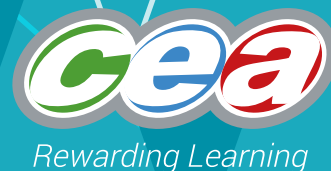


FACTFILE:

GCSE

HEALTH AND SOCIAL CARE

UNIT 2: WORKING IN THE HEALTH,  
SOCIAL CARE AND EARLY YEARS SECTORS



## Meeting the needs of service users with dementia

### Learning Outcomes

Students should be able to:

- Identify the main service user groups in the health, social care and early years sectors:
  - children and families;
  - older people;
  - people with mental health difficulties;
  - people with learning disabilities;
  - people with physical disabilities;
  - people with chronic illnesses; and
  - people with dementia; and
- demonstrate knowledge and understanding of each service user groups' particular needs:
  - physical;
  - intellectual;
  - emotional; and
  - social.
- analyse how integrated health, social care and early years services meet service user groups' needs:
  - statutory sector
    - GP services;
    - hospitals;
    - social services;
    - day centres; and
    - nursery schools.
  - independent sector
    - care homes;
    - private day centres;
    - private practitioners;
    - crèches; and
    - voluntary organisations, for example, Action on Hearing Loss, Age NI, Marie Curie, Barnardo's, Mencap, Praxis, or RNIB; and
  - informal sector
    - partner;
    - family;
    - friends; and
    - neighbours; and
- evaluate the effectiveness of services in meeting the needs of service users.

## Needs

All individuals have needs or essential requirements for their health and well-being. These can be classified as physical, intellectual, emotional and social needs.

Physical needs	Intellectual needs	Emotional needs	Social needs
Nutrition	Stimulation	Sense of belonging	Contact with other people
Hygiene	Knowledge	Sense of control over one's life/sense of autonomy	Social interaction outside the family
Exercise/movement/mobility	Opportunities to learn	Feeling valued and cared for	Relationships with family and friends
Shelter/warmth/housing		Positive self-concept/need for self confidence	

Some of these needs are common to all individuals but as they pass through the life stages and experience life changes these needs may change. Most adults are able to meet some of their needs but other individuals have more specific needs and may require support from health, social care and early years services to meet these needs.

**This Fact File focuses on the particular needs of service users with dementia.**

## Identifying and meeting the needs of service users with dementia

Currently about 19,000 people in Northern Ireland have dementia and the numbers are expected to increase rapidly in the future (Age NI 2016). It is most common in those aged 65 and over, but there is an increase in the number of younger adults being diagnosed with the condition. Watch the video: 'What is Dementia' on <http://www.alzheimersresearchuk.org/game-thrones-star-iwan-rheon-voices-thought-provoking-dementia-animation/>

Dementia results in an ongoing decline of the brain and its abilities. As a result an individual may experience symptoms such as memory loss especially for recent events, difficulty finding the right words, becoming confused in unfamiliar environments, difficulty with numbers, difficulty with tasks that require organisation, changes in personality and depression. Alzheimer's disease is the most common type of dementia (NHS Choices 2015).



Some links to help develop your understanding of people with dementia:

Watch the BBC documentary Dementia: A month in the life on <https://www.youtube.com/watch?v=zJObR8TqBIM> and Panorama Living with Dementia on <https://www.youtube.com/watch?v=zJObR8TqBIM> to gain a better understanding of the condition.

Dementia is a progressive condition which means the symptoms gradually get worse. There is no cure but medication may slow down the progress of the condition. In the early stages an individual may be able to remain living in his or her own home with support but as the condition progresses 24 hour care may be needed. The needs of individuals with dementia vary.

## The needs of people with dementia

The tables below outline examples of the needs of people with dementia and why it may be difficult to meet these needs. One of the main problems is that an individual with dementia may not be able to recognise their needs.

