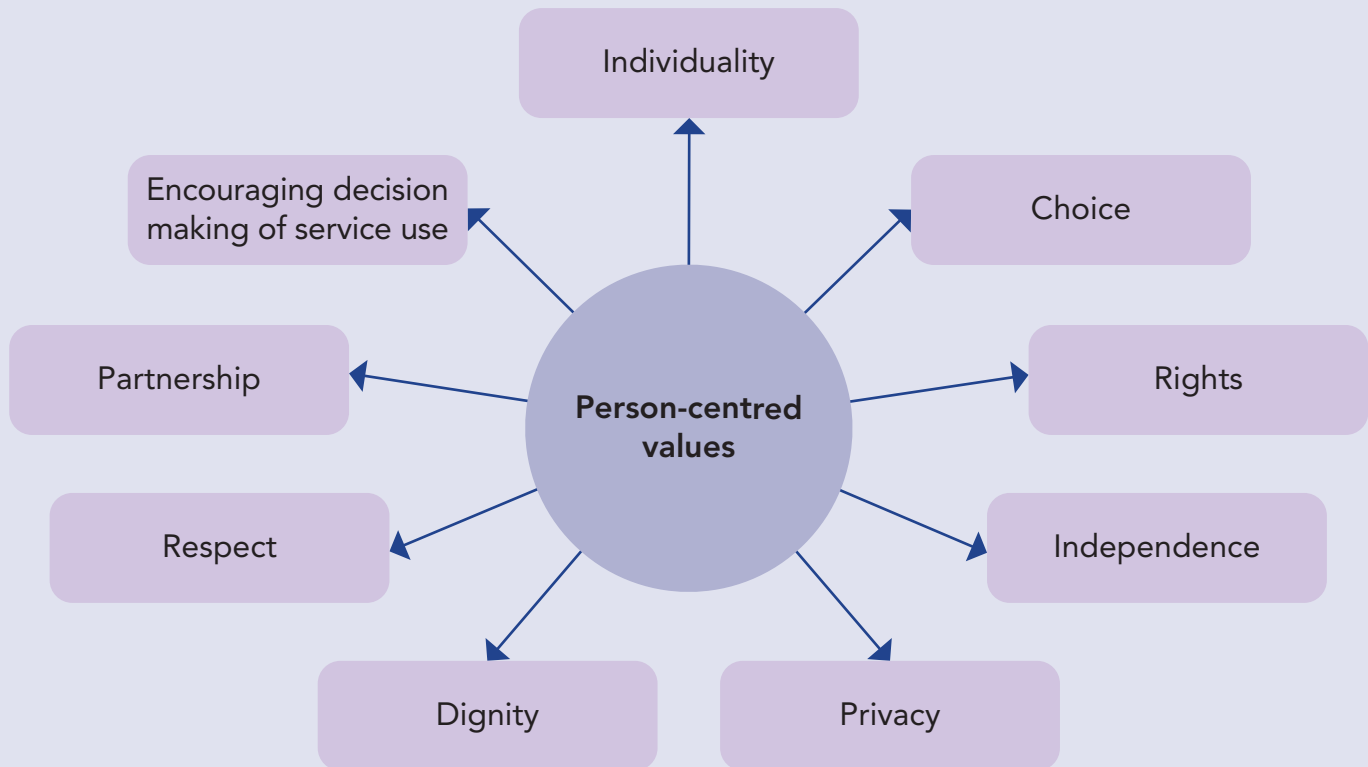
Person-centred values focus on the service user and ensure their needs are at the centre of all decisions relating to their care. The focus is on the service user themselves, not on their illness or disability: person-centred values consider what makes an individual unique. An approach based on these values will maintain the service user's rights and ensure they receive good-quality care.

**Over to you!****1**

- 1 Use a dictionary or the internet to find three different ways in which the word 'value' can be used. For example: *'In assembly this morning, we heard about the value of honesty.'*
- 2 Research a charity you know or have heard about. What values does it mention as being important? What does this tell you about the work it does?
- 3 If you needed the support of the charity, how would it make you feel to know their values?

## Person-centred values

There are nine person-centred values, shown in Figure 1.8. All service providers (practitioners) should apply these values in their work. This will give service users control over the care and support they receive.



**Figure 1.8:** The nine person-centred values

A service provider has a duty to ensure the safety and wellbeing of service users. One way of achieving this is by promoting certain attitudes and behaviours and maintaining other standards of care, to ensure service users receive the highest quality of care.

### Individuality

Every service user is unique and different people have different needs. For example, not every service user with a particular health condition will require the same medical care. Nor will they deal with the condition in the same way.

By following a person-centred approach, service providers should get to know the service user and identify their specific needs and wishes. Chris is the manager of a day centre for older adults. He knows the service users



well – for example those who like playing board games or carpet bowls or those who like to sit quietly after lunch and read the paper or a magazine. He also makes sure all the staff have the right skills to communicate with those who have hearing problems – not shouting is a good start! The care and support is tailored to everyone's individual needs.

## Choice

This value links with the rights discussed in section 1.2. Service users have a legal right to make their own decisions and service providers should involve them in the decision-making process. For example, if a service user has been diagnosed with cancer, they should be given information about all the treatment options available. Once the service user understands their options, they should be allowed to choose which one they would like to follow.

