Rewarding Learning

eGUIDE//

Health and Social Care

Unit A2 3: Providing Services

Content Page

Introduction

Please note that Unit A2 3 is a synoptic unit, content from other units will inform your understanding of this unit. The examination for this unit will be based on pre-release materials issued by CCEA, which focusses on one service user group. The pre-release material will specify which service user group. It will be available 8 weeks before the examination.

The effects of legislation and policy on service provision

The origins of the welfare state

In 1941, the government commissioned a report into the ways that Britain should be rebuilt after World War Two. William Beveridge was appointed to oversee this process. He published his report in 1942 and recommended that the government should find ways of fighting the five 'Giant Evils';

- **Disease**
- **Want**
- **Idleness**
- **Ignorance**
- **Squalor**

In 1945, the Labour Party defeated Winston Churchill's Conservative Party in the general election. The new prime-minister, Clement Attlee, announced that he would introduce the measures outlined in the 1942 Beveridge Report. The introduction of these measures became known as the 'welfare state'

Beveridge recommended the establishment of a National Health Service (NHS) to counter the giant evil of '**disease**'. This was very beneficial for everyone, especially disabled people and those with long-term illnesses because, for the first time, they were able to get health care and treatment free at the point of delivery on the basis of need. This meant they enjoyed a better quality of life and lived longer.

Beveridge also considered the whole question of social insurance, arguing that '**want**' could be abolished by a system of social security organised for the individual by the state. He proposed that all people of working age should pay a weekly national insurance contribution. In return, benefits would be paid to people who were sick, unemployed, retired or widowed. Beveridge argued that this system would provide a minimum standard of living "below which no one should be allowed to fall". These measures were eventually introduced by the Labour government and contributed to improvements in the health and well-being of the population.

Beveridge recommended the establishment of job creation schemes to counter the evil of '**idleness**'. He was concerned that people were bored and had no work to go to. He claimed that a better Britain would have to involve people who worked for a living. This meant that the government was to become actively involved in seeking employment for its people. Beveridge felt that employment would lead to an improved quality of life and a pride in their country for those who gained jobs as it would lead to an income which would bring with it obvious benefits.

Beveridge also considered the whole question of lack of education, arguing that '**ignorance**' could be abolished by an improved education system. He said that far too many young people were leaving school too young with little or no qualifications and he declared that if Britain wanted to compete with other countries and be able to withstand any future attacks, they needed a nation 'well-schooled'. The Education Act of 1944 was introduced to deal with this 'giant evil' and it meant that children had to stay at school until at least 16 years old.

Beveridge proposed there was a need to deal with the '**squalor**' he saw up and down the country. He said that people were living in houses that were not fit for human habitation – there were slums in many areas. He declared that this giant evil of 'squalor' was having a major impact on many other areas of life including health and well-being and that unless it was dealt with by government it would prevent Britain from becoming the strong and vibrant country it wanted to become. As a result of this, housing schemes were introduced by the government and houses were built over the next 30 years throughout Britain to deal with this 'giant evil'.

Beveridge is credited with the introduction of the welfare state in Britain and changes in the attitudes of politicians and the public towards social welfare. Prior to his report, it had been common to blame poverty and unemployment on individuals but Beveridge's plan led to the recognition of the need for greater state involvement in providing support for its citizens.

Activity

1. Pretend you are a journalist in 1950 and you have been asked to write a short article for the local newspaper on the contribution Beveridge made to improving the lives of UK citizens. Your article should summarise:

- what he set out to do
- the main findings of his inquiry
- the measures he proposed in order to deal with the problems he identified and
- the potential benefits the public would experience.

2. Volunteer to present your summary to rest of the group as a news report.

Exam practice

The National Health Service (NHS) was established over 70 years ago to provide free healthcare. It was established as a result of recommendations made by the Beveridge Report (1942) which provided the basis of the Welfare State. The political beliefs of successive governments have impacted on how the NHS has provided services and so it has changed considerably over time. Recently, concerns have been expressed about whether the NHS can continue to provide free healthcare "from the cradle to the grave".

As well as NHS healthcare, explain two ways that Beveridge proposed to help people with physical disabilities or illnesses. (2 x 2 marks)

Legislation will be specified in the pre-release material for this examined unit. As A2 Unit 3 is a synoptic unit, you can use the support materials, both the eGuide and Fact Files, for AS Unit 1: Promoting Quality Care and AS Unit 5: Adult Service Users for information on examples of the legislation and government strategy documents you may need to know about.

Examples of questions you may be asked in your exam relevant to the legislation is identified in the pre-release.

Exam practice

1. Analyse the impact of The Carers and Direct Payments Act 2002 on the lives of disabled people who live in their own homes **and** the carers who support them. (12 marks)
2. Discuss how the Mental Health (Northern Ireland) Order 1986 safeguards service users with mental health problems. (12 marks)
3. Discuss **four** ways the following legislation safeguards clients with mental health problems.
   The Mental Health (Northern Ireland) Order 1986 (4 x 3 marks)

You should understand the content and purpose of policies and be able to **evaluate how effective policies are on impacting positively on service provision. The Fact File A2 3 'Policies' is a useful resource.** Complete the two activities at the end of the fact file.

Exam practice

1. Discuss how each of these **four** policies can be effective in the provision of appropriate care for clients with physical disabilities or illness.
   Whistle blowing policy (1 x 3 marks)
   Protection from abuse policy (1 x 3 marks)
   Staff training policy (1 x 3 marks)
   Complaints Policy (1 x 3 marks)
2. Discuss how the following policies are intended to protect service users with mental health problems in care settings.
   Whistle blowing policy (1 x 6 marks)
   Protection from abuse policy (1 x 6 marks)
3. Policies in child care settings aim to benefit staff and children. Explain **two** different ways of each of the following policies which may be effective in a child care setting.
   Child protection policy (2 x 2 marks)
   Bullying policy (2 x 2 marks)
   Whistle blowing policy (2 x 2 marks)
4. Evaluate the effectiveness of the confidentiality and safeguarding policies in nursing homes. (12 marks)

Meeting Individual Needs

Each service user group is unique and the needs of each individual within any one group are also unique. A range of factors can impact on the services provided to meet the needs of groups and individuals. For example demographic trends in relation to a service user group can be used to determine the services they need to receive and the level of support provided.

Demographic Trends

Demography is the study of statistics relevant to the population including the number of births and deaths and the prevalence of disease, which impacts on the structure of the human population. The government needs to understand population dynamics in order to make appropriate provision for its citizens. For example, it is important to know how many children are being born so that adequate provision of nursery schools and primary schools can be planned and to make sure there are sufficient early years staff trained. Governments collect this data by investigating three main demographic processes: birth, migration, and ageing (including death). All three of these processes contribute to changes in populations. Governments use this information to plan for service provision in such areas as health, housing and education.

Important concepts in demography include-:

- The **crude birth rate** – the annual number of live births per thousand people
- The **general fertility rate** – the annual number of live births per 1000 women of childbearing age (often taken to be from 15 to 49 years old)
- The **crude death rate** – the annual number of deaths per 1000 people
- The **infant mortality rate** – the annual number of deaths of children less than 1 year old per 1000 live births
- The **expectation of life** (or life expectancy) – the average number of years people in the population are expected to live

There are many reliable statistics available for demographic analysis in the UK including The Census of Population, the General Household Survey, the Family Expenditure Survey, as well as the statistics compiled by government departments such as the Home Office and the Department of Social Security.

The Census of Population is normally taken every ten years and is carried out by the Census Office, part of the Northern Ireland Statistics and Research Agency (NISRA). The most recent Census took place on Sunday 21 March 2021. The census is undertaken by law and provides the essential statistical information about the population and

households. Northern Ireland is experiencing major changes in terms of its demographic characteristics. The Northern Ireland Statistics and Research Agency has predicted that the population will rise by almost 8% by 2025 to nearly 2 million people. They also predict an increase of 42% in the number of people aged 65 years or older whilst simultaneously projecting that the number of people of working age will increase by only 1.4 per cent by 2025. The growth expected and figures projected in relation to the population aged 85 years and over indicate that by 2025 numbers will increase to 55,000 of whom 62 per cent will be women. Further predictions indicate that the over-85 population will double by 2027 compared with 2010.

