



Healthcare services

Health services provide care, treatment and support to people with physical or mental health conditions. Depending on the individual's need, contact with health services may be on a short-term basis (e.g. a one-off appointment), or may involve long-term, complex care that spans several months.

Primary care

Primary care services are those that a patient will usually have **first contact** with. They often deal with common, everyday health concerns, and can refer an individual on to more specialised services if required. People can **self-refer** to primary care services, meaning that they can access these directly.

Example of primary care service	How does it meet service user need?
General practitioners (GPs)	Offers assessment of and treatment for common health problems. Can prescribe medication . Refers patients on to more specialised services (e.g. secondary care).
 Dental care	Provides care that promotes a healthy mouth , healthy gums and healthy teeth . Offers advice on how to improve oral hygiene . Carries out minor surgical procedures, e.g. removing teeth.
 Optometry	An optometrist is a type of doctor specialised in the health of the eyes and visual system . Offers corrections to sight problems, e.g. prescribing glasses.
Community healthcare	Providing healthcare in community settings means in the patient's own home , or in venues such as community centres. Community healthcare helps to promote independence by reducing the likelihood that a patient is admitted to hospital.

Other primary care providers include: *pharmacies, community hearing care, sexual health services, community midwives and health visitors.*

Secondary care

Secondary care services are more highly **specialised** than primary care services. Secondary care services are often **specific** to a particular health need. For example:



- **Psychology** – assessment and treatment of mental health conditions
- **Dermatology** – specialists in skin health and managing skin conditions
- **Cardiology** – treatment and management of heart conditions

Other secondary care services include: *gynaecology, acute medical unit, paediatrics, renal medicine, haematology, neurology*

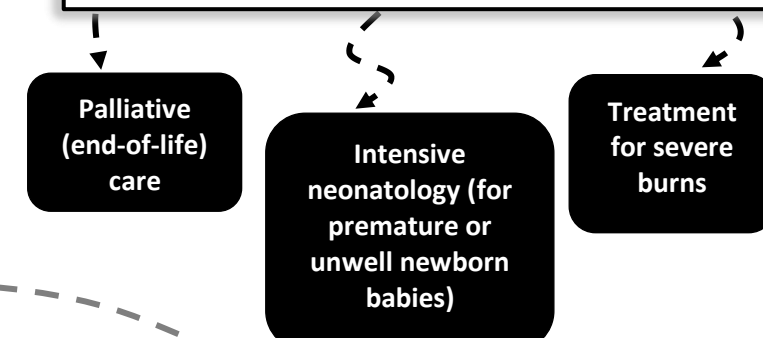
Each service is likely to have specialised **equipment** and **staff** trained to deal with the specific needs of that service, and is commonly located in a **hospital** setting. A **referral** from another professional, such as a GP, is usually required to access secondary care.

Tertiary care

This is the most specialised form of healthcare. Tertiary care services are required if an individual's health needs are **complex**, rare, or require **intensive** long-term care.

An example of tertiary care is a **residential** healthcare service, such as a nursing home. The care provided to residents here is long-term and intensive, and such a service is staffed by a nurse (and other staff) to provide round-the-clock support.

Other examples of tertiary care include:



Allied Health Professionals

These provide specialised health care outside of the domain of medicine and nursing. An individual is likely to need a referral in order to access them. Some examples of different allied health professionals are provided here, but there are many more.

Physiotherapists

These aid people who have difficulties with their **joints, bones** and/or **soft tissue**. They also help people who are struggling with mobility, e.g. due to accident, illness or disability.



Techniques used by a physiotherapist include:

- **Manual therapy** (using their hands)
- Devising a programme of **exercises** and **stretching** to aid mobility
- The provision of **advice** (e.g. on posture)

Occupational therapists

These see people who are struggling to carry out the tasks of **daily living**. For example, someone who has recently been in an accident may be less able than they previously were to carry out tasks such as dressing or maintaining their home.

Occupational therapists come up with ways that these **barriers** to daily living can be overcome or **reduced**. For example, they may organise the provision of **mobility aids** or **home adaptations**.

Speech and language therapists

If an individual has difficulty **speaking** or **swallowing**, they may be referred to a speech and language therapist (SLT). SLTs help people who have difficulties with a range of skills, including:



- Pronunciation
- Stammering
- Swallowing
- Autism
- Speech delay

Dieticians

Dieticians are specialists in **nutrition**, and can advise individuals on a healthy diet. They are able to **diagnose** health problems relating to poor nutrition, and can draw up **dietary plans** for people with special health needs.

They may also work with people who have food allergies or **intolerances**, and people who are trying to lose weight.