In a day centre, service users should be able to choose from a selection of activities such as singing, bingo, craft activities and so on. This will allow them to choose how they spend their time and with whom.

Service providers should always respect the choices made by service users, as long as those choices do not compromise the service user's health and safety, or that of other service users, service providers, visitors, etc.



**Figure 1.9:** It is important to ask service users about themselves and find out what they want from their care

## Rights

See section 1.2 for a reminder of the rights of service users.

Legislation (laws) protect people's rights and keep them safe from harm. Examples of health and social care legislation include: the Care Act (2014), the Children Act (1989), the Equalities Act (2010) and the Health and Social Care Act (2012). This legislation states that all service users have the right to be treated with respect, dignity and equality.

Person-centred values respect the rights of service users. This will involve training staff about relevant legislation, to prevent prejudice. For example, a children's ward in a hospital may be noisy. A child with **autism** may be given a side room instead, so they are more comfortable.

### Stretch

**1**

Research one of the following Acts. Explain how it supports person-centred values.

- Care Act (2014)
- Equalities Act (2010)
- Children Act (1989)
- Health and Social Care Act (2012).

## Independence

Service users should be encouraged and supported to do as much as they can for themselves. Service providers can offer support while making adaptations to enable service users to gain further independence. For example:

- Rana was injured in a car accident and now has to spend time on a **rehabilitation** ward. A range of people – Hilda, a physiotherapist, Matt an occupational therapist – will be working with her to help her regain her skills and her independence so she can go home again.
- An older adult who lives alone may be struggling, for example, with mobility. They can be supported to remain in their home and continue to live independently. This support may involve adaptations to the property such as grab rails or ramps. Care workers may also visit the service user at home to help with some tasks.

## Privacy

Service users have the right to privacy. All information about them should be kept private, not shared with their family and friends or with service providers who are not involved in their care. Staff must also be aware that gossiping or talking about a service user breaks their right to privacy.

Privacy also affects how care is given, especially when it involves sharing personal information with a service user. For example, if a visually impaired person receives a letter, their carer may have to read it aloud to them. The carer should do this in a quiet and private space so that no one else can hear.



**Figure 1.10:** Personal care should be discreet and dignified

## Dignity

To maintain a service user's dignity, practitioners must recognise their individuality and respect their beliefs and wishes about their care. They should help the service user to maintain their pride and self-respect whatever the circumstances. An example of this may be during a physical examination at a GP surgery. The GP will draw a curtain around the examination couch while the service user prepares for the examination. They will also provide a sheet or gown so the service user can cover themselves while they wait.

### Over to you! 2

Select a health and social care setting and identify a practitioner who works in this setting. Describe the different ways in which the practitioner can maintain:

- a privacy for service users
- b dignity for service users.

## Respect

Respect involves understanding another person's feelings, needs, wishes and rights. Service providers can show respect for service users by speaking to them politely and in an empathetic, friendly, patient and non-judgemental manner. Service users must be consulted and involved in decisions about their care. More importantly, their opinions must be listened to properly.

Service providers can show respect in the way they address service users. Some people prefer to be addressed formally (e.g. Mr Smith) while others like to be called by their first name. But it's important to ask! Don't assume that because someone is older – or younger – you know how they want to be addressed.

## Partnership

Partnership involves working with others, including other professionals, family members and the service user themselves. Several different practitioners might work together to ensure that a young person who is struggling with their home life can remain in the family home. This may involve a social worker, a teacher and a school nurse.



**Figure 1.11:** Many different health and social care practitioners can be involved in a service user's care



## Encouraging decision making of service users

The service user is at the heart of their care and they have the right to choose how they are cared for.

In some situations, a service user may be deemed incapable of making decisions for themselves (for example, in the case of some mental health conditions). However, they should still be included in the process as far as possible. Other steps should also be taken to ensure their needs are met. This may be through the use of an **advocate**.

### Case study

#### Daniel and Ceri

Daniel (35) has cerebral palsy and uses a wheelchair. His wife Ceri (36) also has cerebral palsy and uses crutches to help with her mobility.

When the couple decided to try for a baby, medical staff were not encouraging. They emphasised the risks of pregnancy for Ceri, as well as possible risks to the baby after it was born.

Following the worries of her doctor, Ceri had a caesarean section and their son was born safe and healthy.

When Ceri was pregnant, someone said to her: 'I didn't think people like you could have babies.' Other people told the couple that it was unfair for their child to be raised in a limited environment. Some people seemed to feel that Daniel could not possibly be a good parent because he would not be able to take part in physical activities with his children.

Six years later, Ceri is now pregnant with their second child. She would like to have a natural birth, although she knows this carries some risk. She has found that medical practitioners are more willing to listen to her this time.

#### Check your understanding

- 1 Identify the beliefs and rights that Daniel and Ceri have.
- 2 When person-centred values are not used, an individual may not be treated fairly. Find an example of when person-centred values were used and when they were not. Analyse the difference it would make to Ceri and her partner.
- 3 Explain what actions the medical practitioners could take to maintain Ceri's privacy during her pregnancy and birth.



## Qualities of a service practitioner: the six Cs

The six Cs are used to describe the person-centred values all service providers should show in their work:

- care
- compassion
- competence
- communication
- courage
- commitment.

Table 1.1 explains the six Cs in more detail.

