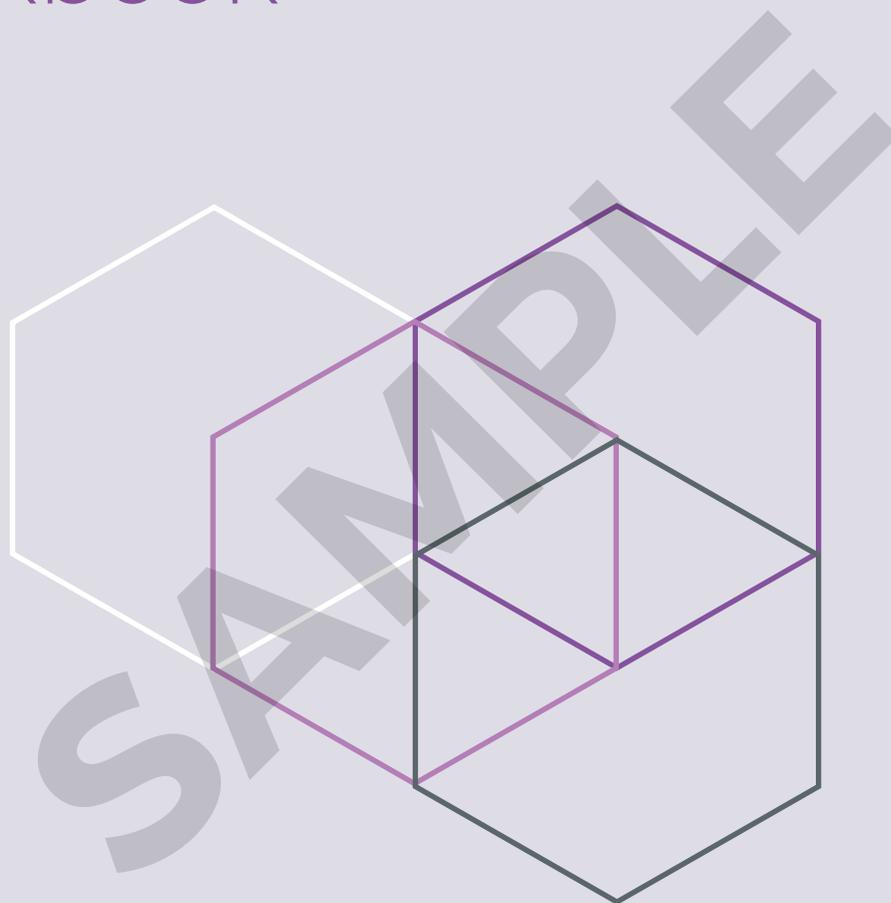


NCFE Level 2

Extended Diploma in Health and Social Care

(601/8855/8)

Workbook



Contents

Course Introduction	03
Recording your 'distanced travelled'	04

Unit 1: Equality, diversity and rights in health and social care

- Learning outcomes and assessment criteria	07
- Understand equality, diversity and inclusion in health and social care	10
- Understand discrimination	21
- Understand person-centred practice	28
- Unit review	23

Unit 2: Understanding of human growth and development across the lifespan

- Learning outcomes and assessment criteria	45
- Understand human growth and development across the lifespan	48
- Understand influences which impact upon human growth and development	57
- Understand significant life events across the lifespan	68
- Understand how health and social care services meet the care needs of individuals through the lifespan	71
- Unit review	77

Unit 3: Safeguarding and protection in health and social care

- Learning outcomes and assessment criteria	80
- Understand legislation, policies, procedures and codes of practice in relation to safeguarding and protection	84
- Understand the role and responsibilities of the health and social care practitioner in relation to safeguarding	98
- Understand types of abuse	108
- Understand action to be taken by the health and social care practitioner in response to evidence or concerns that an individual is at risk or has been harmed or abused	118
- Understand the benefits of working in partnership in relation to safeguarding and protection	128
- Unit review	132