Intolerance – difficulty in digesting a particular food, which also causes unpleasant symptoms

Others

Other allied health professionals include:

- Art, drama and music therapists
- Podiatrists (*specialise in feet*)
- Orthoptists (*specialise in eyes*)
- Osteopaths (*specialise in musculoskeletal system*)
- Prosthetists (*specialise in those with loss of limbs*)
- Radiographers (*specialise in imaging of human anatomy*)

+ Social care services +

Social care aims to support vulnerable groups to help them live safe and healthy lives that are as independent as possible. There are many different service user groups that may be in receipt of social care services, including children and young people, older adults, and those with specific needs (e.g. adults and/or children with learning disabilities or mental health).

For children and young people

Some children and young people need additional support to help them live **healthy** and **safe** lives. For example, the home environment may no longer be safe or they may have special health needs.

Foster care

This is when a child stays with another family **temporarily**. This should provide a child with a **safe** environment that meets their needs. A child may go into foster care while a **court** is deciding whether they can live safely at home.

Foster care can be given in 'respite' form, e.g. over a weekend or during school holidays. This may be provided for children with **disabilities**, which benefits caregivers by giving them a **break**.

Residential care

Residential care services are services in which a child goes to live somewhere on a **permanent** basis. They may share a home with other children in a similar situation, and such services are staffed by people who are **specially trained** in the needs of children and young people.

A child may go to live in residential care if a previous foster placement has not worked out. Some residential services also offer **education** (e.g. specialist residential colleges).

Youth work

- Broad term that refers to services and initiatives which boost a young person's **personal** and **social wellbeing**.
- Youth workers try to help young people reach their full potential.
- Helps to build **confidence** and **self-esteem**.
- Supports young people to help them build and navigate **healthy relationships**.
- Offers opportunities to **learn** new things and try new **activities**.

For those with specific needs and older adults

Examples of specific needs that adults and children might have include **learning disabilities**, **sensory impairments**, and **long-term health** issues.

It's also important to remember that not all older adults will need social care, but some older people may need additional support if their health or mobility declines during later adulthood.

Sensory impairment – a reduction in the ability to use one or more of the senses, e.g. sight or hearing

Residential care

Another term for residential care you might come across is 'care home'. Residential facilities are likely to have the specialist **equipment** and specially **trained** staff available to manage the complex needs of service users. For example, the bathrooms may be **adapted** to allow personal care to be carried out more effectively for people who are wheelchair users.



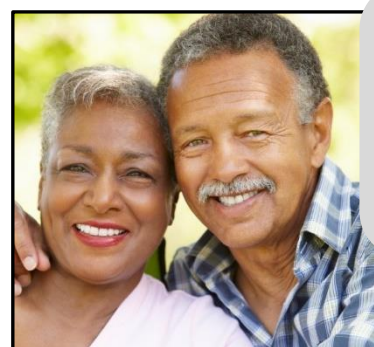
Respite care

This is a **short-term** form of social care, often designed to give the individual's regular **carers** a **break** from their responsibilities. A service user might stay in respite care perhaps one night a week, or for the occasional weekend. Alternatively, paid staff may come to work in the service user's **own home** so that their regular carers can go away for a trip.

Domiciliary care

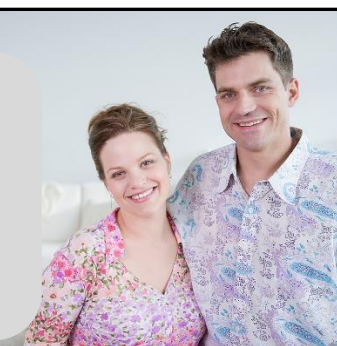
This means care provided in the service user's **own home**. Social care staff, such as carers or support workers, will regularly **visit** the person (the frequency of these visits depends on each individual's needs), and will assist with things such as:

- **Daily living** – e.g. washing, meal preparation
- **Emotional support**
- **Companionship**
- Helping people to get out and about (e.g. to attend appointments).



Close relationships, such as with partners and good friends, may be a particularly valuable source of support for some individuals with health and social care needs. This is because they will **know** them and their **routine** well, and will be able to provide care for them in a way that respects their individuality.

'Informal social care' means support provided by **friends**, **family**, and **neighbours**, rather than paid professionals. There are many different ways that these informal support networks can provide social care to their loved ones.



Informal social care

The support given can also be **practical** in nature. For instance, a neighbour might come over to help out with the gardening, or a family member might bring over a cooked meal for someone.

Emotional support is also an important part of informal social care. For example, a friend may come over during a difficult time to offer comfort and **companionship**.

Neighbours can help to check someone's **safety** and wellbeing. For instance, if the person hasn't been seen for a few days, a neighbour might pop round to check that everything is alright.