**Table 1.1:** The six Cs

	What it means	How it informs practice
Care	The care that is offered must be right for the service user and must reflect their life stage.	This helps to ensure that the care given: <ul style="list-style-type: none"> <li>• is appropriate for the service user's needs</li> <li>• does not make assumptions about the service user</li> <li>• avoids a 'one-size-fits-all' approach.</li> </ul>
Compassion	Compassion is based on empathy, respect and dignity. This allows the development of positive and trusting relationships.	This helps to ensure that the care given: <ul style="list-style-type: none"> <li>• is respectful and dignified</li> <li>• protects the service user's privacy</li> <li>• recognises emotions and treats the service user with kindness.</li> </ul>
Competence	It is the practitioner's responsibility to ensure they have the most up-to-date knowledge about care and treatments.	Training ensures: <ul style="list-style-type: none"> <li>• staff are knowledgeable about the care and treatment they can offer</li> <li>• the service user is at the centre of the care they receive.</li> </ul>
Communication	Communication is central to successful relationships between service providers and service users.	This helps to ensure that the care given: <ul style="list-style-type: none"> <li>• meets the needs of the service user</li> <li>• supports the rights of the service user</li> <li>• is based on trust, respect and choice.</li> </ul>
Courage	Courage helps a practitioner to speak up if they have any concerns.	This helps to ensure that the care given is in the best interests of the service user.
Commitment	A service provider who is committed to the service users will deliver a person-centred approach to care.	This helps to ensure that the care given: <ul style="list-style-type: none"> <li>• is of a high standard</li> <li>• is focused on the service user.</li> </ul>

**Let's get practical! 1**

Imagine you are working in a care home. The manager has asked you to create some training materials about person-centred values. These materials will be used as part of the induction for new members of staff.

Create a leaflet or presentation the manager could use as part of the training. Remember to:

- a** describe each of the person-centred values
- b** define the key vocabulary
- c** give examples of how the six Cs can help staff to apply person-centred values.

**Test your knowledge 1**

- 1** What are person-centred values?
- 2** Dan has had a stroke and has difficulty in eating. The service provider has given him a choice of utensils to try to see what works best for him. How does that ensure his dignity is maintained?
- 3** Match each sentence below with the correct value from the list.

**Commitment   Compassion   Care   Courage   Competence   Communication**

- a** Speak up if you see something that concerns you
  - b** Do your job as you've been trained – but sometimes that might include some extra work
  - c** Show kindness and empathy
  - d** Use verbal or non-verbal language in a way that a person can understand
  - e** Support the person considering their PIES needs
  - f** Carry out your role as you've been trained and if you don't know something, ask
- 4** What kind of actions might a service provider display that show courage so that the quality of care in a nursing home is improved?

## 2.2 Benefits of applying the person-centred values

### Let's get started

2

When we consider the benefits of applying person-centred values, we often refer to 'quality of life'. What do you think this phrase means? Write a list of things you associate with a good quality of life.

### Benefits for service providers of applying person-centred values

When a health or social care setting applies person-centred values, there will be benefits to both service users and service providers. Most importantly, applying these values will raise the standard of care for everyone.