Activity

Visit the following website to find out more about the characteristics of the population in Northern Ireland – http://www.nisra.gov.uk/statistics/ni-summary-statistics/ni-profile

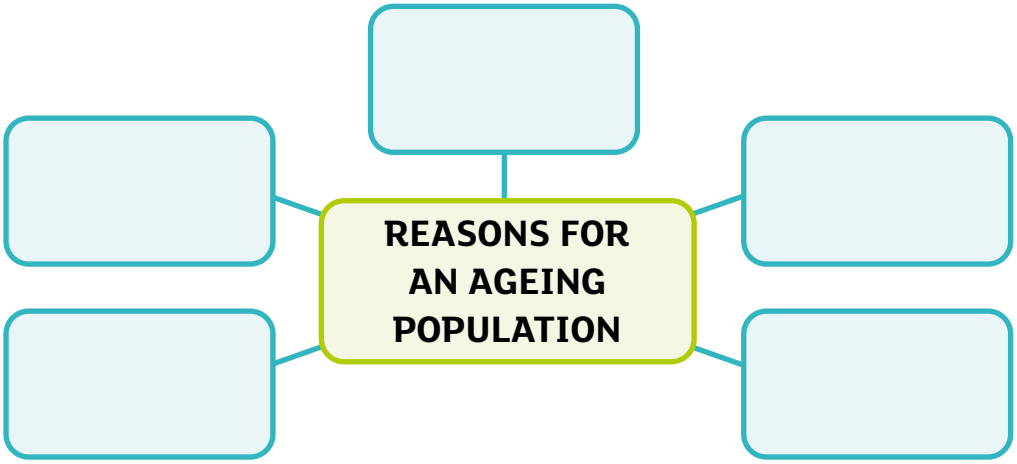
Evidence clearly indicates that overall life expectancy in Northern Ireland has continued to increase steadily over the years. However, the evidence also indicates an alarming increase in the numbers of people with chronic conditions including diabetes, stroke, respiratory problems and obesity related disorders.

The growth in population size reflects similar growth patterns across the population in the UK and can be explained in part by increasing expectations of individuals regarding their health status as well as improvements in technologies and the introduction of new and improved drugs.

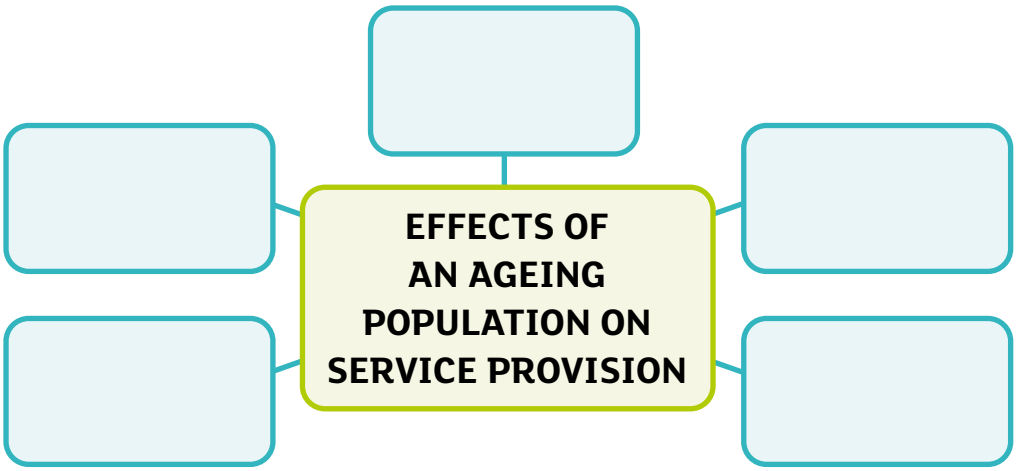
There is concern that demographic changes in the profile of the population combined with a reduction in available funding will impact significantly on the health and well-being of the population.

Activity

In groups complete the following spider diagrams to help you to understand what the trends in our population are in relation to the five service user groups.



Now consider how this increase in the ageing population might affect services provided by completing the following spider diagram



Now consider how this increase in the number of people in the population with learning disabilities might affect the services provided.

You might like to repeat these spider diagrams for other service user groups.

Exam Practice

1. Examine **three** reasons for the increasing demographic trend of people with mental illness in Northern Ireland. (3x3 marks)

   You should begin each section of your answer by identifying clearly what REASON you will focus on – see below the reason is in red and then the discussion of the reason follows. You are required to examine three REASONS in total.

Greater number of people abusing drugs and alcohol – substance and alcohol misuse is associated with the development of mental health problems. There is clearly documented evidence of the long term effects of such abuse on mental health. The numbers of people abusing drugs and alcohol in Northern Ireland has increased sharply over the past 20 years and as a result more people are developing mental health problems such as anxiety disorders and depression.

Economic downturn – The recent economic downturn has led to an increase in mental health problems in Northern Ireland. Many people have lost their jobs and unemployment is one of the factors known to contribute to the development of mental health problems. Unemployment leads to stress, anxiety and depression because it brings with it loss of earnings and loss of contact with friends and colleagues. Many people find it very difficult to cope with this stressful life event.

Reduction in stigma associated with mental health – More people are willing to go to their GP and get help for mental health problems. This has been largely due to the influence of the media and high profile people who have raised the issue of mental illness and the need for it to be de-stigmatised. As a result there is an increase in official numbers diagnosed with mental illness whereas people may have been less inclined to seek help in the past.

Increasing life expectancy – due to people living longer there has been a significant increase in the number of people diagnosed with mental health problems such as Alzheimer's disease and other forms of dementia. These mental illnesses are associated very closely with an ageing population and as this trend is expected to increase then it is expected that there will be an increase in the number of people diagnosed with these age related mental illnesses.

You can practice this question for any service user group by simply changing the service user group in the question stem.

Exam practice

1. Analyse **four** reasons for the demographic trend of a growing population of people with physical disabilities and illnesses. (12 marks)
2. Examine **four** reasons for the demographic trend of a growing population of older people. (4 x 3 marks)
3. Explain **two** ways each of the following demographic factors might impact on the provision of services for children.
   Falling birth rates (2 x 2 marks)
   Increasing immigration (2 x 2 marks)

Integrated approach to the provision of care

The provision of health and social care in Northern Ireland was restructured as a result of the Health and Social Care (Reform) NI Act 2009 which provides the legal framework within which the health and social care structures function.

The five trusts in Northern Ireland – Belfast, Northern, Southern, South Eastern and Western – control their own budgets and are now known as Health and Social Care Trusts (HSCTs) and they in turn are regulated by a Regional Board (established as a result of the Act) which issues guidance to HSCTs as to how they deliver their functions.

As a result of this legislation, in Northern Ireland there is an integrated approach to the provision of health and social care services. Trusts in Northern Ireland are responsible for providing a whole range of both health and care services to their local populations – these are the services provided by the government, referred to as the statutory providers. The statutory providers work in partnership with independent providers, both voluntary (or not-for-profit) and private (commercial businesses) to deliver health and social care services. In addition, the role of the informal carers such as family and friends is considered an integral part of service provision.

A good example of this integrated approach is the move towards integrated care partnerships or ICPs.

ICPs are collaborative networks of care providers which bring together the wide range of healthcare professionals from statutory providers, voluntary providers, private providers, local councils and service users and carers (including informal carers), to plan, coordinate and deliver health and social care services locally. ICPs are also focused on managing chronic illnesses and preventing unnecessary hospital admissions especially for the frail elderly and those with long term conditions.

Follow the link below to find out more about ICPs and their role in the delivery of health and social care services in Northern Ireland.
http://www.hscboard.hscni.net/icps/

Statutory providers

The statutory providers are funded by the tax payer through the system of national taxation which exists in the UK whereby funds are controlled by central government. The Chancellor of the Exchequer then identifies available funding for all services including health and social care services and funds are allocated to each department accordingly. In Northern Ireland the funds are allocated to the executive at Stormont which also decides on the budget allocation for the Department of Health.

Private providers

Before the NHS was set up in 1948 health care was provided by charities, friendly societies and voluntary hospitals, private medical clubs, occupational medical services and medical fees paid on an impromptu basis. The government has always permitted private health care. In fact many doctors work both for the Trusts and operate privately as well, so patients who want private health care have the choice to receive private healthcare in Trust run hospitals or attend a private hospital. Over the past twenty years, the number of

people taking out private health care insurance has risen. Available information suggests that more than 12 million people in the United Kingdom now have private health care cover. Private providers also currently provide a wide range of services for the NHS or Trusts. These include various psychiatric care services, long term residential care for people with learning disabilities and both nursing and residential care provision for older people. There has always been much debate about the quality of private health care with many critics arguing, for example, that the very existence of a private providers creates a two tier system in health care where those who can afford can gain access to health and social care services and those who cannot are forced to endure waiting lists for treatment. They oppose the idea that health and wealth should be connected in such a way that it determines who receives services and who doesn't, and argue that services should be available to all who need them, when they need them. Critics also argue that the government should invest resources for statutory providers as opposed to paying the costs associated with contracting services from the private providers. They fear that profit-making private health providers may provide services where the over-riding motivation is to make money and so the quality of the services delivered may be negatively affected. Nevertheless, there are many who will argue that the existence of private providers creates choice for consumers and that those who 'have' should be able to spend their money as they wish. They counter argue that the existence of the private health providers shortens waiting lists for the statutory providers too, meaning everyone can receive treatment sooner. They suggest that having a private providers costs the government less as more people 'going private' takes pressure of the NHS.