Unit 4: Communication in health and social care

- Learning outcomes and assessment criteria	136
- Understand effective communication	138
- Understand professional relationships in health and social care	149
- Understand legislation, policies, procedures and codes of practice relating to the management of information	156
- Unit review	163

Unit 5: Working in health and social care

- Learning outcomes and assessment criteria	167
- Understand health and social care values across provision	171
- Understand health and social care provision	181
- Understand the roles and responsibilities of the health and social care practitioner	191
- Understand Continuing Professional Development	217
- Understand reflection in relation to Continuing Professional Development	236
- Unit review	241

Course introduction

This workbook will support you to study towards the NCFE Level 2 Extended Diploma in Health and Social Care. It will provide you with knowledge and understanding essential to the health and social care sector, supporting progression to further learning or the workplace.

You can work through this workbook to support you with your learning for the mandatory units. There is content to read through as well as learning activities to expand your knowledge, challenge your understanding and stretch your learning. At the end of each section, there is a 'check your understanding' activity to help you consolidate what you have learned. There is a reflection activity to record your key learning points and create an action plan for further reading and research. There is also an activity to help you understand the bigger picture and how the topics link together.

This qualification is graded A* - D.

There is a supporting assessment book to use alongside this workbook. You can use both of these resources to help build your portfolio. The assessment book includes suggested assessed assignments and projects to complete, details how you can achieve each grade and will support you to reference your reading and research.

Recording your 'distance traveled'

It is good practice to assess and record your current knowledge against the requirements of the qualification. This will help to identify the starting point and the areas you need to develop.

You can complete this questionnaire at the beginning, at the mid-point and at the end of your course. By comparing the results, you and your tutor will be able to measure your 'distance travelled' and show the progress that has been made.

Note: To help track the progress you are making, please enter a number 1 in the questionnaire to indicate each of your starting point ratings, and then use 2 for your mid-point ratings and 3 for your end point ratings.

	1	2	3	4	5	6	7	8	9	10
1. I understand equality, diversity and inclusion in health and social care, including the terms; equality, diversity and inclusion, the legislation, policies, procedures and codes of practice and how practitioners contribute to inclusive practice.										
2. I understand the types of discrimination, approaches I can use to challenge discrimination and how my own values, beliefs and experiences can influence the delivery of care.										
3. I understand the concept of person-centred practice, how it is used to support individuals, the impact and ethical dilemmas that may arise.										
4. I understand human growth and development across the lifespan, including the holistic development that takes place during infancy, childhood, adolescence, early, middle and late adulthood.										
5. I understand the influences which impact upon human growth and development.										
6. I understand the significant life events across the lifespan.										
7. I understand how health and social care services meet the care needs of individuals through the lifespan.										
8. I understand legislation, policies, procedures and codes of practice in relation to safeguarding and protection.										
9. I understand the role and responsibilities of the health and social care practitioner in relation to safeguarding.										
10. I understand types of abuse.										

NCFE Level 2

Extended Diploma in Health and Social Care 60188558

11. I understand action to be taken by the health and social care practitioner in response to evidence or concerns that an individual is at risk or has been harmed or abused.																				
12. I understand the benefits of working in partnership in relation to safeguarding and protection.																				
13. I understand effective communication.																				
14. I understand professional relationships in health and social care.																				
15. I understand legislation, policies, procedures and codes of practice relating to the management of information.																				
16. I understand health and social care values across provision.																				
17. I understand health and social care provision.																				
18. I understand the roles and responsibilities of the health and social care practitioner.																				
19. I understand Continuing Professional Development.																				
20. I understand reflection in relation to Continuing Professional Development.																				

Unit 1:

Equality, diversity and rights
in health and social care

SAMPLE

This unit will support you to develop underpinning knowledge of equality, diversity, inclusion, discrimination and person-centred practice in health and social care. You will learn about related legislation and develop an understanding of ethical dilemmas and how to handle these situations.