However, providing care and support to a loved one can also have a significant **impact** on the **carer's** health and wellbeing.

For instance, they may experience high levels of stress and anxiety over their loved one's wellbeing, particularly if they are the sole source of social support.

Carers may also have to reduce or give up work in order to support their loved one. Some people may be eligible to claim **Carer's Allowance**, which can help to offset the financial strain involved in caring.

Carer's Allowance – a welfare benefit available to people who spend more than 35 hours per week caring for someone



Barriers to accessing services: Part 1

Even though an individual may be in dire need of healthcare and/or social care services, it may not always be easy for them to access the support they need. There is a range of obstacles they may encounter when trying to seek help, which runs the risk that their needs will increase. By not accessing care and support, an individual's health or care needs may deteriorate. It is critical that health and social care staff are aware of these potential 'hurdles' and how they can be overcome.

Audio induction loop – a wireless system which amplifies sounds and cuts out background noise for hearing aid users

Braille – a communication system based on touch. Letters are represented by patterns of raised dots.

PHYSICAL barriers

This means aspects of the **environment** that could make it harder for someone to access services.

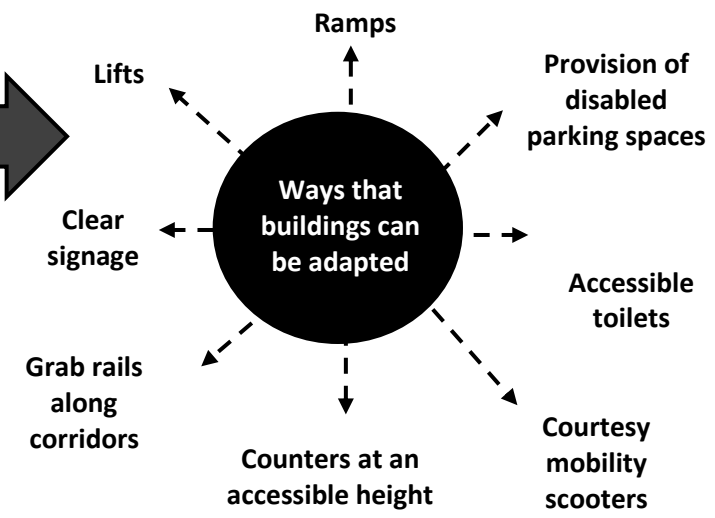
Examples include:

- Lack of lifts/ramps
- Unclear signage
- Lack of disabled toilets
- Narrow doorways and corridors
- Equipment which does not take into account the needs of disabled people

Because of these physical barriers, people with **mobility difficulties** or **sensory impairments** may find it harder to enter or move around the premises.

How to overcome PHYSICAL barriers

Public services and buildings should be **adapted** in such a way that people with additional needs are not excluded from entering or accessing them.



SENSORY barriers

Some individuals accessing services may have difficulties with their **vision** or **hearing** (or both).

'Sensory barriers' means difficulties accessing services due to a failure of services to take into account the needs of people with sensory impairment. **For example:**

Barriers for people with visual impairment	Barriers for people with hearing impairment
<ul style="list-style-type: none"> • Unclear font on written materials, e.g. leaflets • Only providing communication in writing • Transport difficulties 	<ul style="list-style-type: none"> • Lack of sign language interpreters • Only providing verbal or spoken communication, e.g. telephone contact, or announcements made via loudspeaker

How to overcome SENSORY barriers

- #### Visual impairment
- ✓ Signs should be in **large/clear font**, using appropriate symbols to make it easier for a visually impaired person to read and follow.
 - ✓ Services should also offer to provide any written communication in an **alternative format**, such as large print or **Braille**, or verbally.
 - ✓ The environment should also be **well lit** and free from obstructions.
- #### Hearing impairment
- ✓ Sign language **interpreters** should be available, as well as **audio induction loops** for hearing aid users.
 - ✓ Communication could also be offered in a **written medium** (e.g. arranging an appointment online rather than over the phone).

SOCIAL, CULTURAL and PSYCHOLOGICAL barriers

The way we feel about ourselves and the relationship we have with wider society can influence how easy it is to access services.

Examples of relevant barriers include:

Lack of awareness	If someone doesn't know a service exists, it would be very difficult for them to access it!
Differing cultural beliefs	Religious beliefs can affect which treatments are acceptable, or how care must be provided. For example, Jehovah's Witnesses may refuse blood transfusions. Some cultures may also only allow medical care to be carried out by a practitioner of the same gender .
Social stigma	People may be less likely to access help if they are worried about being judged or discriminated against for experiencing a particular problem or health concern.
Fear of losing independence	Some people may fear that if they let professionals know they are struggling, they may lose a degree of control over their lives. For example, an older person might be worried that they could be taken into a care home.