### Physical needs

<b>Nutrition</b>	Individuals with dementia often experience problems with eating and drinking. Lack of appetite, difficulties in cooking, difficulties with chewing and swallowing, poor co-ordination may result in a poor diet and weight loss. In addition individuals may have communication difficulties making it difficult to indicate thirst or hunger.
<b>Mobility</b>	The ability to walk and have the range of movements necessary to carry everyday activities will gradually deteriorate. In the later stages of the condition the ability to walk may be lost completely.
<b>Medical care</b>	A range of medication is available that may slow down the progress of the condition. Other medication is available to treat some of the side effects of the condition such as depression or aggressive behaviour. Other non-drug treatments include talking therapies. Good dental care is essential as many of the drug treatments reduce the amount of saliva produced causing a dry mouth which increases the risk of poor oral health.
<b>Personal hygiene</b>	As the condition progresses individuals may become very anxious about washing and bathing for a number of reasons, for example they may find the deep water in the bath or the rush of water from the shower frightening. Incontinence may also become a problem, for example an individual may not be able to find, or may forget how to use, the toilet.
<b>Exercise</b>	Individuals in the early stages of dementia may be able to continue the sporting or physical activities they enjoy. In the middle and later stages it is important that individuals still take part in physical activities not only to benefit their health but to improve confidence, self-esteem and mood, and to provide opportunities for social interaction.
<b>Safety</b>	Individuals with dementia are more at risk of accidents and injuries in the home and outdoor environment. These include trips and falls, mistaking dangerous substances for soft drinks, leaving cookers on, forgetting to put fireguards up or to lock doors or getting up in the middle of the night and going out unsuitably dressed.

### Intellectual needs

<b>Stimulation</b>	Due to the decline in mental ability and memory loss it is essential that a range of suitable activities are available for individuals with dementia to provide stimulation. The activities will depend very much on the stage of the condition.
<b>Knowledge (for example of illness, issue and support available)</b>	Knowledge of the nature of dementia is essential when individuals are diagnosed. This will help them understand the progressive nature of the condition and make plans for the future concerning their care and other important issues before they are unable to do so.
<b>Opportunity to learn new activities</b>	The effects of dementia may mean an individual may have to give up work or hobbies they enjoyed. The ability to learn new activities may also be affected by memory loss. This may mean the opportunity to learn new skills to keep the mind active and help prevent boredom may be limited.
<b>Management of memory loss</b>	One of the main symptoms of dementia is memory loss. An individual may forget where they left their keys or glasses, recent events or names or forget how to do everyday tasks such as making a cup of tea.

### Emotional needs

<b>Sense of autonomy</b>	Whilst dementia may mean an individual is unable to carry out many everyday tasks without assistance it is important individuals remain as independent as possible to retain their dignity and feel they still have control over their lives, whilst remaining safe.
<b>Sense of belonging</b>	An individual may lose their sense of belonging especially if unable to continue in their job, go out with friends/family or attend social activities.
<b>Feeling cared for</b>	Dementia can cause an individual to feel vulnerable, confused and angry so reassurance and support is essential.

### Social needs

<b>Communication</b>	Dementia may affect an individual's ability to communicate in their normal way, for example the ability to find the right word due to memory loss or even the ability to speak in the later stages of the condition.
<b>Social interaction outside the family</b>	Due to the effects of dementia an individual may miss out on opportunities to interact with others, for example at work, or may be unable to continue hobbies and leisure activities or take part in social activities.
<b>Relationships with family and friends</b>	It may be difficult to maintain existing or form new friendships, as opportunities to meet others may be limited due to memory loss and changes in behaviour such as aggression.

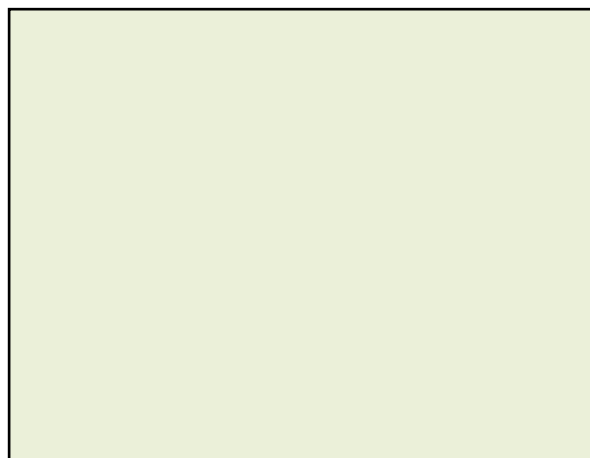
### Activity

Watch the video 'Living with Dementia' on <https://www.youtube.com/watch?v=l0ksPQ7Q8tM> and identify the needs of Barry, Olive, Judy and Bob.