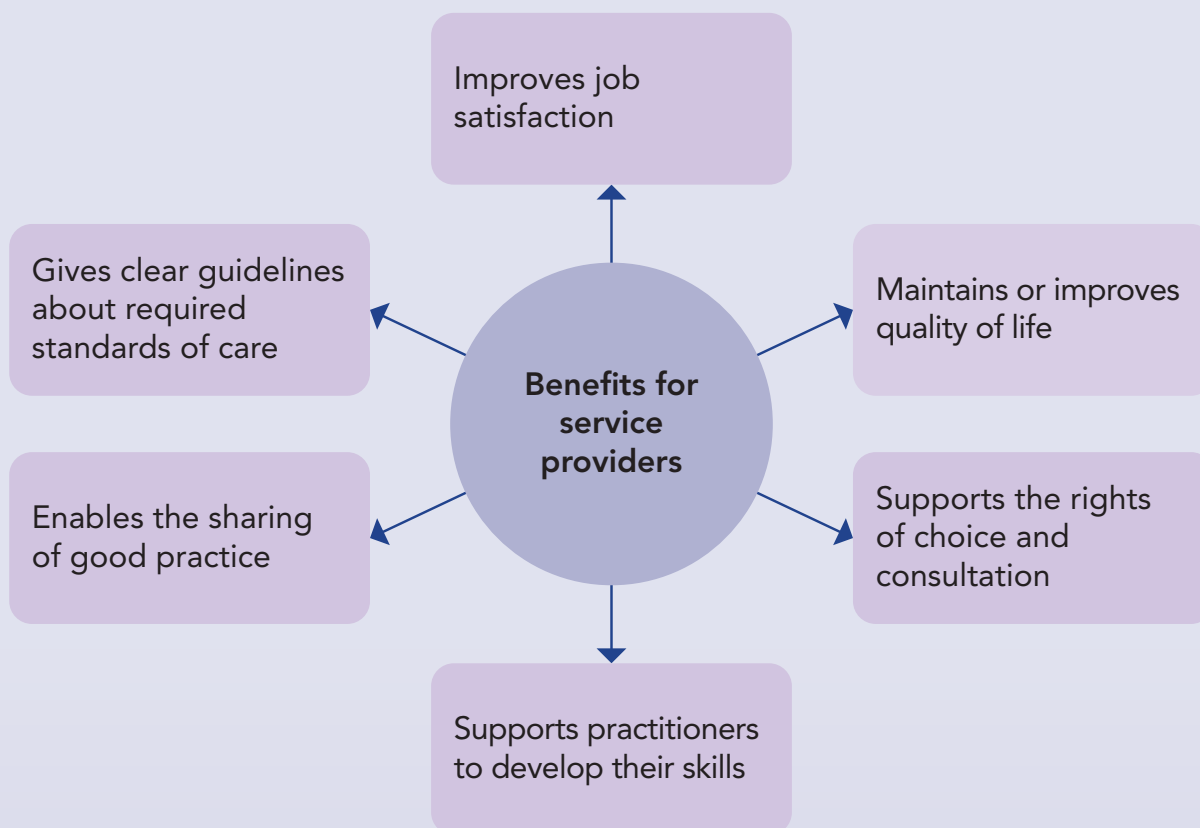


Figure 1.12: Applying person-centred values can bring many benefits to service providers

## Provides clear guidelines about standards of care

A standard is a measure of quality relating to a particular area such as dress, behaviour or levels of care. All service providers should aim to provide high-quality care to every service user. Different settings will have their own measures of high-quality care, depending on the individual needs of service users. All these measures will be linked with person-centred values.

A defined set of standards will make it easy for service providers and service users to know whether care is meeting or exceeding the expected standards – or falling below them. If a practitioner is not meeting the expected standards, they might be offered training and support.

Standards in health and social care settings might relate to dress. For example, staff will be expected to wear a clean uniform for each shift, with shoes that are covered around the toe (for comfort and safety), clean hair that is tied back and no nail varnish.

Standards also apply to person-to-person interactions. For example, a service provider in an emergency hospital setting should not treat a homeless person differently because of their circumstances.

## Improves job satisfaction

When people feel valued, they feel happy. When people are treated with dignity and respect, they are likely to respond in kind. Service providers who have a positive work environment are more likely to enjoy their jobs, have strong relationships with their colleagues and feel supported to do the best they can in their work. High levels of job satisfaction will improve a person's mental health and wellbeing, as well as their self-esteem.

### Over to you! 3

Imagine you work in a job where people shout at you, ignore you when you ask for help and talk about you rudely to other people.

- a** How would this make you feel? Explain why.
- b** How would applying person-centred values change the situation?

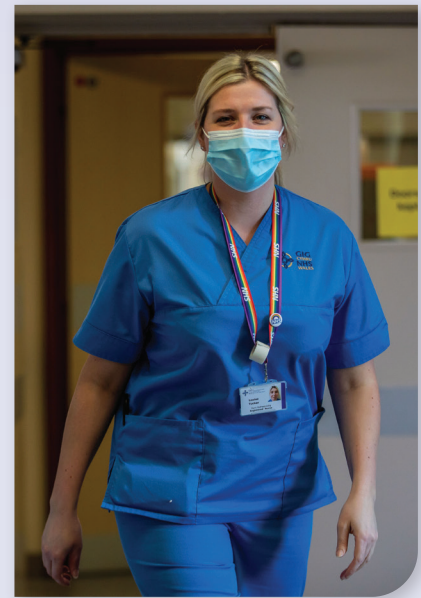
## Maintains or improves quality of life

Where you work and the people you work with can have a huge impact on how you feel about your job and about yourself.

If your colleagues or the service users you work with are rude, dismissive or abusive, this will affect your enjoyment of the job as well as your self-esteem and confidence. If a setting applies person-centred values to the care it provides, there will be benefits for practitioners.

- People will feel that their individuality is valued. Practitioners will feel safe and able to be themselves. They will also know that their rights are protected.
- The work environment will foster creativity and sharing of ideas. By sharing skills, knowledge and experience, practitioners will feel valued, respected and important.
- The work environment will value respect and communication. This will make interactions with service users and other practitioners more enjoyable.

When people enjoy their work, their self-confidence, self-esteem and wellbeing will improve.



**Figure 1.13:** Rainbow ID lanyards can help to promote inclusivity

## Supports rights to choice and consultation

All service users should be involved in their own care. This will help them to feel engaged with their care and with the service providers delivering that care. This will lead to the development of strong and trusting relationships between service providers and service users, which allows for a better understanding of the impact of their care. This can lead to an improved sense of self-worth. A service user who trusts their service provider is more likely to be open and honest. The service provider can then deliver more tailored care, improving the quality of care they are offering and helping with job satisfaction, which will boost staff morale.

If service users at a day centre are allowed to choose which activities they participate in or what they eat at lunch, they are more likely to feel at ease and to enjoy themselves. They will look forward to visiting again and they will feel valued and worthy of care.

## Supports service practitioners to develop their skills

When you start a new job, there will be gaps in your knowledge, skills and abilities to do certain tasks. You will fill these gaps as you gain more experience, by learning from colleagues and through formal training. As a health and social care practitioner, you will always be learning and

developing your skills and knowledge. You should also reflect on work situations and ask for feedback from your peers, to identify what you did well and how you might improve. Formal training will help you to improve your existing skills and develop new ones. Improving your skills and knowledge will make you feel more confident in your work. It will also improve the quality of care you are able to provide to service users and can lead to career progression.

