Values applied in health settings

Promoting equality and diversity

- Provide care that meets an individual's specific needs e.g. a theatre trip should be based somewhere with wheelchair access
- Care workers should always use non-discriminatory language and avoid patronising the individual. They should challenge discrimination if they see or hear it.
- Helping someone to shower or get dressed if they have mobility problems. Some residents need wheelchair access, some have memory problems, some are allergic to nuts, some are vegetarian or may have religious beliefs.

Maintaining confidentiality

- Respecting personal information it should only be shared on a need-to-know basis.
- Respecting the right to keep this information private even from family and friends without the individuals' permission.
- Knowing information about people and making sure it is accurate and necessary.
- Having permission to access the information. Private information should be password protected or locked in a filing cabinet. Staff having access to confidential information should not gossip about the individual in their care.

Exceptions

If the person is at risk of harming others e.g. domestic violence, someone with Schizophrenia If the person is at risk of harming themselves e.g. committing suicide, someone with Schizophrenia If the person is at risk of being hurt by others e.g. abuse When there is a risk of a serious offence being carried out e.g. drug dealing

Promoting individuals' rights and beliefs

Rights = individuals' rights to dignity, independence, empowerment, choice and safety in relation to all aspects of their lives, care, support and treatment

Beliefs = in relation to what individuals believe in and value as important e.g. their beliefs in relation to their lifestyle or religious practices.

- Providing access to prayer rooms or transport to church to support their individual religious beliefs
- Choice or birthing route for a pregnant woman (home or hospital) Providing a menu with vegetarian, vegan, gluten free options, halal and kosher options.

Values applied in Early Years

Ensuring the welfare of the child is paramount

Childcare environments should use a childcentred approach where the child's needs come first. A child must never be humiliated, abused or smacked. Safeguarding and child protection policies should be in place.

Keeping children safe, and maintaining a healthy and safe environment

- Have DBS checks in place as well as safeguarding procedures
 - Staff must wear lanyards to be identified
- Health and safety procedures must be followed e.g. fire drills, first aiders
 - Appropriate staff to child ratio needs must be met

Valuing Diversity

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- Teaching diversity helps to develop an understanding of individual differences and encourages acceptance of and respect for others.
- Displays, toys and resources such as books should reflect different cultures, beliefs and needs.
- Range of festivals could be celebrated (Diwali, Christmas, Chinese New Year) showing that all cultures are equal.
- Welcome signs in a variety of languages

Completing the above shows that all children are valued.

Working in partnership with parents, guardians and families

- Have regular parents' evenings or open days so other people can look around the setting
- Diaries can be kept by staff to inform on their child's progress
- Information session could be provided e.g. on how to potty train
- Award certificates could be sent home.

Ensuring equality of opportunity

- Every area of the setting should be accessible by all e.g. ramps
- Activities should be accessible by all e.g. adapted resources and one-to-one support
- Children's individual needs must be met e.g. cultural, religious, mobility, dietary.

All children should be treated fairly with no favourites

Encouraging children's learning and development

- Monitoring progress ensures that providers are aware of where support is needed with Special Educational Needs.
- Learning should stretch and challenge children when appropriate
- Specialist staff available who can use sign language and teaching assistants who can support children with additional physical or special educational needs.
- Differentiated worksheets and reading material should be provided.
- Feedback such as rewards systems can help them stay motivated.

Practising anti-discrimination

- Staff should be good role models and not use discriminatory language, no racism
- Discriminatory comments and behaviour must be challenged so that they know what they have done wrong
- Children should be treated fairly, irrespective of their race, age, gender, disability or sexuality
- No one should be excluded because of their disability. They must be catered by Pecs, braille, translators

Working with other professionals

Sometimes practitioners or agencies that support children must work together.

