**Social care terms glossary**

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| **Term** | **Definition** |
| **Six Cs** | The six Cs in relation to person-centred care are: care, compassion, communication, courage, commitment and competence. |
| **Advocate** | A person who represents and supports the rights, interests and preferences of someone who may need help expressing their own views, often due to a disability, illness or other vulnerability. Advocates can be family members, friends or trained professionals. |
| **Care plan** | A structured, personalised document that outlines the needs, goals, interventions and expected outcomes for an individual receiving care. |
| **Care planning meeting** | A collaborative gathering of healthcare professionals, social workers and, often, an individual receiving care and their family or support network. The primary purpose is to develop, review or update a care plan tailored to a person’s needs, preferences and goals |
| **Continuity of carer** | A continuous relationship with a care provider or small group of care providers. (source: NCFE) |
| **Domiciliary care** | Also known as home care, domiciliary care involves providing support services to individuals in their own homes. This type of care assists with daily living activities such as personal hygiene, meal preparation, medication and household tasks. |
| **Housebound** | Housebound individuals are unable to leave their homes independently or frequently, often due to physical limitations, severe health issues or disabilities. |
| **Informal carer** | A person who provides unpaid support and care to a family member, friend or neighbour. They are typically not formally trained or employed by care agencies; instead, they take on this role out of personal responsibility because they have a relationship with the person who needs care. |
| **Integrated care** | The coordinated delivery of health, social and community services to meet individuals' comprehensive needs. |
| **Integrated Care Boards (ICB)** | Statutory bodies responsible for local NHS services, functions, performance and budgets. They are directly accountable to the NHS and are made up of local NHS trusts, primary care providers and local authorities. (source: Northamptonshire ICB) |
| **Integrated Care Partnerships (ICP)** | A broad alliance of partners who all have a role in improving local health, care and well-being. They may also include social care providers, the voluntary, community and social enterprise sectors and others with a role in improving health and well-being for local people, such as education, housing, employment or police and fire services. (source: NHS) |
| **Integrated Care Systems (ICS)** | The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. Their aim is to improve health and care services, with a focus on prevention, better outcomes and the reduction of health inequalities. They are formed by NHS organisations and upper-tier local councils in a given area, and also include the voluntary sector, social care providers and other partners with a role in improving local health and well-being. (source: NHS) |
| **Lasting Power of Attorney (LPA)** | An appointed person who has been chosen by an individual to make decisions on their behalf when they no longer have the capacity to make their own decisions. |
| **Making Every Contact Count (MECC)** | A health initiative that encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have conversations about how they might make positive improvements to their health or well-being. (source: NHS) |
| **Multi-agency approach** | A collaboration approach, with separate agencies coming together to discuss and plan care for individuals, e.g. health sector, social care sector, community and charity/volunteers. |
| **Multidisciplinary team (MDT)** | A group of professionals from one or more clinical disciplines collaborating to undertake the appropriate medical treatment for an individual. (source: NCFE) |
| **Person-centred care** | Focusing care on the needs, values and preferences of the individual and ensuring any decisions are guided by these needs, values and preferences. (source: NCFE) |
| **Primary care services** | The first point of contact within the healthcare system, offering accessible, general health services for a wide range of health concerns. These services are typically provided by general practitioners (GPs), nurses and community health clinics. |
| **Residential care** | A type of long-term care where individuals live in a dedicated facility and receive around-the-clock support with daily activities and personal needs. |

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| **Secondary care services** | Specialised medical care provided by healthcare professionals upon referral from a primary care provider. This level of care is usually delivered in hospitals or specialist clinics and includes services such as specialist consultations, advanced diagnostics, surgeries and inpatient or outpatient treatments for complex health conditions. Secondary care supports patients who need more focused, expert care beyond what primary care can offer. |
| **Social care** | The provision of specialist support to meet an individual’s personal needs in order for them to live comfortably and as independently as possible. (source: NCFE) |
| **Social prescribing** | An approach to healthcare that allows healthcare providers to refer patients to non-medical services and community resources to address social, emotional and practical needs, e.g. free gym access and community art groups. |
| **Social worker** | A person whose role is to listen to and support people, empowering them to improve their lives. They also protect people from harm when necessary. This is often called ‘safeguarding’. Social workers usually work with a lot of different people at any one time. This is often called their ‘caseload’. (source: Social Work England) |
| **Supported living** | Provides tailored support, such as personal care, budgeting, household management and accessing community resources, while allowing people to exercise choice and control over their lives. Individuals live in their own home or shared accommodations with the necessary support. |
| **Tertiary care** | Care for people needing complex treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care. |