Learning Outcomes and Assessment Criteria

To achieve this unit, you must:

1. Understand equality, diversity and inclusion in health and social care

1.1. The terms:

- Equality
- Diversity
- inclusion

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

- Care Act 2014
- Health and Social Care Act 2012
- The Equality Act 2010
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989
- related policies and procedures
- codes of practice relevant to sector
- current legislation as relevant to Home Nation.

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

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

<p>2. Understand discrimination.</p>	<p>2.1 Types of discrimination: in relation to:</p> <ul style="list-style-type: none">• direct• indirect <p>2.2. Approaches to challenge discrimination:</p> <ul style="list-style-type: none">• strategy• communication• reporting• whistleblowing• modelling• training. <p>2.3. How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care:</p> <ul style="list-style-type: none">• self-awareness• acknowledging belief systems, attitudes, and behaviours• influence of others on own belief system, attitudes, and behaviours to include:<ul style="list-style-type: none">• media, family, and peer pressure• professional versus personal• respect and value diversity.
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3. Understand person-centred practice

3.1. The concept of person-centred practice:

- individual central
- individual in control

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

- dignity and respect
- care planning
- tailored communication
- consent
- risk management

3.3. Impacts of person-centred practice on individuals:

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

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

- Confidentiality
- managing values and beliefs
- risk taking
- rights versus responsibilities

Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

1.1 Diversity, equality, and inclusion

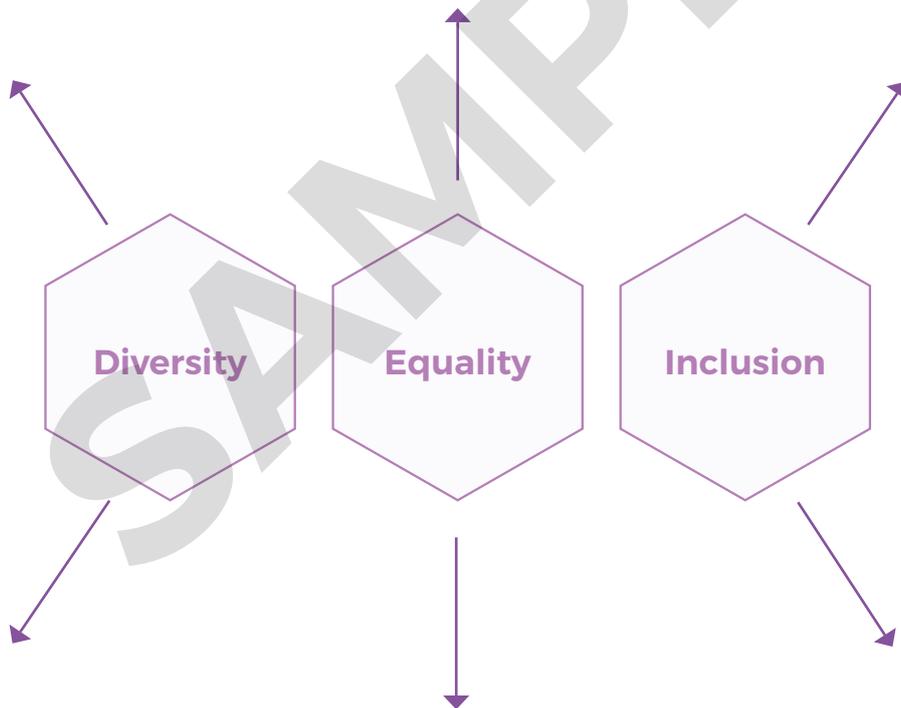


Activity

In the space below, create a mind map diagram to show what these words mean to you. You can discuss as a group with your peers or work individually.