## Enables the sharing of good practice

Health and social care practitioners do not work in isolation. Instead, they are part of a larger care team. Everyone in that team has unique experiences, knowledge and skills. By sharing their knowledge and skills, practitioners can work together to improve their performance and productivity within a setting. This has several benefits:

- It creates a sharing environment in which practitioners are encouraged to develop their skills and knowledge and to grow professionally.
- It enables better decision making, as practitioners can learn from each other's experiences.
- It fosters a sense of creativity and innovation. Practitioners can discuss ways to do things differently or make improvements.
- It improves efficiency, because practitioners can access knowledge from their colleagues.

### Case study

#### Applying person-centred values in a residential setting

Bucks House is a residential care setting for people with mental health problems. Service users tend to stay for a few weeks at a time. Staff are on call 24 hours a day, in two shifts: day shift, 7 a.m. to 9 p.m. (14 hours) and night shift, 9 p.m. to 7 a.m. (10 hours).

Both day-time staff and night-time staff have opportunities to get to know the service users. This allows for continuity of care and means the staff can provide a more consistent level of care. It also means they can give more detailed and accurate assessments and reports to their colleagues when the shifts change over.



**Continued**

Staffing was originally split into three shifts each day, rather than two. The change has meant staff work longer hours each day, but they prefer this way of working. They feel they have better relationships with the service users, because they are able to spend more time with them. They also feel better informed about the service users in their care, through the handovers with colleagues when the shifts change over.

Most staff also report that they are better able to manage the demands of their home lives following the changes to their working hours.

**Check your understanding**

- 1 Describe how by changing the shift patterns the needs of service users were met.
- 2 Explain how the change in working hours enables staff to share best practice.
- 3 List the benefits to staff of the change in working hours. Explain the impact on staff members' wellbeing and quality of life.

## Benefits for service users of having the person-centred values applied

When person-centred values are applied to care, there are many benefits to the service users.

### Ensures standardisation of care being given

It is important that high-quality care is delivered to every service user in the same way, by every service practitioner. Standardisation is when this happens. It means that the standard of care remains the same regardless of which practitioner is delivering the care or who the service user is.

Consistency of care creates feelings of safety and security for service users, while also building trust in the setting and the practitioners. Service users who feel confident in the care they are receiving are more likely to engage with practitioners and their own care, as well as seek out future support from the service required. Service users will also be able to compare one setting with another, to ensure that they are receiving the best level of care. This may give the service user the confidence to raise concerns if the care is not of the expected standard. This benefits service users as concerns can be addressed by the setting and the quality of care should improve.

## Improves the quality of care being given to the service user

Standards of care should always be monitored. This will mean that poor care can be identified and action taken to improve it. If the standard of care is already good, this will increase the practitioners' confidence levels and encourage them to keep improving on what they are already doing. A high standard of care will give service users confidence in the setting they are receiving care in, and trust in the setting and the practitioners. This in turn will make the service user feel more positive and engaged in their own care.

This also has benefits for the service users' family members as they will feel reassured that their loved ones are being looked after properly. This has a positive impact on everyone's mental health and wellbeing.



**Figure 1.14:** A high standard of care will improve the confidence of service users and their families

## Maintains or improves quality of life for the service user

Quality of life refers to how a person feels about their health, comfort and happiness, as well as their ability to do things. Many health conditions can reduce a service user's quality of life, for example, by limiting their independence. This can cause the service user to feel frustrated, angry and isolated, because they are unable to do the things they wish to do.

Practitioners can support service users to regain their independence. For example, if a service user has suffered a stroke, different practitioners can help them with mobility, dexterity, speech and diet. These practitioners will help the service user to become more independent, as well as rebuilding their self-confidence and self-esteem. Collectively, their efforts will improve the service user's quality of life.

Service practitioners in a residential care home can improve the quality of life of the residents. They can do this by offering a range of activities to provide physical, intellectual and emotional stimulation and social opportunities. These activities will improve the residents' moods and encourage them to remain independent for longer. This will help them to maintain their self-confidence and self-esteem.

If a service user is able to maintain, or even improve, their quality of life, this will have further benefits. The service user will feel respected and valued because the care setting is meeting their needs fully. As a result, the service user will feel happier and their self-esteem will improve. They will be more willing to engage with their care and a positive partnership can develop between practitioners and the service user.

### Let's get practical! 2

Imagine you are a service user (or a relative of a service user) in a health or social care setting where the person-centred values are applied.

Create a script for a conversation between the service user (or relative) and the manager of the setting. Consider:

- the types of questions the service user (or relative) might want to ask the manager
- the types of person-centred values the manager might refer to
- the examples or evidence the manager might provide to show how the setting is applying person-centred values.

## Supports service users to develop their strengths

A service user who is in pain, whether physical or emotional, may find it difficult to feel positive. Service practitioners can provide support by focusing on areas of strength. This approach will give the service user a sense of control and dignity and help them to trust the practitioner more. It will also improve the service user's self-confidence and self-esteem. As a result, they will be more willing to express their wishes and take an active part in decisions about their care. This will increase the quality of care the service user receives.

### Case study

#### Hill View Retirement Home

Hill View Retirement Home is popular with its residents. It is a kind and caring place, focused on the needs of its residents. Families are confident that the staff are qualified. They also know that staff members receive regular training, to keep their skills and knowledge up to date.