Private care providers are profit making and receive funding from a number of sources including, direct payment by individuals, payment through health insurance schemes and through contracts with statutory providers such as the NHS.

Voluntary providers

Charities also play a significant role in the provision of health and social care. Voluntary organisations often work alongside statutory organisation and support the services they offer. The voluntary providers include all social activity undertaken by organisations that are not-for-profit and non-statutory. There are thought to be over 160,000 active organisations in the UK. This is equivalent to one voluntary organisation for every 380 people. These estimates do not include non-registered informal groups, like self-help groups for example, which are numerous and also play a very important role at community and local level in providing health and social care services. Voluntary organisations exist to assist all identified service user groups within the UK population. As with the private providers there are many critics of the very existence of a voluntary provider. They argue that welfare is the duty of the state and therefore no one should need to ask charities to help them in their time of need, rather the state should make provision. This way, service users would not feel stigmatised and labelled. On the other hand, proponents of voluntary providers argue that their existence strengthens the bonds within society and helps people to feel cared for and supported in their own communities. As well as that, voluntary organisations can provide care and support in a very responsive way and service users do not need to wait for the service as is often the case with statutory providers.

Voluntary care services are funded in a whole range of ways and have a huge responsibility to generate their own monies or they may face the prospect of having to close down. Almost all voluntary organisations are involved in fundraising through activities such as sponsored walks, coffee mornings and street collections. Many also secure commercial sponsorships with large individual private provider companies or

conglomerates. The nature of their work also means that they can have contracts with government agencies to provide services. For example, Age NI might contract with statutory providers to provide meals on wheels in a particular area. Due to the nature of the work they do and because they are non-profit making they can also secure funding via grants from government. These may be used to improve the services they provide. For example a voluntary group providing day care for people with learning disabilities may obtain grant funding to improve their premises, buy computer equipment or perhaps purchase a custom built mini bus to transport service users to and from the facility. Donations are also a major source of funding for many voluntary organisations. These can be made by individuals or companies or may come through bequests/wills whereby those who may have benefited from the services of a voluntary provider or who value the work they do may leave them some money in their will.

Informal providers

Family, friends and neighbours provide a significant amount of social care. Carers provide unpaid care by looking after the needs of an ill, frail or disabled family member or friend. Carers can be adults caring for other adults, young people under 18 caring for another family member such as a parent or parents caring for ill or disabled children. Informal carers empower and support thousands of vulnerable people who require support to maintain independent lives in their own homes and communities. In doing so, they lessen the extent to which social services contribute and so save the government a considerable amount of money. Research conducted in Northern Ireland has indicated that, despite the widely-recognised contribution carers make to society, their own specific needs are often neglected and as a result they are often socially isolated and regularly experience poor health and poverty as a direct consequence of their caring role. Northern Ireland is facing an increasing demand for care as are all other parts of the UK. This demand is largely a result of the fact that people are living longer and so this results in an increase in the numbers of older and frailer people living in the community. In addition, people with learning and physical disabilities now have longer life expectancies than in the past. These welcome changes do have obvious implications in terms of the demands placed on carers, many of whom are themselves getting older. Informal care provision as mentioned earlier is more often than not provided without payment although there is a Carer's Allowance which is a taxable benefit, paid to informal carers who spend at least 35 hours a week giving care. Carers do not have to be related to, or live with, the person so it could be a friend a relative or a neighbour. Carer's Allowance however will only be paid when the person being cared for is in receipt of Attendance Allowance or Disability Living Allowance, otherwise carers are unable to claim any payment at all for the care they provide.

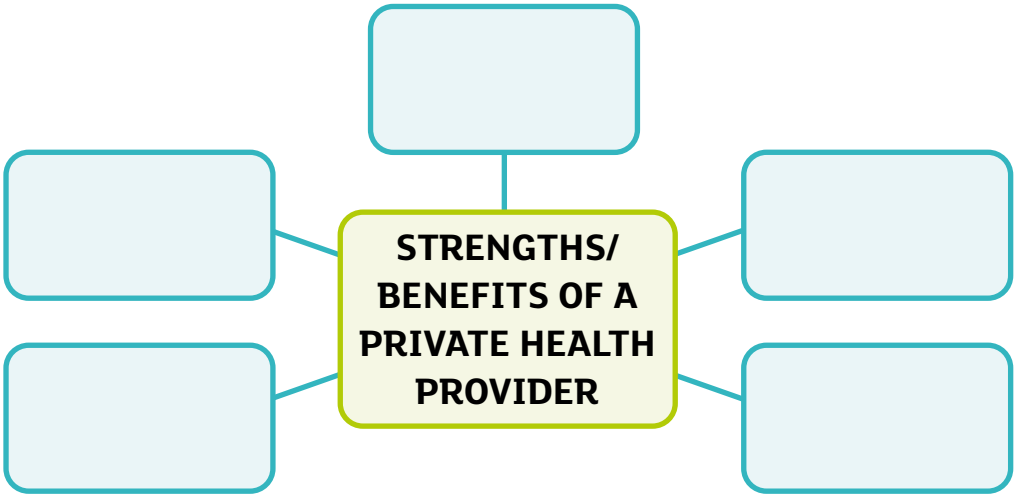
Activity

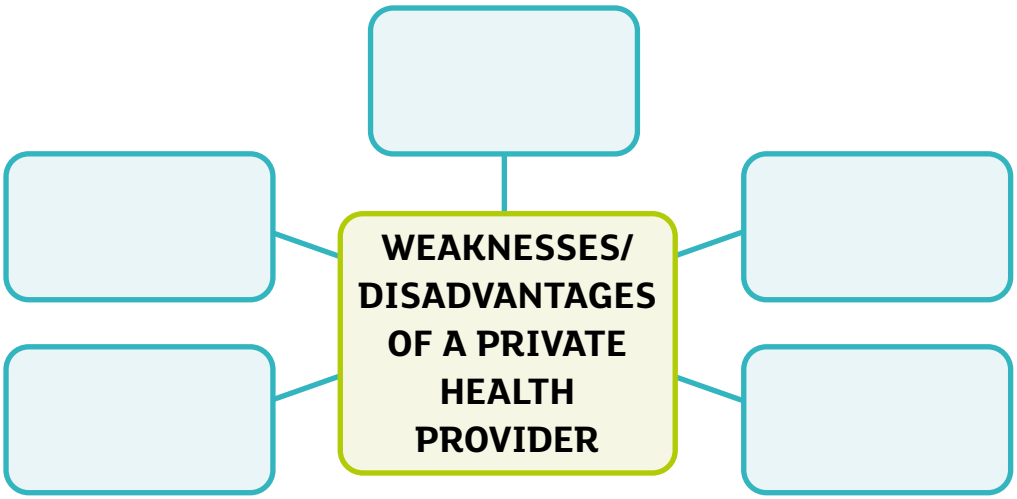
Visit the following website to find out more about benefits for carers
http://www.nidirect.gov.uk

Demographic data predicts that many of us will be involved in caring for a family member at some point in our lives. Findings from research conducted also clearly identifies distinct advantages and disadvantages for both the individual being cared for, irrespective of the service user group, and for the carers. The findings of studies such as the Northern Ireland Life and Times survey conclude that the large majority of carers clearly do want to care, and most feel happy that they are able to contribute to the care of their loved ones, however, many are exhausted, suffer poor health and are financially burdened because of their caring responsibilities.

Activity

Complete the following spider diagrams showing the strengths/benefits and potential weaknesses/disadvantages of each type of provider. You should try to consider the strengths and weaknesses from the viewpoints of the service users and the service providers including carers (where relevant).





Activity

Identify care providers from each group which offer services to meet the needs of the following service user groups – extend your table as required.

Service User Group	Statutory Providers	Voluntary Providers	Private Providers	Informal Providers
Children & Families				
Older People				
People with physical disabilities or illnesses				
People with learning disabilities				
People with mental illnesses				

Exam practice

1. Explain **three** ways voluntary organisations involved in the provision of health and social care for clients with mental health problems are funded. (3 x 2 marks)
2. Explain **four** ways a voluntary organisation such as the Northern Ireland Chest Heart and Stroke Association may support clients with physical disabilities and illnesses living at home. (4 x 2 marks)
3. Explain **four** ways voluntary organisations such as NIAMH may support clients with mental illness. (4 x 2)
4. Discuss **four** strengths and **four** weaknesses of using voluntary providers to provide care and treatment for clients with mental illness. (12 marks)
5. Examine **three** strengths and **three** weaknesses of private providers who provide care for older clients.
   Strengths (3 x 3 marks)
   Weaknesses (3 x 3 marks)
6. Explain **three** arguments for and **three** arguments against informal care for older people.
   Arguments for (3 x 2)
   Arguments against (3 x 2)
7. Evaluate the care provided for young children by informal and private providers.
   Informal providers (6 marks)
   Private providers (6 marks)

Community Care

Community care relates to the health and social care services provided in the service users' own community including their place of residence and day care settings. Back in the 1990s, proposals for improving the delivery of community care services were established in a government white paper entitled *People First: Community Care in Northern Ireland in the 1990s*. The fundamental principle of community care is that any

individual who has identified care needs should be supported to live, as independently as possible, in the community, instead of being cared for in an institution. Various government legislation and policy has also demonstrated commitment to this principle.