A nursery worker may need to work with the nurse, a health visitor and social services to meet their needs

Ensuring confidentiality

- Information should be share only on a 'need to know basis'
- Consent must be gained before information is shared
- Only staff working with the individual should have access to information
- Information should be securely locked away or on a password protected computer.
- Conversations should not be overheard

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Enjoy • Learn • Succeed

Examples of health care

GP surgery

Hospital

Dentist

Optician

Examples of social care

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Health centre

Residential home

Support Group

Centre

Examples of early years

Nursery

Child minder

Playgroup

Pre-school

Breakfast club

Primary school

Toddler group

Lunch club

Community Centre

Social services Day

Retirement home

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Applying the values: all children receive appropriate care and attention, children feel safe and valued, individual needs are met, children are treated fairly, special needs are provided, children's rights are promoted, legislation is followed, values diversity of children.

Applying values of care	Further detail
or care	
ensures standardisation of care	Practitioners will know how to do their job effectively.
	• Service users will receive appropriate care, attention and treatment to meet their individual needs.
	• All the staff will be working to the same high standards
improves the quality of care	People who use the services will have their needs met e.g.
	providing people in hospital with nutritional meals,
	providing help to eat and drink,
	discussing their treatment with them about alternative types of treatment
provides clear	• The values of care inform practitioners about the key features of
guidelines to inform and	 best practice so that they know how to provide effective care Applying the values of care in their work ensures that the standard
improve practice	of the care provided by practitioners meets legal requirements
maintains or improves quality	 Service users' rights, beliefs and preferences will be respected, and their individual needs met; this ensures that the care they receive is
of care	beneficial in every way.
	e.g.
	a teaching assistant providing literacy support to a child to enable them to achieve their full potential
	an occupational therapist carrying out a home assessment of an
	older person with arthritis resulting in various kitchen aids such as
	an easy grip knife and a special bottle opener – these will enable her to continue preparing meals independently
Being a Reflective	Practitioner: Someone who regularly looks back at their work and how they

Being a Reflective Practitioner: Someone who regularly looks back at their work and how they do it, to consider if they can improve their practice.

A reflective practitioner will:

- Evaluate specific incidents or activities
- Identify what might be done better next time
- Identify what went well
- Explore training and development needs

Physical effects - relates to the individuals body

- If a nursing home resident with coeliac disease (unpleasant symptoms if gluten is eaten) is not provided with gluten-free food, their digestive health will deteriorate
- A hospital patient who is not given regular drinks, resulting in them becoming dehydrated and their condition worsening

<u>All points are linked – E.G. BULLYING A CHILD</u> P – bruises	Physical effects	Intellectual effects	Em
I – will not learn as he avoids school E – upset, scared, low self esteem	 pain existing illness gets worse bruising cuts and 	 lack of skills development lack of knowledge lack of progress 	 low conf diser upse
S – Will not have many friends, withdrawn	grazes • broken bones • dehydration • malnutrition	 loss of concentration losing interest lack of stimulation 	 loss angr depr stres
Emotional effects – relates to an individual's Feelings	• injury	will not achieve potential	 frust hum self- frigh feeli

Feelings

- An elderly woman attends a day centre' she is a vegetarian but at lunch is expected to eat the same meal as the others, just without meat - this would be unfair treatment and is likely to upset her as she is not being treated as well as the others. She would develop low self esteem as she is not important and maybe feel embarrassed that she is being a nuisance.
- · An expectant mum would be upset, angry and frustrated if her midwife told her that she cannot have a home birth without any explanation

Intellectual effects

Relates to an individual's thought process and thinking skills.

- If a child who has learning difficulties is not given support and learning activities matched to their needs, their learning will not progress
- · Staff at a retirement home expect residents to sit and watch television for most of the day and do not provide a range of activities to engage their interests; the residents will lack mental stimulation.

Social effects

 withdrawn isolated

excluded

become

antisocial

 unco-operati lack of friend

 develop behaviour problems refusal to us

the service

self-esteem

fidence

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of trust

ressed

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harm

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ing unsafe

Social effects
Relates to individuals

Relationship with others

- · If staff at a primary school do nothing about children laughing at a child with a birthmark on his face, the child may lack friends, become isolated, withdrawn and refuse to attend.
- An elderly resident at a retirement home has an undiagnosed hearing problem, the staff do not bother to talk to him much because they think he just does not like socialising and prefers to be on his own. The resident avoids being with others because he cannot hear properly