Glossary

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The words in the glossary have been included to explain their specific meaning in the context of these regulatory standards. The meaning might expand on or be slightly more nuanced than the dictionary meaning of some of these words.

Biopsychosocial: a model that assumes that biological, psychological and social factors must be considered to understand disease, illness and health.

Community assets: resources that can be used to contribute to developing and improving local health and wellbeing. It may include people and their knowledge, skill, networks and relationships, physical structures, local services, businesses, charities and funds.

Co-design: a partnership of representative people or groups of people who come together to design care pathways, develop new pathways and revise existing services models

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them.

Cultural competence: knowledge, skills and attitudes needed to support and provide health and care services to people that are respectful, responsive and honours the culturally based needs of diverse populations.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Evidence-based care: care given that reflects up to date evidence in the area, making sure it takes into account the personal abilities, needs and preferences of the person. It also includes the nurse making a personal judgement based on experience, observations and the abilities, needs and preferences of the person when evidence is limited.

Hierarchy of controls: a step-by-step approach to eliminating or reducing risks, ranking risk controls from the highest level of protection and reliability through to the lowest and least reliable protection.

Holistic assessment: collection, analysis and sorting of multiple sources of observation and information about a person or people to inform interventions to improve health. The focus is on the whole person, not just a potential or actual illness.

People: individuals, groups or populations who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, nominated persons, also including educators and students and others within and outside the learning environment

Person-centred: an approach where the person is at the centre of the decision-making processes and the design of their health and care needs, their public health nursing care and treatment plan. In the context of public health this can also apply to public health services.

Place-based interventions: service providers, communities and civic partners working together in a specific location to improve health and care for the populations they serve.

Protective factors: individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events. These factors also increase people's resilience and ability to avoid risks, and support wellbeing.

Self-efficacy: belief in one's own capability to organise and take action which could influence the adoption and maintenance of health-promoting behaviour

Shared value: awareness of behaviours and attitudes to health and recognition that individuals, families, workplace, communities and populations have a role in improving health for all.

Social-structural factors: the social environment, physical environment, health services, and structural and societal factors that can influence health.

Strength-based approaches: a strength-based approach is a collaborative process, working together to determine an

outcome that draws on the persons own strengths and assets.

Sustainable development goals: development of institutions, infrastructure and services to end poverty and protect the environment, aims which go beyond health and wellbeing as set out by the United Nations.

Vulnerable: people who may be vulnerable at a particular time and in particular situations (but not in others), due to their personal characteristic(s), situation(s) or neglect, and therefore at a higher risk of potential or actual harm. The type of harm may be emotional, physical, sexual, psychological, material or financial.

Workability: consideration of people's health and their ability to work.

Worklessness: having no paid work or employment, may be extended to people who are unable to work or be employed as a result of disability, carer responsibilities, students and pensioners.