As a result of the growing population, more people than ever before now reside in the community receiving support from integrated health and social care service providers, including statutory, voluntary, private and informal.

The local health and social care (HSC) trust *must* carry out a community care assessment if asked to do so by the person's GP, a hospital consultant or another relevant professional such as a hospital social worker. A request for assessment may also be made by the person seeking support, or a friend or relative. Assessments are usually carried out in the person's own home as this usually provides a reliable representation of how they are coping and what support they need. They are conducted by professionals, such as social workers, doctors and nurses. An assessment may be completed in one single visit, however it is not unusual for an assessment to take several visits to complete. This is more likely to happen when the individual presents with complex needs.

Once a comprehensive individual assessment has been completed and a decision has been taken that publicly funded care should be arranged, it is incumbent on the trust to ensure care provision is appropriate. This must be done in consultation with all relevant parties – the person requiring care, the informal carers and all care professionals involved. The services will be provided in the person's own home unless the outcome of the assessment is that the person's needs would be best met in a care home or supported living scheme.

Services provided for a person living in their own home might include:

- equipment and adaptations to facilitate independent living
- the provision of meals
- personal and intimate care
- respite care
- day care

The legislation makes clear that care provision should always be focused on the specific needs and wishes of the person requiring the care and any informal carers. Every effort should be made on the part of the trust to arrange for the provision of services to meet identified needs and wishes.

People First also recognized the potential for needs to change over time and introduced the concept of a care manager to be appointed to oversee the care of each individual. The care manager has overall responsibility for providing a package of care services specific to the person's needs and also for ensuring that the services are effectively coordinated, delivered and monitored. This responsibility is discharged via the implementation of a care plan that is reviewed and evaluated to reflect the changing needs of the individual. The HSC trust will not provide services unless an assessment of need has first taken place. The aim of a needs assessment is to establish what the person's circumstances are, and what level of support they require. It is important for individuals and their carers to be involved in all stages of the assessment and they should be consulted in relation to any care plan which is subsequently drawn up.

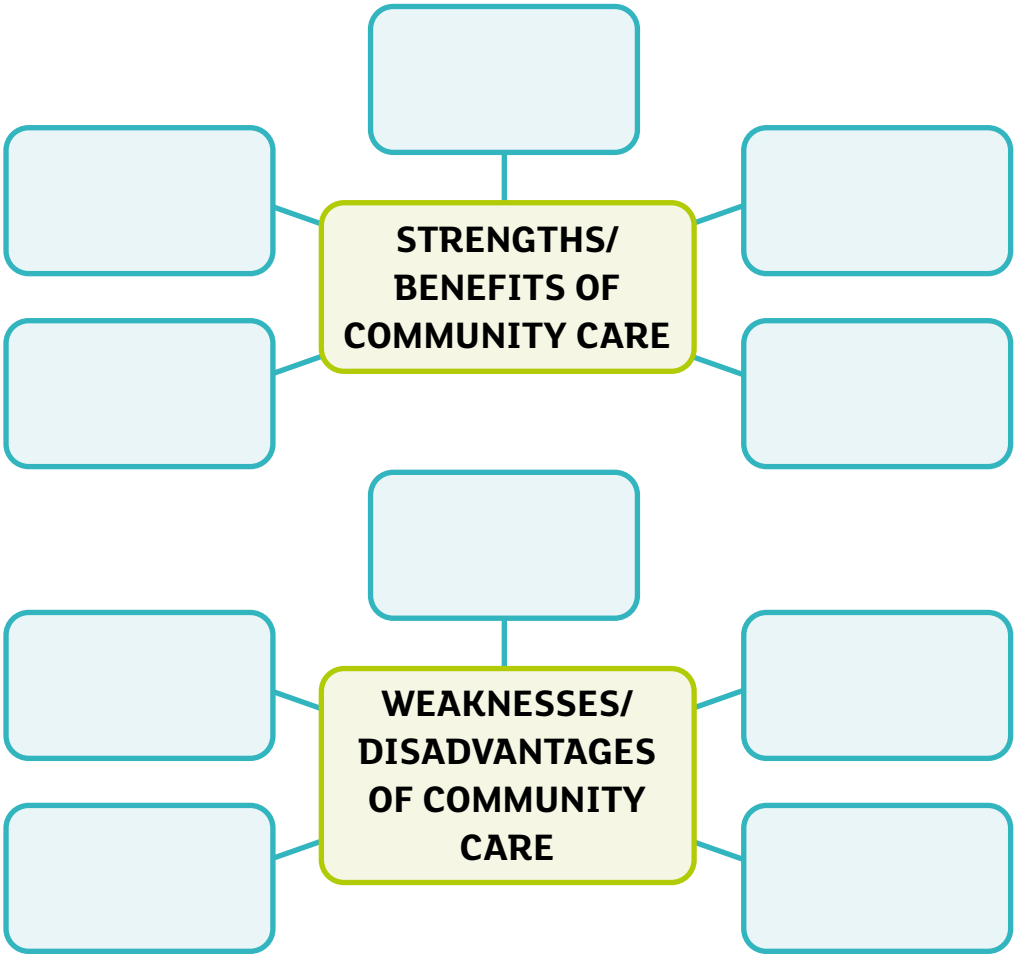
An assessment will usually focus on key areas including;

- the current status of the person's health and well being
- any care already being provided
- the person's concerns, and what support they feel they require and
- the concerns of any carers.

As well as proposing how individuals needing care for the first time should be managed, community care legislation also led to the move, for some, out of long stay institutions into a more 'normal' environment in the community. This has been subject to both criticism and praise. Supporters of community care welcomed the fact that service users were able to remain in their own home and maintain maximum independence. It also promoted a sense of normalisation avoiding the effects of institutionalisation for the service user.

Service users had better access to their own friends and family and weren't restricted by visiting times as they might be in an institution. However, many critics said that the government simply wanted to cut costs and that they didn't really have the welfare of service users at heart. Many patients who had lived in long stay mental health institutions were moved into the community but for some there was evidence of poor risk assessment and the support needed was not there, as a result many became very ill and some even died as a result of suicide or they committed serious crimes and so went back into care through the criminal justice system. Even very seriously mentally ill clients were released into the community, some ended up victims of crime others perpetrators and others simply became very unwell. The government was heavily criticised for not making sure the necessary structures were in place before discharging many vulnerable patients. For others, perhaps less seriously ill however, the move worked well. Community care continues to be a debateable topic in the field of health and social care.

Activity



Exam practice

Maggie, aged 42, is in hospital recovering from a stroke. She has a dense left sided weakness and has been in the rehabilitation unit attached to the local hospital for the past nine weeks. She continues to make progress but is anxious to return home and her husband and teenage children are also keen for her return. A hospital social worker has visited her to discuss how she can be supported in her own home.

1. Discuss the three strengths and three weaknesses of "care in the community" for clients like Maggie who have a physical disability or illness. (12 marks 2 pages)
2. Explain four strengths and four weakness of community care for clients with mental illness
   Four strengths (4 x 2)
   Four weaknesses (4 x 2)
3. Evaluate "**care in the community**" for service users with learning disabilities. (12 marks)

The physical, intellectual, emotional and social needs of service users and how they can be met.

A2 3 is a synoptic unit. This means that contents from other units will inform your understanding – please refer to pages 2 to 6 of the eGuide for AS 3 Health and Well Being for information on the needs of service users and how they might be met.