20min



Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

Diversity	<p>Dictionary meaning: variety, assortment, range, mixture</p> <p>Diversity refers to the wide range of attributes, backgrounds and skills that are in our society. In the UK, we have people of many races, religions, colours, abilities, ages and so on. They bring a diverse and colourful range of cultures, traditions, ceremonies, skills, languages, backgrounds, experience, and other attributes to our society.</p>
Equality	<p>Dictionary meaning: fairness, impartiality, equal opportunity</p> <p>Equality is the 'state of being equal'. It means that something is the same value, quantity or quality as something else. Equality means being even, balanced, and fair.</p> <p>Equality in a social care context is about making certain that people are treated fairly and are given fair chances. However, equality is not about treating everyone in exactly the same way. It is about recognising the importance of each person as an individual and making sure that their needs are met in a variety of ways.</p>
Inclusion	<p>Dictionary meaning: being included, not being left out</p> <p>In social care, all service provision and activities should be inclusive. Individuals should not feel excluded from using a specific service or taking part in a particular activity.</p>

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

To support the principles of diversity, equality and inclusion, there are certain laws, codes of practice and standards in the UK. The ones that apply to the adult social care sector include:

- Care Act 2014
- Health and Social Care Act 2012
- The Equality Act 2010
- The Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989
- Related policies and procedures
- Fundamental standards
- Codes of practice



Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

Care Act 2014

The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

The Care Act is mainly for adults in need of care and support, and their adult carers. This brings together much of the previous legislation on care and sets down rules for person-centred care assessment and planning, and for safeguarding.

Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced the first legal duties about health inequalities.

It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require them to work towards reducing health inequalities between the people of England.

The Act also brought in changes for local authorities on public health functions. The Act decreased the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities.

The Equality Act 2010

Equality is supported through anti-discrimination legislation, particularly the Equality Act 2010. The Equality Act 2010 is intended to address unfair discrimination against people at work, in education, as consumers, and when using public services. It also has implications for the assessment and provision of care (e.g. under the Care Act 2014) as all individuals should have equal access.



Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care



Activity

Do you know the nine protected characteristics in the Equality Act 2010?

List them below.



The Equality Act 2010 means that all people are now protected from discrimination due to their:

- **age** – young (but over 18) and old are protected
- **disability or impairment** – organisations must make 'reasonable adjustments' to accommodate staff, customers and visitors with disabilities
- **gender** – equal pay, training and opportunity for males and females
- **gender reassignment** – people changing from male to female, or female to male
- **marriage or civil partnership** – protecting everyone, whether they are single, married, living together or in a civil partnership
- **pregnancy or maternity** – only reasons of safety are not covered
- **race** – wherever they were born, their parents' and their own race, colour and ethnicity are protected
- **religion or beliefs** – any religion, lack of religion or personal belief is protected
- **sexual orientation** – heterosexual, gay, lesbian, and bisexual people are covered

Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care



15min



Activity

Select three of the protected characteristics above. Give an example for each of the reasonable adjustments you may need to make in your role to support an individual, to ensure they receive an equal quality of care in their daily life.

Protected Characteristic	Reasonable Adjustment I would make

The protected characteristic, 'disability or impairment', covers many people including those who have:

- physical disabilities – e.g. unable to walk due to a problem from birth, a degenerative disease or following an accident
- mental issues – e.g. problems since birth, following a mental breakdown or behavioural problems
- learning difficulties – e.g. behavioural issues or a lack of literacy, numeracy or communication skills for whatever reason
- progressive conditions – e.g. cancer or multiple sclerosis
- visual impairments – e.g. complete blindness, partial blindness, or poor eyesight due to age, degeneration, or an accident
- hearing impairments – e.g. complete deafness, partial deafness, or poor hearing due to age, degeneration, or an accident

Anyone can suffer a disability or impairment at some point in their life. Just think of the number of people who break a bone, have surgery, suffer from panic attacks or have debilitating cancer treatment, and nearly everyone has to deal with age-related impairments eventually.

The Act also covers discrimination by association. For example, it would be illegal to refuse to employ the right person for the job just because they had a disabled partner who might need extra help, causing them to take time off work.