How to overcome SOCIAL, CULTURAL and PSYCHOLOGICAL barriers

Many of these can be overcome by **tackling myths** and **misunderstandings** about health and social care needs, and ensuring that services take into account the diverse needs of the community. Suggestions for overcoming these barriers include:

- + Public awareness campaigns to reduce **stigma** and **shame**
- + **Outreach work** to ensure that communities have the opportunity to express their concerns
- + Deliver services in an individualised and **person-centred** way.
- + Ensure that professionals are aware of the range of services available, so they can **refer** service users on to appropriate services.

Jehovah's Witnesses – followers of a specific branch of Christianity

Stigma – negative association or shame attached to something

Outreach work – taking services to the community directly, e.g. via a mobile service

LANGUAGE barriers

Health and/or social care services can be complex to navigate, especially for those who speak only a limited amount of English.

This can lead to confusion over appointment times, and **medical jargon** may be completely inaccessible. Critical **information** about symptoms of a health problem may also be **missed**, which could have a significant impact on the individual's wellbeing and ability to receive the correct care.

Similar problems can also arise if someone has difficulties in **producing** or **understanding communication** due to illness or disability. This could occur due to a wide range of reasons, including:

- Sensory impairment
- Learning disabilities
- Brain injury

How to overcome LANGUAGE barriers

- Materials should be offered in **alternative languages**, especially if the local community has a high level of speakers of particular first languages.
- Assistive technology** can also be useful, e.g. picture boards and touchscreens can be used to convey information for people who are non-verbal or struggle to produce language.
- If possible, **translators** and **interpreters** should also be offered.
- Assistive technology** – devices and/or software which aids understanding and communication



Barriers to accessing services: Part 2

As you can see from this page and the previous page, there is a wide range of barriers that might make it difficult for an individual to access services. While working in health and social care, you are likely to work with service users who will face at least one of these barriers. Ensuring that these barriers are minimised or overcome is an important part of ensuring that people are receiving the right care and support.



INTELLECTUAL barriers

Learning disability: A lifelong condition affecting intellectual ability that (depending on severity) may also affect **communication skills** and/or the ability to carry out **daily living activities**.



Learning difficulties: These cause people to have problems carrying out specific tasks, but do not affect general intellect. Examples include **dyslexia** and **dyspraxia**.

Dyslexia – difficulties with literacy skills, such as reading and writing

Dyspraxia – difficulties with movement and coordination

People with learning difficulties and disabilities may be disadvantaged when attempting to access services if their **individual needs** have not been considered.

For example, providing information in a complex or written form is not accessible for people with limited verbal communication skills. Some people with learning disabilities may find it hard to remember details of their appointment or effectively communicate their symptoms, which makes it harder to receive the right care and support.

How to overcome INTELLECTUAL barriers

As with sensory and language barriers (previous page), information should be provided in **accessible formats** (e.g. easy-read).

Makaton could also be used during appointments, to aid communication with an individual who struggles to communicate verbally.

Makaton – a communication system based on signs, symbols and gestures

Some individuals may also find it useful to have a support worker that can help them navigate services by:

Finding out which services are available	Scheduling appointments	Assisting service user with travel	Providing encouragement and motivation to attend appointments
	Communicating information to the service user in a way they understand		

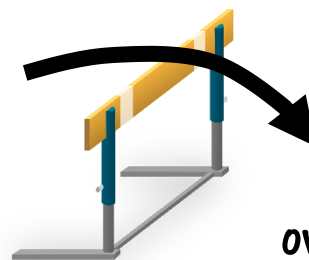
GEOGRAPHICAL barriers

For some people, the appropriate health and/or social care service may be located a **long way** from where they live.



Difficulties in getting to the service can put people off going, particularly if they live busy lives with many responsibilities.

Obtaining **transport** to the location of services may be very difficult, particularly for people who live in **rural** areas with poor public transport. People who have **mobility difficulties** or those on a **low income** may also struggle to access transport services.



How to overcome GEOGRAPHICAL barriers

Some service users will be eligible to obtain **patient transport services** to help them get to hospital from home or **refund** the costs of travelling.

The criteria are strict, but can include:

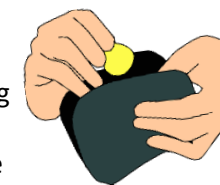
- Those with mobility problems.
- Those who require specialist medical assistance *during* a journey.
- Some people on a low income or in receipt of certain benefits.