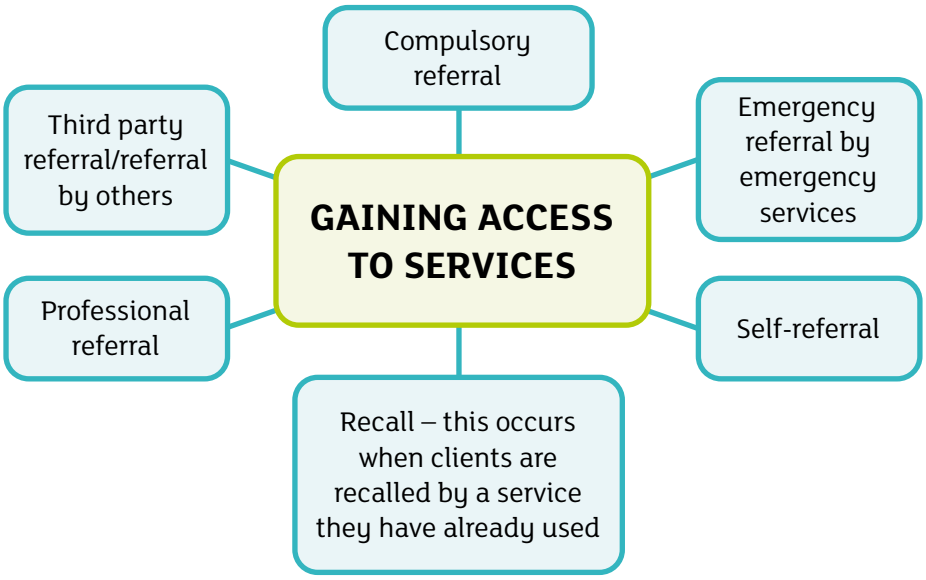
Having completed the activities in the eGuide for Unit 3, you may now try these exam questions.

Exam Practice

1. Matilda, aged 63, lives alone at home since her husband recently died. She has had a mild stroke which has restricted her mobility and her ability to attend to her own hygiene and prepare her food. She enjoys reading romance novels and she also enjoys watching TV. She has a neighbour who visits daily and a home help comes to her 2 hours daily. Explain 2 physical, 2 intellectual, 2 emotional and 2 social needs for Matilda. (4 x 2 marks)
2. Analyse the needs of service users with mental health problems and suggest ways these needs could be met. (12 marks)
3. Discuss ways staff at a day centre for service users with learning disabilities might meet the physical, intellectual, emotional and social needs of the service users who attend. (15 marks)
4. Identify one example of each of the following types of needs for Tina who is four years old and explain one way it could be met by the early years staff in her nursery school.
   An example of a physical need (1 mark)
   One way this need could be met (2 marks)
   An example of a social need (1 mark)
   One way this need could be met (2 marks)
   An example of an intellectual need (1 mark)
   One way this need could be met (2 marks)

Accessing services

Individuals who need services may access them in the following ways.



However, sometimes service users can find it difficult to access services because of barriers which exist.

Barriers to accessing services include:

- **Geographical barriers** – Depending on where a potential service user lives, access to the service they require may be difficult. Individuals, particularly those who live in remote country areas, may find it difficult to find transport to the service provider. Depending on the demographic characteristics of a particular geographical area, services may not be available in that area. For example if an area has fewer elderly people organisations which provide services for elderly people e.g. Help the Aged may not set up in this particular town, therefore access to this service for older people living in this area is likely to be difficult.
- **Physical barriers** – Physical barriers can include things such as not having access to a car, being physically disabled to the extent that an individual is unable to do things such as use a phone or catch a bus and being physically too immature or young to know the action to take in certain situations. Many service users who require health and social care services are vulnerable perhaps due to disability or simply being too young to know what to do. As a result of this physical barrier they may be unable to access the service they need alone and may have to depend on a referral from either a third party or a professional.
- **Language barriers** – The UK is a multi-cultural society and so it is essential that services and facilities are provided for service users taking into consideration their cultural needs and background. Being a foreign national living in Northern Ireland can present challenges with regards finding access to a whole range of services including health and social care services. Where an individual does not have English as a first language there may be difficulties in gaining access to the services they might require.
- **Psychological barriers** – Emotional and psychological barriers may prevent service users from accessing services. Fear or embarrassment can lead to poor uptake of services. For example, if a new mother is struggling to cope with her new baby and has negative thoughts and feelings about her situation, she may be afraid to ask for help

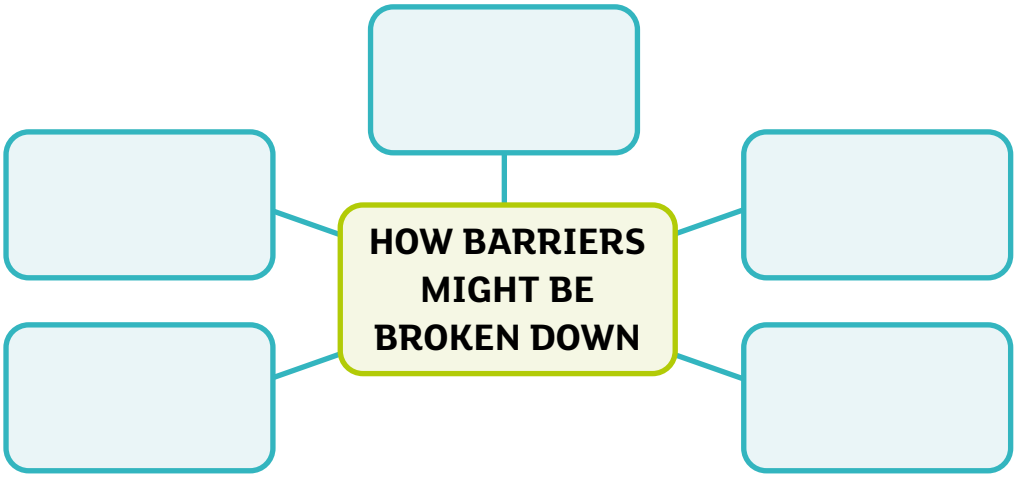
due to a fear that she may be perceived as an unfit parent or worse she may fear that her baby will be taken from her. This may mean that her post-natal illness develops before she gets the help she needs.

- **Knowledge barriers** – some service users may not have the language skills or the knowledge base to access the help and support they need. For example service users with learning disabilities such as Down's Syndrome or Autism and young children may be unaware of their needs. Unless someone else intervenes and supports them to access care they may well be unable to gain access to valuable health and social care services.
- **Financial barriers** – a lack of money may mean that service users are unable to access available health and social care services and treatment. For example, a service user who needs to see a GP but who has no access to car may not be able to afford the transport costs of a bus or taxi and so may not access the service as a result. Other private health services may not be available to some service users due to cost – such as surgery at a private hospital or therapies such as acupuncture or the treatment provided by chiropractors. Rationing decisions can also be interpreted as creating financial barriers to services.

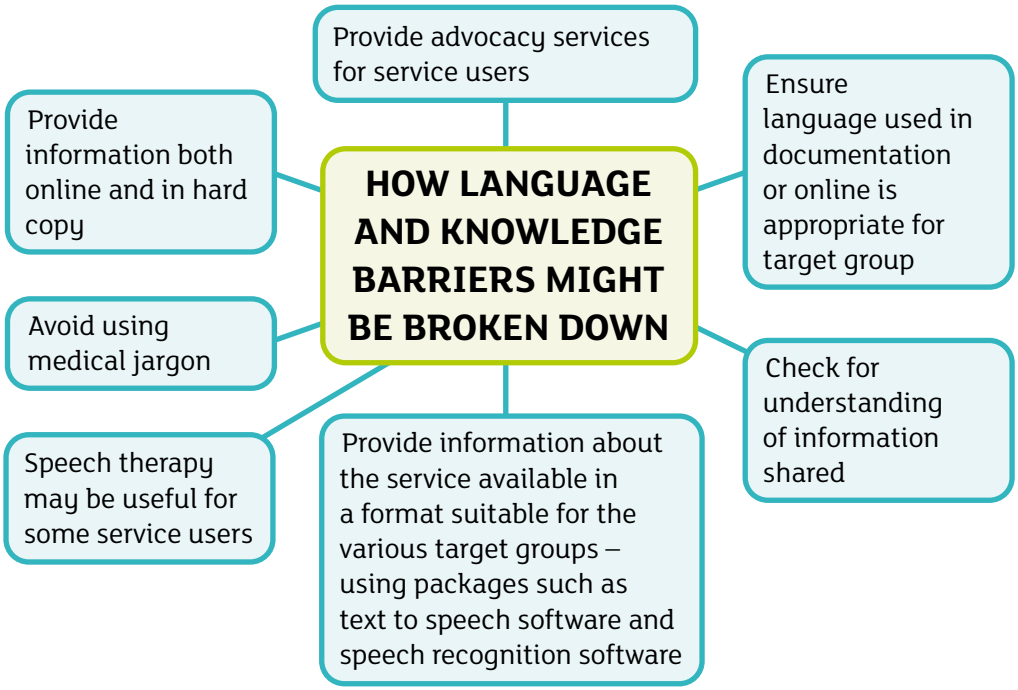
Activity

Having learned about the ways in which service users access health and social care services and the barriers they may face discuss in a small group how the barriers might be broken down. Then complete the spider diagram below, which your group can present to the rest of your class.

You can use the spider diagrams for revision.