The Act also covers discrimination by perception. This is discrimination against someone because they are wrongly perceived to have a certain protected characteristic, for example where an employer believes an employee is gay, or is of a particular race, and treats him or her less favourably as a result.

Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

Fundamental standards

These were issued by the Government and monitored by the Care Quality Commission (CQC), which is the regulatory body for England. Scotland, Wales, and Northern Ireland have their own regulatory bodies. They all issue similar standards and have the legal power to enforce them.

Some of the fundamental standards deal directly with equality, diversity, and inclusion.

For example:

- **Dignity and respect** – You must be treated with dignity and respect at all times while you are receiving care and treatment.
- **Safeguarding from abuse** – You must not suffer any form of abuse or improper treatment while receiving care.

Codes of practice

As we saw earlier, there are several organisations that issue codes of practice, or standards, for a variety of subjects. Equality, diversity, and inclusion are often embedded within the standards. For example:

- **CQC** – code of practice on how to deal with an individual's personal information, such as confidentiality and gaining consent to share information about financial affairs or medical records.
- **Skills for Care** – code of conduct which requires health and social care workers to Uphold and promote equality, diversity, and inclusion, for example.
- **UK Home Care Association (UKHCA)** – code of practice setting out detailed information and requirements for businesses that are members of UKHCA, such as about the individual's rights and employers' and employees' legal responsibilities regarding equality and diversity

Employers and staff need to meet the standards set down by the CQC to comply with the laws and regulations and care workers should follow the Code of Conduct. To become members of organisations such as UKHCA, staff and employers need to meet the standards and codes of practice. Once they have joined, they need to maintain the standards and pass inspections, assessments, and examinations for membership to continue.

Current Legislation as relevant to the Home Nation

The equality and diversity legislation we have discussed is relevant to England. Other pieces of legislation are relevant to equality and diversity in other areas of the UK.

In Scotland, there is the Criminal Justice Act 2003 (Scotland) and the Offences Act 2009 (Aggravation by prejudice) (Scotland). In Wales, there is the Welsh version of the Equality Act 2010. In Northern Ireland, the Equality Act does not apply, they use various other types of legislation to cover equality and diversity such as the Employment Equality (Repeal of Retirement Age Provisions) Regulations 2011 and the Autism Act 2011.

Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

Related policies and procedures



25min



Activity

You need to conduct some research and make a list of the workplace policies and procedures that are related to equality, diversity, and inclusion. Record them below and include an explanation of what you must do to adhere to this policy or procedure in your role:

Policy or Procedure	What I must do in my role

SAMPLE



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

Inclusive practice involves working in ways that respond to the individual, their unique needs and preferences and promotes their wellbeing. Inclusive practice enables health and social care workers to provide high quality care that is unique, person-centred, safe, and effective.

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

Everyone is entitled to their own beliefs, culture, values, needs and preferences. A person's beliefs could be linked to a person's religion, what they eat, how they dress. It may be that they do not have a particular belief. Culture is about a person's traditions or customs and can be linked to the country we come from, or our heritage. Values are what we consider to be the most important factors and show how we live our lives. Our values motivate us and guide us in decisions. For example, you may value honesty or kindness, some may value competition, while others value cooperation. Some may value adventure, while some value safety and security. Our needs refer to the areas in which we may need support, and this will be different from person to person. Our preferences are our likes, dislikes, and personal choices.

As a health and social care worker, you can find out all of these aspects of a person by having discussions and spending time with the individual, asking them questions, and finding out about them. You can follow this up with reading their care plan, observing them over time and speaking with their family or friends or with colleagues who have also worked with them.



Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care



25min



Activity

Think of someone you know; this could be someone you work with in your role as a health and social care worker or you could choose a family member or friend. In the table below, describe their beliefs, culture, values, needs and preferences.

Beliefs	
Culture	
Values	
Needs	
Preferences	



Unit 1 - LO 1:

Understand equality, diversity and inclusion in health and social care

Promote rights

Promoting an individual's rights is an important part of inclusive working. All individuals that you work with have rights. This could be linked to their independence, their individual choices, their right to be involved in their own care and support, their right to be protected from danger, harm or abuse, their privacy, and their dignity.

