



Person-centred approaches

Including protected characteristics, discriminatory factors and health and social inequalities

What is a person-centred approach?

A person-centred approach means putting the adult with care and support needs at the centre of any process or decision in order to support their needs, goals, and outcomes to be met. This approach moves away from professionals deciding what is best for an adult by making them central to the planning of their care and support.

Person-centred support involves an adult contributing to the design and delivery of services. This improves the experience and quality of care given that it's bespoke to an adult.

To be person-centred, find out and consider an adult's:

- views to establish and maintain safety from harm
- values and beliefs
- wishes and preferences
- care needs
- support available and views of others involved, including family and friends
- need for information, in a way that is most accessible

[Think Local, Act Personal](#) have some useful recourses, including podcasts and webinars about 'Making it Real,' transforming health and care through personalisation and community-based support.

What are protected characteristics?

Protected characteristics are specific aspects of an adult's identity, defined by the Equality Act 2010. 'Protection' refers to protection from discrimination.

The practice of person-centred care must consider protected characteristics and how these may impact the adult's care, and their views and wishes. The following definitions of protected characteristics have been taken from the [Equality & Human Rights Commission](#). This webpage provides details on each area as listed below. It is crucial that professionals are aware of these and that your practice does not discriminate against someone because of:

- age
- disability
- gender reassignment
- marriage and civil partnership

- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Any discrimination based on the above protected characteristics is against the law. Please see Sussex Police advice and information page about [hate crime](#).

What is discrimination?

Discrimination can take different forms:

- **direct:** when an adult is discriminated against based on the grounds of a protected characteristic and treated differently to another adult in similar circumstances.
- **by association:** when an adult is treated less favorably because they are linked, or associated, with someone who has a protected characteristic.
- **by perception:** when a person is discriminated against because they are thought to have a particular protected characteristic or are treated as if they do.
- **indirect:** when a condition or requirement is applied equally to everyone but excludes an adult because they are unable to comply because of a protected characteristic.
- **micro-aggression:** also known as subtle prejudice. This is a term used for statements, actions or incidents regarded as indirect, subtle or unintentional towards members of a marginalised group.

Our duty as Health and Social Care workers

The [Equality Act \(2010\)](#) places an equality duty on health and social care workers to eliminate unlawful discrimination. We all have a duty to consider the diverse needs of adults we are working with, minimising disadvantage, and ensuring the inclusion of under-represented groups.

Anti-discriminatory practice

Effective health and social care practices recognise and adapt to the diverse needs of individuals, and it is essential that services understand the implications of diversity in terms of equality and individual rights. Anti-discriminatory practice is an approach that seeks to reduce or eliminate discrimination and to remove barriers that may prevent people from accessing services.

Tips to minimise discrimination in practice

- Respect diversity by providing person-centred support.
- Treat adults as unique rather than treating everyone in the same way.
- Provide advice, information and support in a way which meets the needs and preference of the adult.
- Ensure you work in a professional and non-judgemental way; do not stereotype or allow your own beliefs to affect the care and support you provide.
- Refuse to initiate, participate, collude with, or condone discrimination and harassment.

- Proactively challenge and address discriminatory behaviours and practice.
- Use supervision to reflect on protected characteristics for the adults you work with, and to identify any issues and unintended/unwitting practice bias or discrimination.

Health and social care inequalities

Health and social care inequalities can lead to unequal access and experience of health or social care support. These can occur because of where an adult is born or lives, their job or income, or because of their age. Some examples which may lead to health and social care inequalities are:

- Protected characteristics
- Socio-economic status and deprivation: e.g., unemployed/low income or people living in deprived areas
- Vulnerable or hard to reach groups: e.g., Gypsy, Roma and Traveler communities, rough sleepers and homeless people, sex workers and people with learning disabilities
- Geography: e.g., urban, or rural locations

Safeguarding during operational pressures or crisis

During times of operational pressures and crisis, previous Safeguarding Adult Reviews (SARs) have shown that the needs of adults with care and support needs can be overlooked.

It is acknowledged that on the whole, agencies and individual workers make every effort to put people who use services, first. However, Reviews have shown that in some cases, some actions and decisions made, retrospectively could have been different, and led to improved outcomes.

Professionals need to ensure that at all times, including during times of pressure and crisis, that you 'think safeguarding' and ensure that Making Safeguarding Personal (MSP) principals are adhered to. If there is a safeguarding concern during operational pressures and crisis, these must be [reported online](#) via West Sussex County Council in the usual way. If you have concerns about a decision, action or inaction, these can be managed via the use of our [Escalation & Resolution Protocol](#).

Learning resources



To extend your learning, please do refer to the following learning resources:

- [Learning Briefing on Making Safeguarding Personal](#)
- [Equality and Human Rights Commission](#)
- [SCIE information on the Equality Act \(2020\)](#)
- [Home Office Equality Act Publication, Equality Act Guidance](#)
- [Citizens Advice Discrimination Guidance](#)
- [NHS Definitions of Health Inequalities](#)

To support your Continual Professional Development (CPD) we have created a [CPD Reflective Log](#) for your use. Please feel free to use this to track, and reflect on, the professional development that you complete using our resources.

References

- Equality and Human Rights Commission 2021, [Protected characteristics](#), accessed 31 July 2023
- West Sussex County Council, [Raise a concern about an adult](#), accessed 31 July 2023
- Social Care Institute for Excellence 2020, [Equality Act 2010](#), accessed 31 July 2023
- Gov.uk 2013, [Equality Act 2010: how it might affect you](#), accessed 31 July 2023
- NHS England, [What are healthcare inequalities?](#) Accessed 31 July 2023
- Sussex Police, [Hate crime](#), accessed 31 July 2023
- Think Local Act Personal, [Home](#), accessed 31 July 2023
- UK Legislation 2010, [Equality Act](#), accessed 31 July 2023
- Citizens Advice, [Discrimination](#), accessed 31 July 2023