Below is a spider diagram which suggests ways language and knowledge barriers might be broken down



Exam Practice

1. Explain two ways service users with physical disabilities or illnesses may gain access to health and social care services. (2 x 2 marks)
2. Service users with physical disabilities or illnesses often encounter physical barriers when accessing services. Identify **three** barriers these clients may meet and explain how they may be broken down. (3 x 3 marks)
3. Write down three potential barriers to accessing services for service users with learning disabilities and explain how these barriers may be broken down. (3 x 3 marks)

Rationing

Activity

Imagine you have arrived in a country which has only just been found, you have running water and a range of food sources. What do you think would be the priorities for the government of that country to introduce so that the people who live there have the opportunity to have a full and independent life?

Divide into groups of four or five and discuss this scenario then you must **agree** on your top five priorities.

Rationing in health care relates to the provision of some services and not others. Variations on what health and social care services are provided vary according to the area you live in. Services may be available in some location and not in others or the service may not be available at all. Some examples of rationing treatments include variations in charges for disabled people's home care; funded availability of the multiple sclerosis drug, beta interferon; availability of funded IVF services; waiting times for hospital treatment;

access to cancer screening programmes, and availability of drugs for Alzheimer's disease. Devolution has also brought the whole debate on rationing health and social care to the fore. Put simply depending on where you live, you may or may not be able to get the treatment you need. This is also known as 'the post code lottery'. Click on the following links to read about the post code lottery in Northern Ireland.

Belfast Telegraph Outrageous Postcode Lottery for Urgent Cancer Referrals in Northern Ireland
The Mirror Postcode Lottery Keeping Life-extending Drugs from Thousands of Cancer Sufferers in Northern Ireland.
In some areas across the UK, health trusts spent seven times more on mental health care per patient than in other areas and spending on heart disease and cancer also varies significantly.

Campaigners from a range of sectors have been very opposed to the spending variations, for example, the British Heart Foundation (BHF) has condemned the 'postcode lottery' for failing to care for people suffering from cardiac problems but the NHS maintains that spending is determined by the differing health needs in local populations. Research showed that some trusts were spending £173 per head on circulatory problems whereas others were spending £68 per head and some spent up to three times as much as others on cancer patients. These discrepancies means life expectancy for cancer sufferers could vary from region to region. Health experts say patients in lower spending areas could have up to 20 per cent less chance of beating cancer than those in high-spending places. The variations in spending beg the question as to why trusts reach different conclusions about spending priorities, and to what extent patients' health and well-being is affected by these rationing decisions.

Activity

Log on to the following site (http://www.theguardian.com/healthcare-network/2014/apr/04/rationing-nhs-care-debate-david-lock) and read the article on 'Rationing NHS care: why we need a serious debate' then answer these questions.

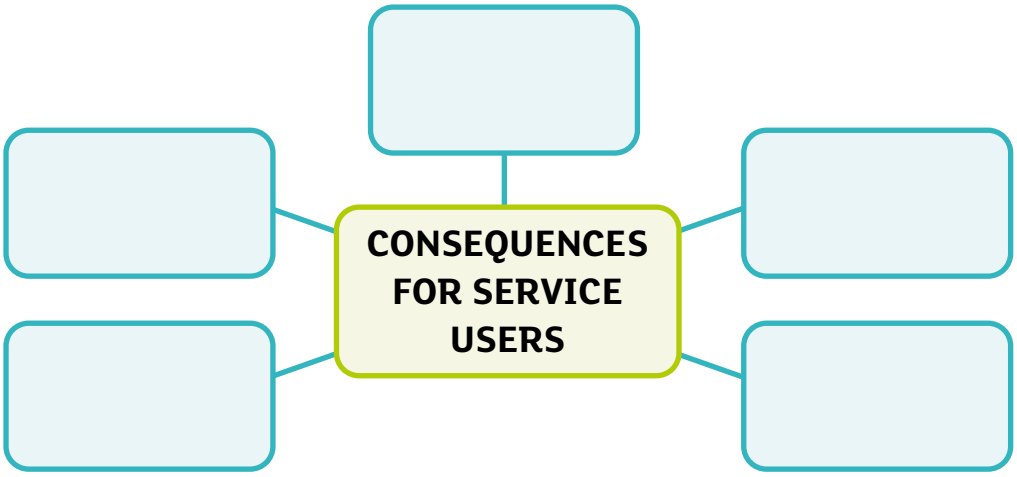
1. "The idea of treatment cost being taken into account, and sometimes withheld, due to financial reasons, would be a "horrific notion to our nation's doctors". Explain this statement. (6 marks)
2. "We can never spend "enough" on the NHS because the more we spend, the more demand there will be for healthcare". Explain this statement. (6 marks)
3. "Extra spending on medical treatment for people with preventable diseases is not an effective intervention". Discuss in class what you think this means. Try to give examples as part of your discussion

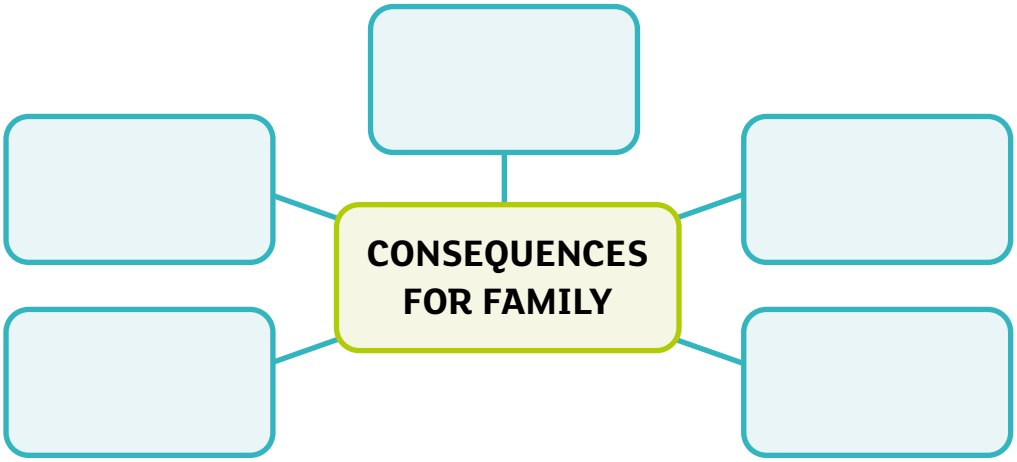
Activity

You are part of a government working group which has been appointed to ration drugs and treatments for patients. The amount of money available to provide health care has been cut and so not all health problems will be able to get the treatment they so desperately need. Here is a list of conditions – you must choose which 3 conditions you will not provide any money to treat.

- Infertility
- Multiple Sclerosis
- Stroke
- Autism
- Rheumatoid Arthritis
- Blindness caused by diabetes
- Heart bypass surgery
- Bowel cancer
- Speech therapy for children with delayed learning
- Cosmetic surgery for those severely scarred as a result of injury such as burns etc.

You must **justify** your reasons not to provide treatment for the three conditions you select. Now discuss the impact your decisions are likely to have on the professionals who provide the service, the individual who will not now receive the service and their family and friends. Now complete the spider diagrams below.





Exam Practice

1. Due to finite resources trusts have had to resort to rationing drug treatments for illnesses such as breast cancer and multiple sclerosis. Discuss the consequences of such rationing decisions for service users, their families and staff/organisations. (3 x 3 marks)

The differing roles and responsibilities of practitioners

A wide range of health and social care practitioners provide invaluable care and support for the whole range of service user groups. The role they play is crucial in supporting service users to maintain their independence, preserve their dignity and meet their physical, intellectual, emotional and social needs. The roles and responsibilities of professionals vary widely and it is important to understand what job they do and the contribution they make in supporting service users.

Social workers often work with individuals who are experiencing crisis or people who are socially excluded. Their aim is to provide support to enable service users to help themselves. They maintain professional relationships with service users, often acting as an advocate. Social workers work in a wide range of health and social care settings include service users' homes, schools, hospitals, children's homes and other public sector and voluntary organisations where they provide support to individuals, families and groups. They carry out their duties within a framework of relevant legislation and procedures.

The role of the social worker typically includes:

- Assessing an individual's needs and devising a care plan to meet those needs – this care plan is then implemented, reviewed and modified if necessary
- Liaising with the multi-disciplinary team, including professionals such as the GP and the OT to ensure that a service user's needs are being appropriately addressed
- Providing emotional and practical support to service users and their families to help ensure that a service user's needs are being fully met e.g. providing information on available support groups
- Conducting interviews with service users and their families to assess and review their situation
- Offering information and counselling support to service users and their families.
- Organising and managing packages of support to enable service users to lead the fullest lives possible.
- Recommending and sometimes making decisions about the best course of action for a particular service user.

- Liaising with, and making referrals to, other agencies such as voluntary organisations
- Participating in multidisciplinary teams and meetings.
- Maintaining accurate records and preparing reports for legal action.
- Giving evidence in court.

Activity

Using the information above on the role of the social worker, create a spider diagram to illustrate how the social worker might support each of the service user groups identified in the unit specification.