**Continued**

Brenda is 92 years old and has early signs of dementia. A few weeks ago, Brenda moved to Hill View. She is fiercely independent and she was reluctant to leave her own home. However, she likes the social aspects of Hill View. She has her own room, which her family were able to decorate with personal objects such as photographs. She also has brought in her favourite armchair.

Before moving to Hill View, Brenda spent her days baking and knitting. She is able to maintain these interests in the home: there is a 'Knit & Natter' group every Monday afternoon. Sadly, it is not thought safe for her to continue cooking. However, she is encouraged to serve food to other residents, reflecting her work in a local café.

Brenda is able to choose her own clothes each day. There is always a choice of food items at mealtimes. She enjoys spending some of each day in the quiet room, where she is able to read and complete jigsaws.

Brenda's family are pleased with the care at Hill View. They have developed a positive relationship with Brenda's care worker, Millie. They meet with Millie once a month and she describes key events from Brenda's life in the home. She also gives them an update about Brenda's health.

**Check your understanding**

- 1 Describe how person-centred values are applied to Brenda's care.
- 2 Explain the benefits to Brenda of having person-centred values applied to her care.
- 3 Describe the impact on Brenda's health and wellbeing if the person-centred values were not applied to her care. Explain your reasoning.

**Test your knowledge 2**

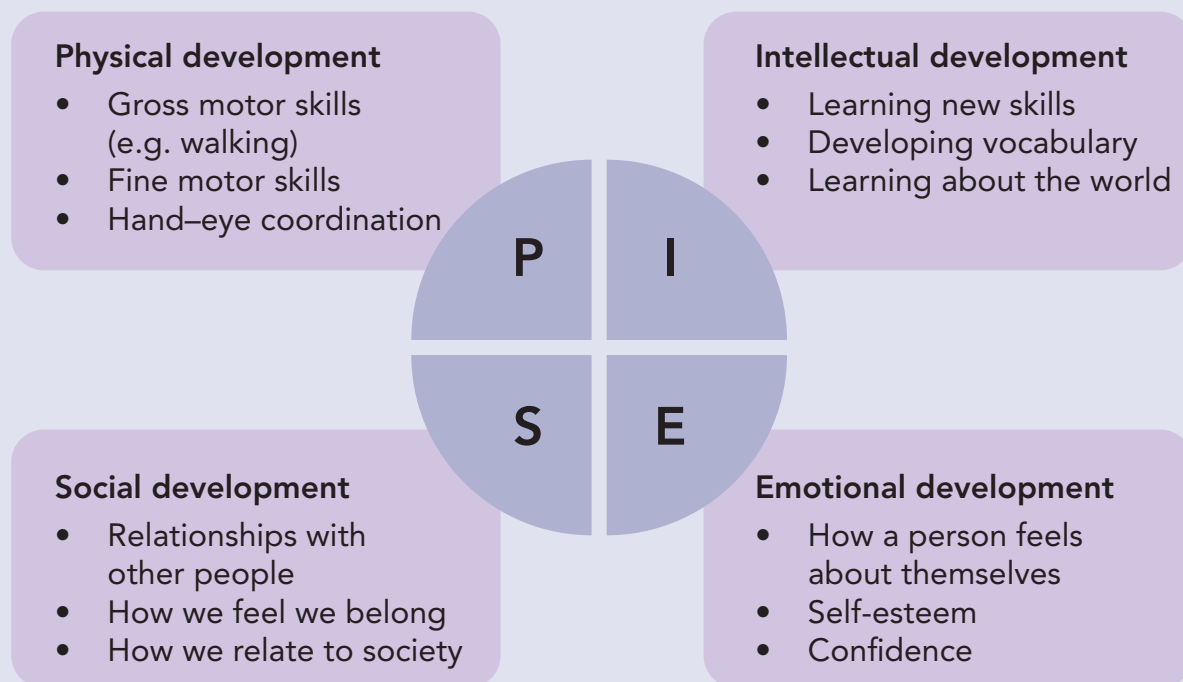
- 1 Identify the benefits to a service practitioner of applying person-centred values to the care they offer.
- 2 Explain the benefits experienced by a service user when person-centred values are applied to the care they receive.
- 3 Describe in your own words what 'quality of life' means.
- 4 Analyse how the application of person-centred values can improve the quality of care.

## 2.3 Effects on service users' health and wellbeing if person-centred values are not applied

### Let's get started 3

How might an individual feel if the person-centred values are not applied? What effects might this have on them? How will it affect their relationship with the setting and the practitioners?

When we evaluate the effects of poor care, we must consider all aspects of the service user's health and wellbeing which will affect their PIES development. Remember, PIES stands for physical, intellectual, emotional and social.



**Figure 1.15:** Aspects of PIES development

If person-centred values are not applied in a care setting, this can lead to a number of negative effects on the service users. It can affect their physical and mental health. It can also affect how they feel about themselves and about other people around them.

## Physical effects

### Pain if medication or treatment is not given

Service users may experience pain if they do not receive the treatment or medication they need. For example:

- a practitioner may not fully explain the treatment options that are available
- a service user who does not trust their service providers may decide not to access medical help
- a service user may have to wait to access care in a setting such as a hospital, a GP surgery or a dental surgery
- incorrect treatment or medication may be prescribed if a practitioner does not fully understand the service user's needs.