## Provision of integrated health, social care and of early years services

A wide range of services are available to help meet the needs of service users with dementia. These services are provided by three main sectors.

Provision of integrated health and social care services for service users with dementia		
Statutory sector	Informal sector	Independent sector
<ul style="list-style-type: none"> <li>• GP services</li> <li>• hospitals</li> <li>• social services</li> <li>• day centres</li> </ul>	<ul style="list-style-type: none"> <li>• partner</li> <li>• family</li> <li>• friends</li> <li>• neighbours</li> </ul>	<p><b>Private</b></p> <ul style="list-style-type: none"> <li>• care homes</li> <li>• day centres</li> <li>• practitioners</li> </ul> <p><b>Voluntary organisations such as:</b></p> <ul style="list-style-type: none"> <li>• Age NI</li> <li>• Alzheimer’s Society</li> <li>• Dementia UK</li> <li>• Young Dementia UK</li> <li>• Alzheimer’s Association</li> </ul>



- **The statutory sector** –these are services offered by the Health and Social Care Trusts and include both health and social services. They are provided through the government and are mainly free at the point of delivery but paid for indirectly through taxes and national insurance contributions. There are five main health and social care trusts in Northern Ireland which offer a range of services.

### Activity

Find out which trust area you live in, select the relevant website from the list below, click on 'Our services' and read about the range of services available to service users with dementia (in some trusts these are included in services for mental health).

<http://www.belfasttrust.hscni.net/>

<http://www.northerntrust.hscni.net/>

<http://www.setrust.hscni.net/>

<http://www.southerntrust.hscni.net/>

- **The independent sector** includes both private and voluntary services.  
**Private services** are usually run as a business by an individual or an organisation. They charge for their services and aim to make a profit. Examples of these services include private care homes, private day centres and private health care practitioners, for example physiotherapists, podiatrists, dentists and doctors who work in private practices and charge for their services. Other examples include private practitioners who offer complementary therapies such as reflexology, acupuncture or aromatherapy.

### Activity

- Find out what services are offered by the private sector in your local area for service users with dementia.
- Access the website of a private care home or day centre which offers care for service users with dementia and list the services they offer. Try and find out the cost involved.

**Voluntary organisations** are run on a non-profit making basis and many depend on donations and other fund raising events to cover their costs. Whilst they usually have some paid staff many depend on volunteers to deliver their services. Voluntary organisations usually focus on providing services and support for one particular illness or condition, for example, the Cystic Fibrosis Trust focuses on support for service users with cystic fibrosis.

### Activity

Divide into groups, access one of the websites below and make notes on how the organisation supports service users. Share your findings with the class group.

<https://www.alzheimers.org.uk/>

<http://www.ageuk.org.uk/northern-ireland/>

<http://dementiani.org/>

<https://www.dementiauk.org/how-we-help/>

<https://www.youngdementiauk.org/>

<http://www.alzheimersresearchuk.org/>

- **The informal sector** is support and care given by family members, partners, friends and neighbours. They provide care and support in a range of ways, for example, cooking meals, doing household chores, helping with washing and dressing, taking individuals to appointments or social activities, keeping them company if they are lonely or listening to their worries.

- Do you know anyone who provides care and support to a family member or neighbour who has dementia? What do they do?

## How integrated health, social care and early years services meet the needs of people with dementia

Some examples of how the needs of people with dementia can be met are outlined in the tables below and you can add other examples.