Technology can also reduce the need for face-to-face services, e.g. by providing telephone or videoconferencing consultations.

Videoconferencing: software which allows a live video conversation between two or more people

FINANCIAL barriers

The financial impact of accessing health and social care services can make it less likely that some individuals will attend.



Examples of different financial barriers include:

Charging for services	Some common NHS services involve a small contribution from many patients, such as prescriptions and dental care.
Cost of transport	Especially if having to travel a long distance, travelling to services can be very expensive for patients.
Loss of income while accessing services	Taking time off work for using services financially impacts many patients. Many employers do not offer additional leave for employees to attend appointments.

How to overcome FINANCIAL barriers

Employees could also apply for **Statutory Sick Pay** in some circumstances, which (to some degree) offsets the loss of income while taking time off work.

Statutory Sick Pay – pay provided by the government which covers four or more days of sickness absence from work

As noted above, there are some schemes available to reduce the cost of travelling to appointments for some patients.

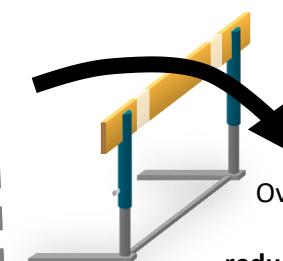
Some **charitable** organisations and funds also offer financial assistance to individuals with specific needs.

RESOURCE barriers

Health and social care services are **not cheap** to run. Money has to be spent on buildings, facilities, equipment and staff. The National Health Service (NHS) is mainly **funded by taxes**, and decisions must be made about the best way to spend this money.

Examples of resource barriers include:

Resource barrier	How it affects care delivery
Staff shortages	Understaffing of services means that there can be long waiting times for patients, and the staff who do work there are likely to become stressed . This has the knock-on effect of making staff more likely to go off sick , leading the service to be even more short-staffed.
Lack of local funding	Insufficient funding levels often means that difficult decisions are made about which services should be funded or cut. This means that some services will be unavailable in certain regions, and service users may have to travel a long way to receive the right support.
High local demand	If there is a large proportion of the local community who need to access a service (e.g. their general practitioner), there is likely to be a long wait for an appointment. During this time, someone's health may deteriorate .



How to overcome RESOURCE barriers

Overcoming these is difficult, but the situation could be improved by **reducing** the cost of delivering services. This is likely to involve **long-term strategies** to reduce the demand on health and social care services.

- ★ **Promoting healthy lifestyles** (preventing health problems in the first place).
- ★ **Discouraging unnecessary use** of services (e.g. attending A & E for very minor problems).
- ★ **Improving self-management** options, e.g. offering self-help treatment for mild health conditions.

EMPOWERING AND PROMOTING INDEPENDENCE

Empowering individuals means increasing the amount of **choice** and **control** they have over their lives. This includes giving choice over what kind of **treatment** to receive, and how **care** is delivered. **Involving** individuals in these decisions is a key part of empowerment.



Staff should also encourage individuals to be as **independent** as possible. This will help individuals to be more able to do things for themselves, which helps to build new **skills, self-esteem and confidence**.

Ways to involve individuals in making choices include:

Empowerment – improving the amount of choice and control someone has over their life

For example, care staff in a supported living situation should involve service users in carrying out **daily living tasks** such as cooking and cleaning.

This would help service users if they move out into their own tenancies in the future.

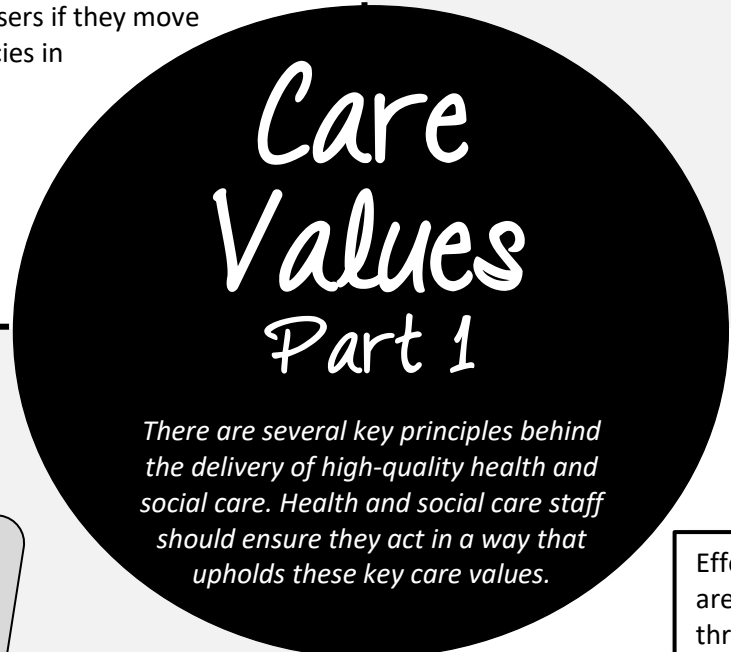
Explaining the **range of choices** and options available to an individual.

