

Health & Social Care Transition Project



You are about to begin the transition project for the Level 3 Cambridge National Extended Certificate in Health and Social Care.

During year 12 you will complete 3 units:

- F090 – Principles of HSC (Exam)
- F092 – Person Centered Approach to care (NEA)
- F093 – Supporting People with mental health conditions (NEA)

In Year 13 you will complete 3 units:

- F091 – Anatomy and Physiology for HSC (Exam)
- F096 – Supporting People in Relation to Sexual Health, Pregnancy and Postnatal Health (NEA)
- F097 – Supporting Healthy Nutrition and Lifestyles (NEA)

The project is split into 2 parts:

1. F090 – Principles of Health and Social Care
2. F092 – Person Centered Approach

You will complete your work within this document. Create a copy of this document and send it to me via email once it is complete.

Part 1

F090 – Principles of Health and Social Care

Task: Keywords and Definitions

Please research the meanings of these words. Please do not copy and paste, try to put them into your own words to show your understanding.

Keyword	Definition
Socioeconomic Background	
Ethnicity	
Equality	
Disability	
Discrimination	
Diversity	
Stereotyping	
Hazard	
Risk Assessment	
Legislation	
The Equality Act 2010	
GDPR	
Manual Handling	
COSHH	
RIDDOR	
Dignity	
Compassion	
Whistle-blowing	

Part 2

F092 – Person – Centered Approach to Care

Task: Person-centered Values: define the values below:

Person-centered Values	Definition
Individuality	
Choice	
Rights	
Independence	
Privacy	
Dignity	
Respect	
Partnership	
Encouraging service users' decision making	

Task: Watch this episode if 24hrs in A&E

[15 Year-Old Girl Stabbed On Her Way To School In Croydon | 24 Hours In A&E | Channel 4](#)

Then answer the question linked to person centered values:

Individuality

1. How are patients' personal stories, backgrounds, or unique qualities highlighted in the episode?
2. Can you recall moments where staff acknowledged a patient's identity beyond their medical condition?

Choice

3. Did patients appear to be given agency over care decisions—e.g. treatment options, consent discussions, or comfort preferences?
4. What could be done differently to give patients more choice in that environment?

Rights

5. Where did you observe staff actively protecting the dignity or legal rights of patients (consent, safety, respect)?
6. Were there situations where a patient's rights seemed at risk, and how were they addressed?

Independence

7. How did staff involve patients in basic tasks—like walking, eating, or positioning—to support their autonomy?
8. What impact did encouraging independence have on patient morale or outcomes?

Privacy

9. How was privacy maintained during examinations, conversations, or treatment in a busy A&E?
10. What improvements might better protect patient confidentiality or personal space?

Dignity

11. How did clinicians communicate respect during sensitive or distressing moments?
12. Were there any examples of overlooked dignity, and how did the team respond?

Respect

13. In what ways did staff show respect through tone, mannerisms, or interactions—even under stress?
14. Did any patient's emotional or psychological needs receive respectful engagement?

Partnership

15. How did staff collaborate with patients' families or carers during care decision-making?
16. Were family members invited to contribute, supported to participate, or given a space to share concerns?

Encouraging Decision-Making

17. What strategies did staff use to support patients in making informed decisions, even amidst uncertainty?
18. How did the team respond when patients expressed opinions, concerns, or refused certain interventions?