### Physical needs

<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• provision of meals in care homes and day centres provided by statutory, voluntary and private sectors</li> <li>• provision of home care workers provided by statutory, voluntary and private sectors who prepare simple meals or heat pre-prepared meals</li> <li>• assistance with feeding provided in care homes, by home care workers and by family</li> <li>• provision of aids to enable service users to prepare and eat meals by the occupational therapists (OTs) in hospitals and the community</li> <li>• assistance from the informal sector-friends, family members and neighbours who may shop for food or prepare meals</li> <li>• by the purchase of daily living aids from a voluntary organisation such as the Alzheimer's Society</li> </ul>
<b>Mobility</b>	<ul style="list-style-type: none"> <li>• provision of adaptations such as handrails or grab rails by OTs in hospitals and in the community</li> <li>• provision of aids such as walking sticks or rollator frames by OTs in hospitals and in the community</li> <li>• provision of exercise programmes to improve mobility by physiotherapists in hospitals, the community and in private practices</li> <li>• provision of activities by the voluntary sector, for example swimming and walking groups</li> <li>• the purchase of daily living aids from a voluntary organisation such as the Alzheimer's Society</li> </ul>
<b>Medical care</b>	<ul style="list-style-type: none"> <li>• provision of a range of medication to treat and manage the condition mainly through GPs and hospitals but also by some private practitioners</li> <li>• provision of nursing care provided delivered by Admiral Nurses (voluntary sector/Dementia UK) not available in Northern Ireland</li> <li>• provision of palliative care by hospitals and voluntary organisations such as Marie Curie and MacMillan Cancer</li> </ul>
<b>Personal hygiene</b>	<ul style="list-style-type: none"> <li>• assistance with washing, bathing or showering provided by home care workers through the statutory, private and voluntary sectors</li> <li>• provision of adaptations such as replacing a bath with a walk in shower and shower seat by OTs in hospitals and in the community</li> <li>• assistance with washing, bathing or showering provided in care homes and by some day centres and by family members</li> <li>• the purchase of daily living aids from a voluntary organisation such as the Alzheimer's Society</li> </ul>
<b>Exercise</b>	<ul style="list-style-type: none"> <li>• provision of a range of suitable exercises, for example armchair aerobics, yoga, and gentle walking provided by care homes, day centres and some voluntary organisations for those in the later stages of the condition</li> <li>• family and friends accompanying the service user to enable them to take part in usual exercise activities such as swimming or golf</li> <li>• provision of exercise opportunities such as walking, yoga, swimming and dancing by the voluntary sector</li> <li>• through a befriending scheme run by the voluntary sector enabling a service user with dementia to continue normal exercise activities accompanied by a volunteer</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>• provision of 24 hour care in care homes in the statutory, private and voluntary sectors</li> <li>• provision of aids and adaptations in the service user's home by OTs to reduce the risk of accidents</li> <li>• assistance from family members who may check that the living environment is safe or stay overnight</li> <li>• assistance from family and friends to help ensure the home is safe, for example that fire alarms and carbon monoxide alarms are fitted, by ensuring that all areas are well-lit and dangerous substances are stored safely</li> <li>• the purchase of daily living aids from a voluntary organisation such as the Alzheimer's Society</li> </ul>

## Intellectual needs

<b>Stimulation</b>	<ul style="list-style-type: none"> <li>• provision of a range of suitable reading materials, daily newspaper and books in care homes, day centres and hospitals</li> <li>• provision of daily newspapers by family and friends</li> <li>• access to television and radio in hospitals and day centres to keep up to date with current affairs</li> <li>• provision of board games etc. in day centres, care home and individual's home</li> <li>• provision of a range of activities provided by the voluntary sector, for example Age NI provide music activities and reminiscence therapy</li> <li>• family and friends involving the individual with dementia in their activities</li> <li>• the purchase of games and activities from a voluntary organisation such as the Alzheimer's Society</li> </ul>
<b>Knowledge of illness</b>	<ul style="list-style-type: none"> <li>• provision of information about dementia by voluntary organisations in leaflet form or on the organisation's website</li> <li>• provision of information in leaflets and booklets available in GPs and hospitals</li> <li>• discussion with the practitioners involved in caring for the service user focusing on the condition, treatments etc.</li> </ul>
<b>Opportunity to learn new skills</b>	<ul style="list-style-type: none"> <li>• provision of a range of activities in day centres and care homes, for example flower arranging, cookery sessions and talks by local historians</li> <li>• provision of activities by voluntary sector organisations</li> <li>• family, friends and neighbours providing transport or accompanying individuals to night classes, for example art or ICT</li> </ul>
<b>Management of memory loss</b>	<ul style="list-style-type: none"> <li>• carers, practitioners and family members keeping information simple when talking with the service user</li> <li>• the use of memory aids such as lists, diaries, labelling cupboards and doors, an electronic clock which also displays the day and date</li> <li>• family and friends making simple adaptations to the home, for example, replacing the toilet seat with one of a contrasting colour or replacing patterned carpet with a plain one</li> <li>• the purchase of memory aids from a voluntary organisation such as the Alzheimer's Society</li> </ul>



