

Cambridge Technicals Level 3 for Health & Social Care
Unit 1: Building positive relationships in health and social care

Name of unit	Unit 1: Building positive relationships in health and social care
Why do we study this unit?	This unit aims to introduce you to the many different relationships that you will encounter within the health and social care sector; whether with colleagues, senior members of staff, other professionals within the sector or individuals who require care and support. By doing this unit you will apply communication and relationship building skills in a practical way, considering how different factors, including context, can impact on the building of positive relationships. You will also be introduced to the concept of the person-centred approach which will help with your relationship building skills.
By the end of the unit, students will be able to....	-Understand relationships in health, social care or child care environments -Understand the factors that influence the building of relationships -Understand how a person-centred approach builds positive relationships in health, social care or child care environments -Be able to use communication skills effectively to build positive relationships in a health, social care or child care environment
Links to previous units	Unit 2 Equality, diversity and rights in health and social care, Unit 9 Supporting people with learning disabilities,
Key vocabulary	Dialect, Braille, Spiritual, Cultural, Environmental
Week and summary topic	Knowledge and skills learned
1. Understand relationships in health, social care or child care environments	1.1 Types of relationship, i.e. • individuals who require care and support • families/advocates of individuals who require care and support • colleagues/peers • senior workers/managers • health and social care professionals/practitioners 1.2 Relationship contexts, i.e.

	<ul style="list-style-type: none"> • formal or informal (e.g. professional boundaries, personal relationship) • one-to-one • group • environment (e.g. hospital, care home, individual's home, supported living service, away from work setting) <p>1.3 How context can impact relationships (e.g. maintaining independence (e.g. remaining in own home, using an aid to independence), temporary dependency (e.g. accident or injury))</p>
<p>2: Understand the factors that influence the building of relationships environment</p>	<p>2.1 Communication factors, i.e.</p> <ul style="list-style-type: none"> • verbal and non-verbal communication skills (e.g. appropriate pace, tone and pitch, awareness of dialect, effective questioning, active listening, body language, eye contact, touch, proximity, non-discriminatory language, avoiding slang and jargon, age appropriate, demonstrating empathy) • written (e.g. accurately recording information, avoiding slang and jargon, accurate spelling and grammar, non-discriminatory language) • special methods and adaptations (e.g. Makaton, British Sign Language, Braille, deafblind language, signs and symbols, technological aids) • theories of communication and application to health and social care contexts (e.g. Argyle's stages of the communication cycle, Tuckman's stages of group interaction, SOLER) <p>2.2 Cultural factors (e.g. race, religion, LGBT, language)</p> <p>2.3 Environmental factors, i.e.</p> <ul style="list-style-type: none"> • physical environment (e.g. lighting, seating, noise, setting, space, smells, time) • social environment (e.g. individual experience, education, background) <p>2.4 Spiritual factors, i.e.</p> <ul style="list-style-type: none"> • belief and value system (e.g. changing beliefs and values depending on life experiences) • avoiding assumptions and stereotypes <p>2.5 Physical factors, i.e.</p> <ul style="list-style-type: none"> • conditions (e.g. dementia, mental health, impact of pain) • sensory impairment (e.g. hearing impairment, visual impairment) • physical disability (e.g. wheelchair user) • language and perception needs (e.g. autism, English as a second language) • alcohol and drugs
<p>3: Understand how a person-centred approach builds positive relationships in health, social care or child care environments</p>	<p>3.1 Strategies to ensure a person centred approach, i.e.</p> <ul style="list-style-type: none"> • understand individual's needs and preferences (e.g. initial face-to-face meeting with the individual, use of current information on individual/care plan, use of appropriate communication skills, recognition of wider relationships) • enabling and supporting an individual (e.g. use of advocates, interpreters, translators, signers, use of technological aids) • staff training (e.g. induction, statutory and mandatory training, additional staff training)

	<ul style="list-style-type: none"> • demonstrate professional behaviour (e.g. maintaining confidentiality, reflective practice, promotion of care values) <p>3.2 How a person-centred approach supports positive relationships, i.e.</p> <ul style="list-style-type: none"> • empowers individual • builds trust • develops mutual respect • recognises diversity • develops confidence (e.g. individual self-confidence, confidence in each other) • develops teamwork (e.g. between individual and professional, between colleagues, between professional and individual's family/advocates) • leads to additional benefits (e.g. encourages interaction with other professionals or services)
<p>4: Be able to use communication skills effectively to build positive relationships in a health, social care or child care</p>	<p>4.1 Communication skills, i.e.</p> <ul style="list-style-type: none"> • verbal and non-verbal communication skills (e.g. appropriate pace, tone and pitch, awareness of dialect, effective questioning, active listening, body language, touch, proximity, non-discriminatory language, avoiding slang and jargon, age-appropriate, demonstrating empathy, special methods and adaptations (e.g. Makaton, British Sign Language, deafblind language, Braille, signs and symbols, technological aids)) • written (e.g. accurately recording information, avoiding slang and jargon, accurate spelling and grammar, non-discriminatory language) • apply theories of communication to health and social care contexts (e.g. Argyle's stages of the communication cycle, Tuckman's stages of group interaction, SOLER) <p>4.2 Effectiveness of interactions, i.e.</p> <ul style="list-style-type: none"> • self-awareness and reflection • use of strategies, support and aids to overcome barriers <p>4.3 Aspects of reflective practice, i.e.</p> <ul style="list-style-type: none"> • evaluating specific incidents or activities • identifying what might be done better next time • identifying what went well • exploring training and development needs