Ensuring these options are communicated in a way that the individual understands (e.g. using **specialist communication** methods if required).

Obtain **informed consent** for any treatment, meaning that the consequences and exact nature of the treatment are fully explained.

Use of **advocates** to ensure service users' interests are represented.

Advocate – someone who supports a service user to express their wishes and needs



RESPECT FOR THE INDIVIDUAL

Respecting individual needs

Every service user has different needs, and will require care to be provided in a **personalised** way. Staff should get to know people as individuals, and ensure that they are involved in choices about how their care is delivered.

Respecting individual beliefs

Some service users will have particular **cultural** or **religious** beliefs which affect how their care should be delivered. For instance, some service users may follow a strict vegetarian diet, or prefer their **personal care** to be carried out in a very particular way.

Respecting an individual means treating them in a **non-discriminatory** way, that respects who they are as a unique person.

Respecting an individual's identity

Discriminatory language – such as racist or homophobic slurs – should never be used by health and social care staff.

Using **inclusive language** and **avoiding stereotyping** can help service users to feel respected, which in turn helps to build **positive relationships** between staff and service users.

Stereotype – a generalised belief about a group of people, not based on fact

PRESERVING DIGNITY

Preserving someone's dignity involves treating them as though they are valued and worthy of respect. Preserving dignity is important as it helps service users to maintain a sense of **self-respect**.

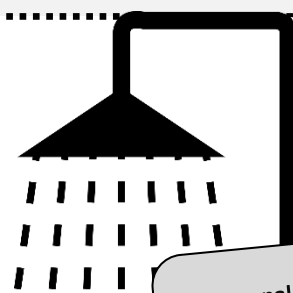
Self-respect – feeling that you are worthy, valuable and deserving of respect from others



Helping individuals to maintain their privacy is a key part of preserving dignity. For instance, the strict rules about **confidentiality** must be adhered to (explored in detail on the next page).

Confidentiality – keeping personal and sensitive information stored securely and privately

When carrying out **personal care**, staff should ensure that a service user's **privacy** is protected as far as possible. For instance, the door should not be left open and no other service users should be present. Personal care can make people feel **vulnerable** because it is so intimate, and should ideally be carried out by a staff member who has a **good relationship** with the service user already.



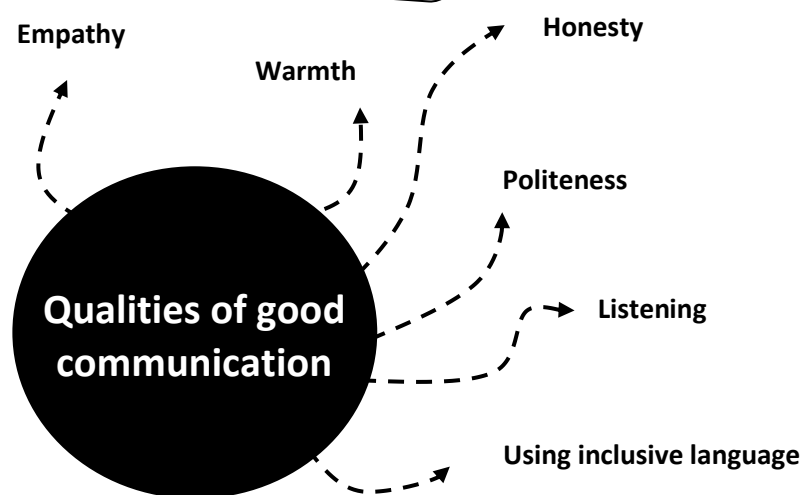
Personal care – assisting a service user with personal hygiene tasks, such as bathing and dressing

Preserving an individual's **dignity** is also aided by following the other care values, such as promoting independence and respecting an individual's needs.

EFFECTIVE COMMUNICATION

Effective communication is particularly important when you consider the *context* in which you are communicating. Someone in contact with health and social care services may be going through a very difficult time in their lives, and speaking to them with **empathy** and **warmth** can make all the difference. Being **kind** and **considerate** can make service users feel at ease, and increase the **trust** they have in services.

Empathy – understanding how another person might feel, or seeing things from their perspective



Effective communication is also important between staff! Communicating important information **clearly** and to the right people helps to **avoid mistakes** in the delivery of care.