Log on to the following website to investigate the range of careers relevant to working in the health and social care sector.
http://www.nidirect.gov.uk/careers-in-health-and-social-care

Now complete the following activity which is designed to support your understanding of the roles and responsibilities of a range of health and social care practitioners and ways they support the service user groups identified in the unit specification.

Activity

1a. Divide into groups of about four students – try to ensure all the professionals in the unit specifications are covered – select a professional from the unit specifications e.g. an occupational therapist and investigate their role and the ways they support service users.

b. Select a service user group and create a power point presentation made up of no more than five slides which summarises the role of the professional and explains ways in which they support the service user group you have selected. You can embed some clips from you tube or elsewhere to support your presentation.

c. Present your findings to the rest of your class.

Exam practice

1. Explain two different ways the following practitioners might support service users with mental health problems.
   Occupational therapist (OT) (2 x 2 marks)
   Community Psychiatric Nurse (CPN) (2 x 2 marks)
2. Explain two different ways each of the following professionals care for service users with physical disabilities and illnesses.
   General practitioner (GP) (2 x 2 marks)
   District Nurse (2 x 2 marks)
   Physiotherapist (2 x 2 marks)
3. Gavin, aged 24, is about to be discharged from hospital following a serious road traffic accident that has left him paralysed from his waist down. The hospital social worker is trying to organise a package of care that will allow Gavin to live as independently as possible.
   Describe **one different** way each of the following practitioners could support Gavin.
   An occupational therapist (1 x 3marks)
   A psychologist (1 x 3 marks)
   A home care worker (1 x 3 marks)

4 Hannah, aged 83, is being supported to live in her own home by a social worker and a district nurse. Discuss the role of these two practitioners in supporting Hannah.
   The social worker (1 x 3marks)
   The district nurse (1 x 3marks)

5. All practitioners involved in child care have a responsibility to report any concerns about abuse. Write down **two** different ways each of the following practitioners can contribute to the care of children.
   Social worker (2 x 1 marks)
   Consultant paediatrician (2 x 1 marks)
   Early years worker (2 x 1 marks)
6. Discuss **how** the following professionals care for clients with mental illnesses
   Psychiatrist (3 marks)
   Occupational therapist (3 marks)
   Approved social worker (3 marks)

Working effectively in teams

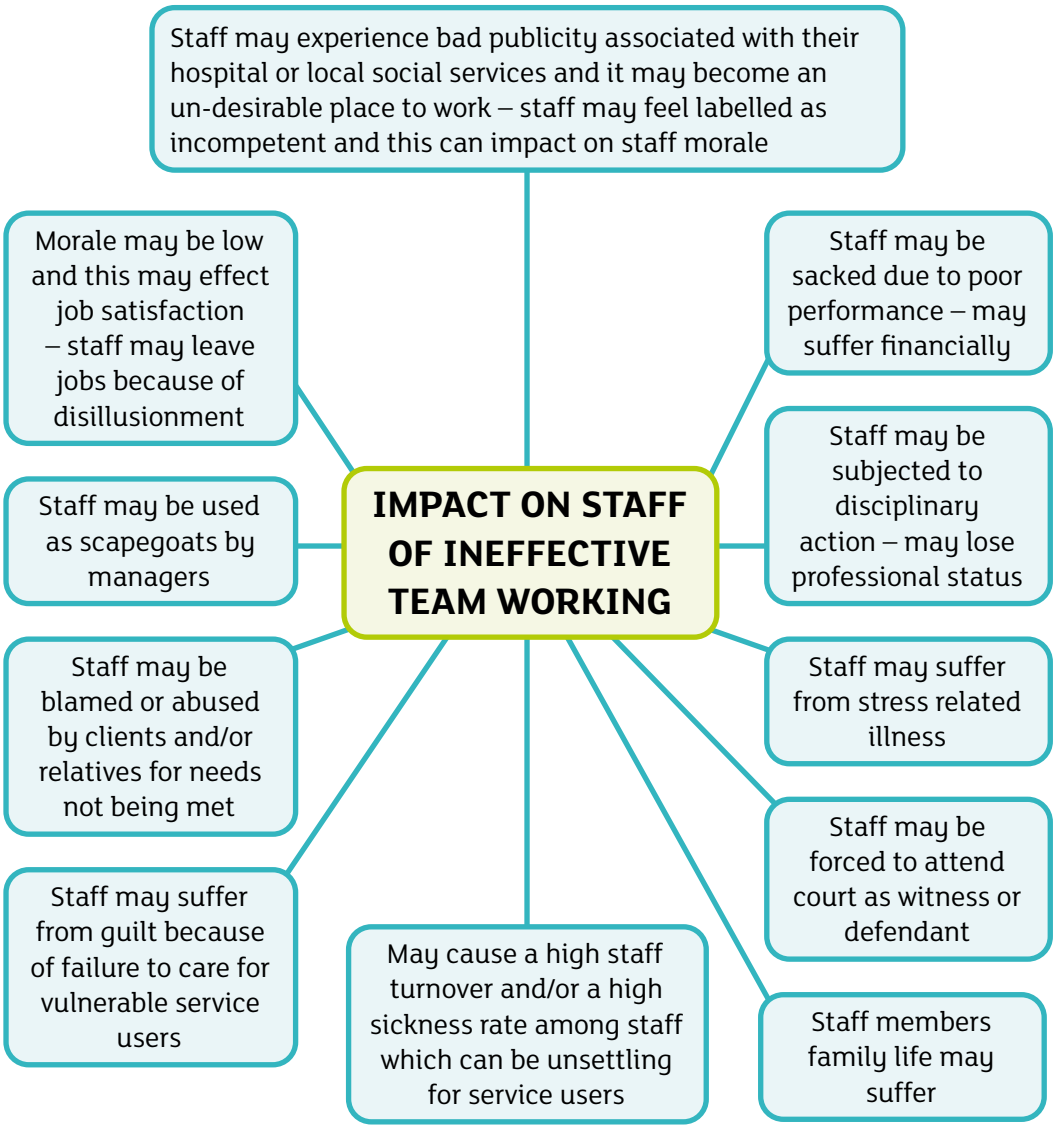
Effective team working is essential for the effective delivery of health and social care services. A team can be defined as a group of individuals who work towards an outcome for which all members are mutually responsible. This sense of collective accountability is crucial in health and social care teams if service delivery is to be efficient and effective. Research indicates that the best outcomes for service users are experienced when all relevant professionals involved in the 'care plan' cooperate fully. Further evidence indicates that effective team working results in a more innovative approach resulting in higher quality care for service users. Effective interdisciplinary working is also beneficial for staff as research suggests that levels of stress are measurably lower where members of a team work well together whether in a hospital setting or a community health care setting. Furthermore, those who work in teams are much clearer about what their roles and responsibilities as a direct result of team working which demands clear communication and improved understanding of own role. The benefits of effective team working for service users are also well documented including, reduced hospitalisation rates, greater likelihood of holistic needs being met, lower patient mortality rates and increased levels of satisfaction with service provision.

The need for interdisciplinary team work is increasing in the field of health and social due to a whole range of factors:

- The complex needs of the ageing population as a direct consequence of chronic diseases such as heart disease, stroke and diabetes
- The skills and knowledge necessary to ensure the delivery of effective care for service users
- The pursuit of seamless care for service users

Interdisciplinary team work allows staff to share their expertise, knowledge, and skills in a collective way in order to assess, plan, implement, monitor and evaluate the care provided to service users. This is achieved through a joined up approach involving shared decision-making, shared planning, shared responsibility and shared power.

Interdisciplinary working however can and does fail. This can happen if the team is not cohesive, for example if there is any contention in relation to the shared responsibility of the professionals involved in the team or the impact of lack of funding. Failure of the interdisciplinary team can be catastrophic for the service user and indeed for the staff.


IMPACT ON STAFF OF INEFFECTIVE TEAM WORKING
Staff may experience bad publicity associated with their hospital or local social services and it may become an un-desirable place to work – staff may feel labelled as incompetent and this can impact on staff morale
Morale may be low and this may effect job satisfaction – staff may leave jobs because of disillusionment
Staff may be used as scapegoats by managers
Staff may be blamed or abused by clients and/or relatives for needs not being met
Staff may suffer from guilt because of failure to care for vulnerable service users
Staff may be sacked due to poor performance – may suffer financially
Staff may be subjected to disciplinary action – may lose professional status
Staff may suffer from stress related illness
Staff may be forced to attend court as witness or defendant
Staff members family life may suffer
May cause a high staff turnover and/or a high sickness rate among staff which can be unsettling for service users

Activity

Create spider diagrams to illustrate the following;
Impact on staff of effective inter disciplinary team working
Impact on service users of effective inter disciplinary team working
Impact on service users of ineffective inter disciplinary team working

Exam Practice

1. Discuss the consequences of ineffective team working for service users with mental illness and for the staff who care for them.
   Consequences on service users (6 marks)
   Consequences on staff (6 marks)
2. Discuss **four** reasons to support multi-disciplinary team working as an approach to providing care for older service users in any care setting. (12 marks)
3. Practitioners work in interdisciplinary teams to support service users with physical disabilities or illnesses. Use the following headings to evaluate the interdisciplinary team approach to providing care.
   Strengths (6 marks)
   Weaknesses (6 marks)
4. Discuss **four** reasons to support multi-disciplinary team working as an approach to providing care for children. (4 x 3 marks)

Quality assurance

All organisations and individuals involved in the provision and delivery of health, social care and early year's services have a duty to ensure that quality and standards of service provision are maintained. All staff employed in care settings are expected to adhere to codes or standards of practice and conduct. A Fact file on 'Quality Assurance' is available on the CCEA website - https://ccea.org.uk/post-16/gce/subjects/gce-health-and-social-care-2016/support and if they don't they can face disciplinary action which may mean they lose their registration and their job. Codes of practice are written guidelines which are issued by an official body or a professional association to its members to help them comply with expected standards.