## Emotional needs

<b>Sense of autonomy</b>	<ul style="list-style-type: none"> <li>• provision of home care workers provided by social services to provide support to enable the service user to remain in own home</li> <li>• support from family, friends and neighbours to enable service users to undertake everyday activities in their own home</li> <li>• provision of aids and adaptations by OTs to enable the individual to undertake everyday activities and retain independence</li> <li>• carers and practitioners listening and taking into account the service users' wishes and involving them in decisions about their care</li> <li>• the purchase of daily living aids from a voluntary organisation such as the Alzheimer's Society</li> <li>• through the use of advocates who will help ensure the service users' opinions and wishes are taken into account</li> </ul>
<b>Sense of belonging</b>	<ul style="list-style-type: none"> <li>• provision of support groups mainly by the voluntary sector</li> <li>• encouraging service users to take part in activities organised in care homes, day centres and voluntary organisations</li> <li>• family members making the individual feel valued and involving them in family celebrations, for example birthdays and weddings</li> </ul>
<b>Feeling cared for</b>	<ul style="list-style-type: none"> <li>• provision of support groups, helplines and counselling mainly by voluntary organisations</li> <li>• provision of specialist medical practitioners in hospitals</li> <li>• support from family, friends and neighbours who may have more time to listen to an individual's worries and concerns</li> <li>• provision of befriending schemes by voluntary organisations</li> </ul>

## Social needs

<b>Communication</b>	<ul style="list-style-type: none"> <li>• provision of communication aids by the speech and language department in hospitals</li> <li>• through the use of advocates who will speak on behalf of the individual. An advocate may be a family member, a health or social care practitioner or a representative from a voluntary organisation</li> </ul>
<b>Social interaction outside the family</b>	<ul style="list-style-type: none"> <li>• provision of support groups by voluntary organisations</li> <li>• provision of a range of activities in day centres and by voluntary organisations, for example, Alzheimer's Society has cafes in certain areas and group 'Singing for the Brain' sessions</li> <li>• family, friends and neighbours accompanying or providing transport to community events</li> </ul>
<b>Relationships with family and friends</b>	<ul style="list-style-type: none"> <li>• provision of a range of group activities in care homes and day centres</li> <li>• through open visiting in care homes and hospices and visiting hours in hospitals</li> <li>• provision of support groups and activities, for example lunch clubs by voluntary organisations</li> <li>• family, friends and partners encouraging the individual to keep in touch with friends by providing transport, accompanying them on visits or to social activities and enabling them to use Skype or Facetime</li> </ul>

## Evaluate the effectiveness of services in meeting the needs of service users

### Activity

- (a) Choose any service from the statutory or independent sector that helps meet the needs of service users with dementia.

Complete the table below to identify the needs this service helps to meet and explain how it does this. Note: the service may not meet all four types of need.

### Name of service

Type of need	Needs	How this service helps to meet this need
<b>Physical</b>		
<b>Intellectual</b>		
<b>Emotional</b>		
<b>Social</b>		

Your table shows you how the service helps to meet needs, but you now need to evaluate how effective the service is in doing so. To evaluate means to weigh up how well the service meets the needs.

Things you may consider:

- Which needs do you think this service meets particularly well and why?
- Are there any needs the service could do more to meet or that it does not meet at all?
- What are the barriers to the service meeting needs effectively? You could consider some of the barriers to accessing services listed in the next part of the unit specification, for example, lack of resources.

(b) Evaluate the effectiveness of the informal sector by considering the following case study:

Sarah has dementia and is being cared for by her husband. Her granddaughter Molly, aged 16, is very keen to help care for her grandmother.

- Which of Sarah's needs can Molly contribute to meeting?
- Evaluate how effective Molly might be in meeting Sarah's needs.

(c) Watch 'Mum, Dad Alzheimer's and me' on <https://www.youtube.com/watch?v=LprTLa01AF0> and take part in a class discussion on how effective services are in meeting the needs of service users with dementia.

## Resources

NHS choices: About Dementia available at

<http://www.nhs.uk/conditions/dementia-guide/pages/about-dementia.aspx>

Alzheimer's Society: The Dementia Guide available at

[https://www.alzheimers.org.uk/info/20111/publications\\_about\\_dementia/790/the\\_dementia\\_guide](https://www.alzheimers.org.uk/info/20111/publications_about_dementia/790/the_dementia_guide)