All of these factors can lead to increased levels of pain and discomfort. A lack of treatment such as physiotherapy or mobility aids will also reduce the service user's mobility, potentially increasing their level of pain. These effects will have a negative impact on the service user's health, as pain can disturb sleep, increasing their risk of **obesity** and stress-related illnesses.

### Illness may get worse

If a service user does not feel listened to, respected or included in their treatment, they may decide not to engage with a practitioner in the future. This could cause their illness or health condition to worsen. The consequences of this could be short term; for example, the service user may take longer to recover from an illness or injury. There could also be longer-term effects.

### Malnutrition/illness due to lack of food for special dietary needs

Illness can often cause a person to lose their appetite so service practitioners must be aware of the signs of malnutrition. In addition, many elderly service users do not eat properly, whether this is in their own home or in a setting such as a hospital ward or a care home. This might be because they cannot chew certain foods or because they do not have the energy to cook for or feed themselves. If a person does not eat enough,



they will lack energy and their physical health will suffer.

Practitioners must ensure that service users' individual dietary needs are met. For example, they must provide appropriate food options to respect service users' dietary requirements based on:

- allergies or intolerances (e.g. **coeliac disease** or nut allergies)
- lifestyle choices (e.g. vegetarian or vegan)
- religious beliefs (e.g. **halal**, **kosher**).

Otherwise, there are risks to the service users' physical health including allergic reactions (which may cause diarrhoea, vomiting or even anaphylactic shock) or weight loss if there is no appropriate food available.

## Dehydration due to lack of regular fluids

Dehydration occurs when the body does not get enough water. Symptoms include thirst, dark yellow urine, tiredness and dizziness. Dehydration can be very serious if it is not treated. Even mild dehydration can affect a person's mental awareness, memory and concentration. These signs may be confused with the symptoms of old age so it is very important to ensure service users have regular access to drinks such as water, tea, coffee and juices.

## Injury

Physical injuries can occur if person-centred values are not applied. For example, if a service user has difficulties with their mobility, they should be offered a range of support options – such as a wheelchair, a walking frame or walking sticks. If these options are not



**Figure 1.16:** It is important to keep hydrated



**Figure 1.17:** Wheelchairs allow service users to move (or be moved) safely

provided, the service user will be at greater risk of falling. This can lead to bruising, sprains or broken bones.

Injuries can be caused by rough handling of a service user by a service practitioner. This may occur when the service user is being washed or dressed and can lead to pain, scratches or bruising. Such rough handling may be a result of insufficient training. Occasionally, service users may be subjected to deliberate physical assault by service providers, including hitting or punching. This can lead to physical injuries. It will also cause emotional damage, including feelings of fear, loneliness and victimisation.

### Let's get practical! 3

Winterbourne View was a private hospital in South Gloucestershire that cared for adults with additional needs. It was closed down in 2011 after an investigation found that residents were receiving poor-quality care.

- 1 Research Winterbourne View. Identify:
  - examples of the poor-quality care that residents received
  - the impact of this care on the residents
  - the impact of this care on family members who had trusted the hospital to care for their relatives.
- 2 Write your own case study about Winterbourne View. Include information about each person-centred value and how the hospital failed to apply these values.

## Intellectual effects

### Lack of progress or skills development

A lack of intellectual stimulation can affect a service user's recovery and even lead to a deterioration in their mental abilities. This may affect areas such as concentration, speech and memory; skills can be lost.

In a residential care home for adults with mental disabilities, staff must provide plenty of intellectual stimulation and help residents to maintain and develop their independence. Otherwise, service users may lose the ability to carry out daily tasks such as dressing, eating or making decisions without support.

Service users who have dementia will need support to carry out daily tasks for themselves, where appropriate. They should also be encouraged to

engage in activities to prompt their memory and allow them to practise old skills and learn new ones.

## Failure to achieve potential

A service user who feels unable to do things for themselves may become very frustrated. This can cause negative thoughts and affect their self-esteem, moods and willingness to engage in their care. As a result, their emotional wellbeing and intellectual drive may suffer.

A young person with autism may become frustrated, bored or even angry if they do not feel involved in decisions about how they spend their time each day. Their control has been taken away and their independence has been limited. They will be unable to achieve what they want to achieve, so there is a risk they will 'close down' and stop taking an interest in what is happening around them. This will affect their relationships with family and service practitioners. It will also impact their intellectual development and their engagement in the world.

## Loss of concentration

If our brains are not adequately stimulated, this will affect our ability to concentrate. For example:

- a service user who is in hospital for a long time may struggle with boredom
- service users in residential settings may find that the activities on offer are not suitable or not interesting to them
- isolation and a lack of contact with other people (for example, if a service user lives alone) can affect concentration levels, memory and the ability to engage in conversation.



**Figure 1.18:** Crosswords and puzzles are a great way to stimulate your brain

## Lack of mental stimulation

A lack of mental stimulation can lead to boredom and a lack of purpose. It can also affect sleep and cause **depression**. Service users in residential settings or nursing homes should be offered a range of

activities – for example, board games, music, film nights and days out. These activities will help the service users to stay mentally alert, meet other people and have fun.

## Emotional effects

### Depression

A service user who does not feel in control of their care may become depressed. They may feel that decisions are being made without their input and, as a result, they may lose their sense of dignity and self-respect. Depression has serious negative impacts on a person's mental and emotional health. It can also affect their physical wellbeing by reducing their appetite. This can lead to weight loss, lethargy (so less physical activity is done) and disturbed sleep (exhaustion).