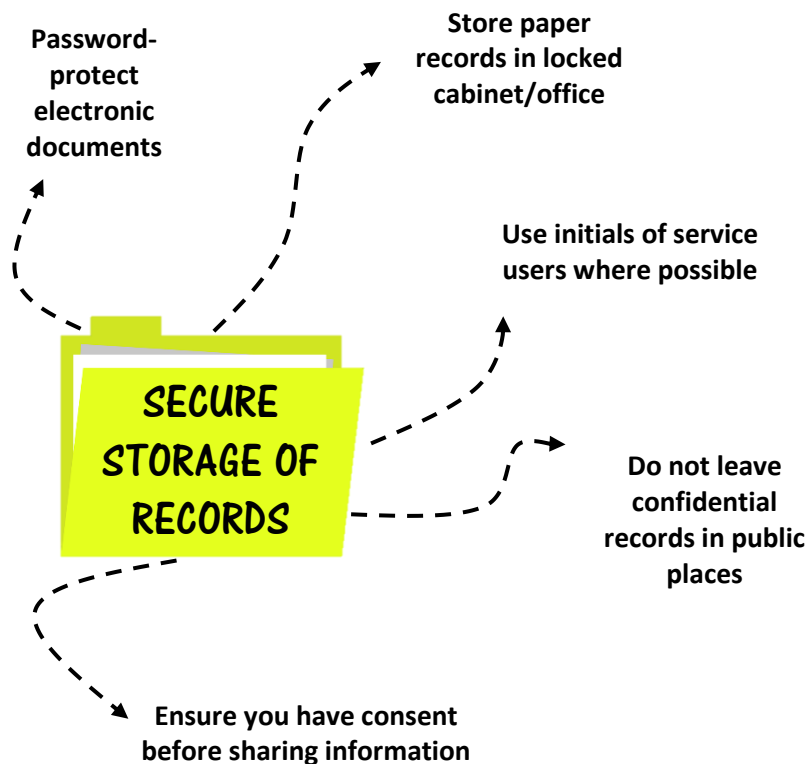
MAINTAINING CONFIDENTIALITY

Service users have a **right to confidentiality**, which means their information can only be shared with people who are **authorised** to access it. Confidentiality can only be **broken** in very **particular circumstances**, such as if the service user poses a risk to themselves or to others.

INAPPROPRIATE SHARING OF INFORMATION

Staff members should **not 'gossip'** about service users they work with, and should be careful not to speak about confidential matters in a place that they could be overheard.

Before sharing information with anyone – including other health and social care professionals – you should be absolutely sure that you have the individual's **consent** to do so.

SAFEGUARDING AND DUTY OF CARE

Health and social care staff have **responsibilities** towards the wellbeing of people they work with. They must act to protect service users against or **minimise** the risk of **harm**, and **balance** this against service users' rights to **independence** and **choice**.

Duty of care – the responsibility of care staff to protect service user wellbeing and reduce the risk of harm

MAINTAINING A HEALTHY AND SAFE ENVIRONMENT

There are numerous **hazards** which can occur in a care environment, which put service users at risk. Examples include:

- Spillages
- Obstructions in walkways
- Flames, e.g. cooker hobs
- Damaged items, e.g. furniture
- Preparation of raw meat



Health and social care staff must act **quickly** to **resolve** any of these hazards as they occur (e.g. following effective cleaning procedures; reporting damaged items). Staff should also pay close attention to issues of **personal hygiene** (of themselves and service users) to reduce the risk of infectious disease spreading.

- Safeguarding** – protecting service users from harm and/or abuse
- Local authority** – branch of local government which manages the public services in a specific area

Care Values Part 2

Upholding the care values in the way you work helps to improve the quality of care provided, maintain service user dignity and comfort, and uphold the reputation of the care industry.



PROMOTING ANTI-DISCRIMINATORY PRACTICE

Staff in care settings must not discriminate against service users, and should **respect individuals'** needs, beliefs and identity. Being aware of the **different types** of discrimination and how to avoid it is key to providing high-quality care services.

TYPES OF UNFAIR DISCRIMINATION

The Equality Act (2010) is a law which outlines different '**protected characteristics**', on which it is illegal to discriminate against someone. These are:

- Age
- Sex
- Gender reassignment
- Sexual orientation
- Marriage/civil partnership status
- Disability
- Race
- Pregnancy/maternity
- Religious belief (or lack of)

Discrimination can take several forms, including name-calling, insults, and making judgemental assumptions. It can also involve serious assault and threats of physical harm.

Sometimes discrimination is less obvious, e.g. ignoring, avoiding or excluding someone because of the group they belong to.