Value diversity

This means recognising differences between people and acknowledging these differences are valuable. It includes understanding and appreciating what makes us different. It is important to respect each other's differences and accept that not everyone is the same as you. Finding out about someone's differences, often helps to remove ignorance and this in turn, helps to remove discrimination and stereotyping.

Person-centred practice

This relates to placing the individual at the centre of their care, always working in their best interests, and involving them in all decisions. Person-centred practice is empowering and helps the individual to fulfil their potential and supports positive relationships. It can involve gaining their consent and not just assuming that actions and activities are acceptable.

Access to services

This could relate to sharing knowledge of the range of services that are available, with discussion around various options. This could include the health and social care worker providing information about services so the individual can make an informed choice about using that service.

Information and advice

This could be providing clear and easy to understand information and advice so the individual can make informed choices about their care in language they can understand. Information and advice should be impartial and provided so that it does not lead or influence the individual in any way.

Manage risk

You have a responsibility to keep individuals safe and have a duty of care for their health and wellbeing, whilst also maintaining a balance to support individuals to manage risks themselves, keep their independence and support them to develop their confidence.

2.1 Types of Discrimination

Dictionary meaning: prejudice, unfairness, intolerance, favouritism, bigotry

Discrimination occurs when one person is treated less favourably than another person in the same situation because of their race, gender, disability, religious beliefs etc.

In social care, discrimination may arise, for example, if arrangements were made in a care home for Christian celebrations but other religions were not considered.

Individuals and health and social care workers will come from a variety of backgrounds. They will differ in, for example:

- age
- race and ethnicity
- marital status or civil partnership
- gender and sexual orientation
- religious beliefs
- ability, disability, and impairment
- fitness, size, and mobility
- income and spending patterns
- knowledge and use of IT and other resources

It is important to make sure that we do not discriminate against people at work. Embracing the principles of equality, diversity and inclusion are at the core of person-centred care and good working practices.

Some of the ways in which discrimination can occur are:

Direct discrimination

This means treating someone less favourably than others in the same circumstances. Examples of direct discrimination in a social care setting include:

- giving all of the women residents in a care home some chocolates, but not the men – discrimination has occurred due to gender
- giving a 70-year-old treatment, but not an 80-year-old, even though they have exactly the same problems and levels of fitness – this could be age discrimination
- full-time staff receiving training, but not part-time staff

Unit 1 - LO 2:

Understand Discrimination

Indirect discrimination

This occurs when there are rules or conditions that apply to everyone, but they affect one group of people more than another group, without a good reason.

For example:

- staff at a care home arrange a shopping trip for all of the residents, and they book an ordinary minibus – this indirectly discriminates and excludes the residents who have severe mobility problems or need to use a wheelchair
- staff are suddenly told that they have to work night shifts to get a bonus (even though this was not in their original work contracts) – this indirectly discriminates against staff members who cannot work nights due to family commitments or travel restrictions
- all of the residents are given pork for lunch – this indirectly discriminates against residents who are vegetarian, Muslim, Jewish or simply do not like pork

Harassment

This is when offensive or intimidating behaviour is intended to cause humiliation or injury to the targeted person or people.

Harassment can occur between fellow residents, between colleagues or between staff and individuals. It can go on for a long time if it is not dealt with. For example:

- sexist or racist language
- name-calling
- objectionable or unwanted physical contact

Victimisation

This occurs when an individual is singled out for exceptional negative treatment.

For example:

- an obese individual with a thyroid problem is picked on and teased because of their size
- a resident is picked on because they complained to the care home manager
- a staff member is teased and picked on because they refuse to join a trade union





10min



Activity

Reflect upon a time when you have experienced discrimination. Record in the space below, what was the situation? How did you feel? How could things have been dealt with differently?

Blank space for writing the activity response.

SAMPLE