### Feeling upset

If a service user's needs are ignored or they are not shown respect, they may become upset. For example, if a service provider fails to involve a service user in decision making about their care, they will feel unsupported and less willing to confide in their family. They might also question their own views and opinions, which will lead to further upset and feelings of inadequacy.

### Low self-esteem/feeling inadequate

Person-centred values such as choice and decision making can have a significant impact on a person's self-esteem and self-worth. They can also increase feelings of respect and dignity.

Low self-esteem and feelings of inadequacy are common among homeless people, who are regularly ignored by the rest of society. They have limited choices due to financial and health concerns, so they may feel that they have failed in some way. This can also affect their physical health if they are the victim of assault or abuse. They may struggle to access many health care services due to their circumstances and this will have a negative impact on their physical and mental health.

## Anger/frustration

If person-centred values are not applied, a service user may feel that their voice is not being heard. This can lead to feelings of anger and frustration. A service user may feel that their GP is dismissing their concerns. They might also feel that the GP is judging their lifestyle choices, such as smoking, while not showing enough understanding about the difficulties of giving up. The service user may feel that the GP does not respect them. As a result, they will be unwilling to engage with the GP and their physical and mental health may suffer.

## Stress

If a service user feels as though they have to fight to have their needs met, they may become stressed. Poor communication can also lead to stress. A service user who does not understand the treatment they are being given will feel out of control.

A lack of resources can lead to stress for service users and their families. The parents of a physically disabled child may need a new car seat, because the child has grown too big for their current one. The parents will have to cope with the inappropriate car seat until the new one is delivered, and this is likely to cause stress. It may also affect the child's social development, as they may not be able to go out until the new seat is delivered. The parents or the child could also be injured as they struggle to use the old car seat, which is too small.

## Social effects

### Feeling excluded

If a setting cannot meet a service user's needs, the service user will feel excluded. This will affect their self-confidence and their ability to engage with the world around them. For example:

- Individuals with mental health conditions such as **bipolar disorder** may feel excluded from workplaces. This can cause a lack of mental stimulation and lead to economic hardship. This in turn will affect their physical and emotional wellbeing.



**Figure 1.19:** Feeling alone or excluded can affect a person's self-confidence



- Individuals with mobility issues may feel unable to participate in certain activities. They will miss out on opportunities to socialise and gain new experiences. This will affect their social and intellectual health.

## Feeling lonely

A service user who does not have opportunities to interact with other people will become lonely. They may lose confidence when communicating with others. They will also miss out on opportunities to socialise and enjoy themselves. This is particularly common in people with long-term illnesses, who find it difficult to go to work or take part in social events. This is likely to affect their self-esteem and self-confidence.

Support groups can be invaluable in connecting people. They allow service users to talk to other people who understand their situation and the barriers they face. These people may be able to offer advice and support and help the service user to feel part of the community.

## Lack of social interaction/poor social skills

Opportunities to interact with others are essential for service users to maintain their intellectual, emotional and social development. Community centres can play an important role in this area. Social groups based around activities such as painting can reduce loneliness and provide opportunities for service users to learn new skills. This in turn will lead to improvements in self-esteem and emotional health.

If a wheelchair user is unable to access a community centre because there is no ramp, their choices and opportunities will be limited. This will lead to feelings of exclusion, which will have a negative impact on their mental health.

### Stretch 2

Imagine you are the manager of a children's home. Some of the children are struggling with their self-esteem.

Create a leaflet for staff to:

- a explain how they can give the children choices (for example, what they wear, what they eat, what activities they do)



**Continued**

- b** explain how they can maintain the children's privacy and dignity
- c** suggest activities that will ensure the children are mentally stimulated
- d** explain how they can provide opportunities for social interaction with other children, both in the home and in the wider community.

**Become withdrawn**

Language can be a significant barrier to feelings of inclusion. If a service user does not have English as a first language, they may feel unable to access support or participate in activities. For example, a pregnant woman may choose not to join the antenatal group at her local GP surgery because she is worried she will struggle with the language that is used. This will mean she loses this valuable support and misses out on the opportunity to meet other women in a similar situation to her own. This can lead to additional worries about the pregnancy. The woman may also worry that she will not be able to care for her baby properly.

**Let's get practical! 4**

Work in a group with three other people to write and act out a role play.

- a** Select a setting.
- b** Discuss and identify examples of good care and examples of poor-quality care.
- c** Discuss different types of service user and practitioner. Decide who you will include in your role play.
- d** Write your role play, making sure it:
  - demonstrates the differences between good care and poor-quality care
  - shows the positive impacts of person-centred values on standards of care and the wellbeing of service users
  - lasts no longer than four minutes
  - includes parts for all group members.
- e** Perform your role play.

## Review your learning

### Test your knowledge 3

- 1 What does the acronym PIES stand for?
- 2 Choose a specific health or social care setting. What are the possible physical effects of not applying person-centred values in this setting?
- 3 How could a lack of respect affect a service user in a hospital?

### What have you learnt?

	See section
• Person-centred values and how they are applied by service providers.	2.1
• Benefits of applying person-centred values.	2.2
• Effects on service users' health and wellbeing if person-centred values are not applied.	2.3