AVOIDING DISCRIMINATORY BEHAVIOUR

If safe to do so, staff should **challenge discriminatory behaviour** at the time. Why the behaviour is unacceptable should be explained, which helps to raise awareness of discrimination and the effect it can have on others.

Disciplinary procedures may be followed, and support should be offered to the victim after an incident has occurred.

In the long term, services should promote an **inclusive atmosphere** and ensure that the unique needs and circumstances of service users are respected. Offering training in equality and diversity should be a key part of induction training for new staff.

Disciplinary procedures – how misconduct or poor behaviour is dealt with by an employer

KEEPING SERVICE USERS SAFE FROM PHYSICAL HARM

Safeguarding service users involves protecting them from harm, and **reporting** any issues that arise following the appropriate **procedures**. You (or your supervisor) should report any safeguarding incidents to your **local authority**.

Abuse can take many forms, and isn't always just physical. Other forms of abuse include:

Emotional/psychological	Maltreatment which affects someone's mental health, e.g. excessive criticism
Sexual	Making someone take part in sexual activities without their consent
Financial	Abusing or controlling someone's money
Institutional	Service procedures which limit someone's freedom, choice or dignity, e.g. extremely strict routines
Domestic	Abuse within an intimate, personal relationship
Neglect	Failing to look after someone's health, e.g. via malnutrition



+ Reviewing your own application of care values +

Everyone has strengths, and everyone has areas with room for improvement. While working in health and/or social care services, it is essential that you reflect on your own progress and way of working. This should be done with reference to the care values, as it is important to ensure that you are developing in your role in a way that upholds the principles of high-quality care.

👍 Identifying your strengths 👍

- ✓ What are you **good at**?
- ✓ What are your **skills** and **personal qualities** that help you provide high-quality care?
- ✓ Can you think of any specific examples of times when you have provided excellent care?

Identifying your **strengths** and reflecting on **past achievements** can help to **boost your confidence**, especially if you are new to working in health and social care. This is also helpful for future **job interviews**, as prospective employers are likely to ask you what your strengths are.

Try to relate your strengths to the **care values**. For example, someone who considers themselves **warm** and **empathetic** is likely to be excellent at communicating sensitively with service users. Someone who is very diligent and detail-oriented is likely to ensure that records are stored safely and securely.

👎 Identifying areas for improvement 👎

Everyone has areas of their experience or character which have **room for improvement**, as no one is perfect. Part of working in health and social care is the commitment to **personal development**, which gives you the opportunity to build your skills and knowledge.

Being aware of your areas for improvement is crucial for several reasons:

- ➡ Identifying **training** and **development** opportunities
- ➡ Shows **honesty** and **accountability**
- ➡ **Reduces** the chance that you perform tasks you are not qualified or experienced enough to perform, which could **harm** service users

Accountability – the state of accepting responsibility for one's actions

Looking honestly at your character and experience can help you identify these areas for improvement, and you should try to relate these back to the care values.

For instance, you may not feel comfortable about delivering personal care. This is important to acknowledge, as you may end up accidentally violating the dignity of a service user if you rush the task or provide personal care in a poor way.



Receiving feedback

Sometimes, receiving feedback about how you can improve will sting. It can be difficult to hear that you've made a mistake, or that you could have done things differently. Try to remember that knowing about this means that you have a chance to do something about it.

Feedback from other people is often a very beneficial way of **examining** your own **performance**. Teachers and service users can let you know honestly where your care could be improved, and make **suggestions** about how this could be done. **Positive comments** from others on your performance will also help to boost your **confidence** and **motivation** to keep improving. Some common ways of obtaining feedback are included in this diagram.

Responding to feedback and identifying ways to improve your own performance

Taking feedback **constructively** and **positively** will be hugely beneficial in your health and social care career. You should use feedback to find ways to **improve** the way you **work**. Ideally, the feedback you receive will give you some ideas, but sometimes you will need to ask **colleagues** or your **supervisors** for help.

Planning *exactly* what you can do to improve (rather than giving yourself a vague, general goal) is much more likely to help you perform to a higher standard.

Outlining a **'SMART'** target is one way to do this...

Specific

The target should identify a **concrete** aspect of your character or skill that needs improvement.

Measurable

It must be possible to **measure** the progress towards your target.

Achievable

Is the target realistically within your abilities?

Relevant

Your target should **relate** to your job role and improving the care you provide.

Timely

Targets should have a **clear deadline**, and opportunities for reviewing progress.

Ways to not respond to constructive criticism:

- ✗ Being defensive or dismissive
- ✗ Becoming angry
- ✗ Being rude, or insulting the person who gave the feedback
- ✗ Taking it personally
- ✗ Holding a 'grudge' against the person