The Northern Ireland Social Care Council (NISCC) was established in 2001. The Council regulates all staff working in social care in Northern Ireland. Regulation of the workforce requires the Council to maintain an up-to-date register of all staff providing care in all care settings including the service user's own home. The NISCC also establishes the standards relating to both practice and training of social care staff in order to ensure that the quality of care provided to all service users is of a high standard.

Visit this website to find out more about the NISCC – http://www.niscc.info/

The Nursing and Midwifery Council (NMC) is the regulatory body for nurses and midwives in England, Wales, Scotland and Northern Ireland. They exist to protect the public by setting the standards for the education, training, conduct and performance of all nursing and midwifery staff so that high quality healthcare can be delivered.
The NMC also have a role in ensuring that nurses and midwives maintain their skills, knowledge and professional standards. They are responsible for investigating the conduct and behaviour of nurses and midwives when issues arise. The NMC also maintains a register of all nurses and midwives eligible to practise in the UK.

Visit this website to find out more about the NMC – https://www.nmc.org.uk/

The General Medical Council (GMC) is the regulatory body for all doctors in the UK. Their role is to protect patients and set the standards for doctors in relation to medical education and practice. The GMC provides support and information to all medical staff to help them meet and indeed exceed the standards for medical care and they are responsible for taking action when standards are not met.

Visit this website to find out more about the GMC – http://www.gmc-uk.org/about/index.asp

All staff who work in health and social care must adhere to their respective codes of practice in discharging their caring duties and if they do not, they face the prospect of disciplinary action by their respective regulatory body.

Activity

Visit the following webpages to access the codes of practice for:

- social care workers
- social workers
- nurses

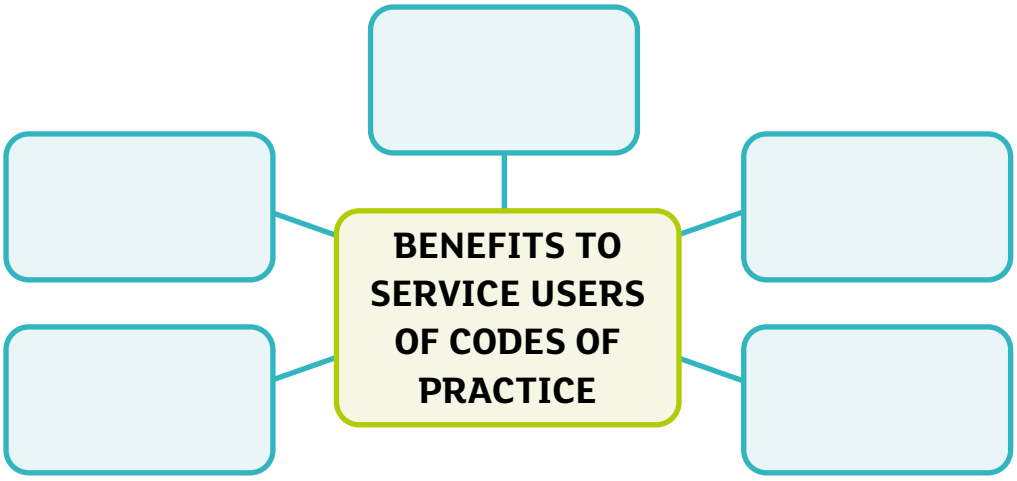
Northern Ireland Social Care Council

http://www.niscc.info/registration-standards/standards-of-conduct-and-practice
Standards of Conduct and Practice for Social Care Workers
Standards of Conduct and Practice for Social Workers

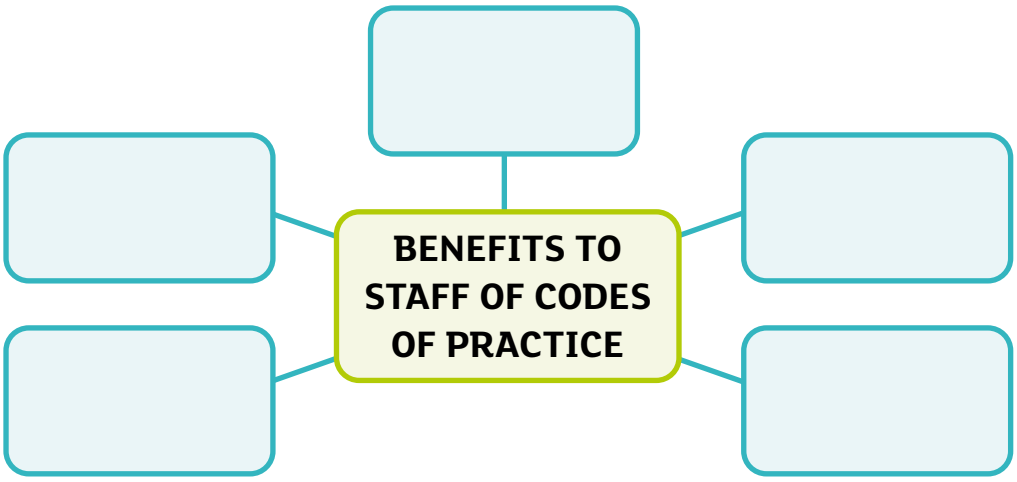
The Nursing and Midwifery Council

https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf
The Code: Professional standards of practice and behaviour for nurses, nursing associates and midwives

a. Read through the codes of practice and highlight and discuss the similarities.
b. Summarise **in your own words** the goal of any code of practice (200 words)
c. Now that you have examined some codes of practice, complete the following spider diagrams



You may find the following document useful for the completion of your first spider diagram
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-patient-public-a5-v5-19-august-2015.pdf
Good care from nurses and midwives: What our professional Code means for you



Activity

1. A staff nurse admitted that on three occasions he used a computer belonging to the NHS Trust where he worked to access pictures of an elderly woman in sexual poses from a website which he then circulated to his colleagues. The staff nurse worked in a care of the elderly ward.

   What do you think should happen to the nurse? Use the nurses' code of practice to explain your answer.

2. A social worker appeared before the Professional Conduct Committee and faced one allegation that she inappropriately accepted £1500.00 from the wife of a former patient. The social worker had been attending a terminally ill patient. She visited him weekly until he died. The patient was cared for at home by his wife. It was alleged that the social worker asked to borrow £1500 to pay for a family holiday. The patient's widow had known about the impending holiday as the social worker had talked about it during her visits. The widow gave the loan which the social worker promised to pay back by Christmas. However, she had failed to pay any money back by Christmas. The widow made several telephone calls to ask for the money to no avail. The widow then sought legal advice, and an attachment of earnings order was obtained and three cheques were paid under this order totalling £825.00. The social worker's employers then stepped in and paid the balance. The social worker denied asking for a loan but said that it had been offered to her when she said she had to cancel the holiday due to her husband's redundancy. The social worker's child was due to undergo surgery after the holiday, and both she and her husband had been through marriage break ups. This holiday was a chance to bring the children of both families together. She stated that she was unable to repay the loan due to continuing financial difficulties. She reported that she had tried to visit the widow to discuss it on two occasions but each time she was out.

   What do you think was the outcome of this hearing? Using the social worker's code of practice, justify your answer. Discuss your findings in class with the teacher and with your peers.

The **Regulation and Quality Improvement Authority (RQIA)** also plays a significant role in ensuring quality standards in health and social care services in Northern Ireland.

The RQIA is an independent body responsible for monitoring and inspecting the

availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services where necessary. They are also involved in monitoring the accessibility to services for service users and have a key role in ensuring that they are properly managed and that they meet the required standards. They discharge these duties in a number of ways including through the inspection process.

Visit this website to find out more about the role and function of the RQIA including their role in relation to inspecting service provision – http://www.rqia.org.uk/

Activity

1. Create a spider diagram to illustrate the areas the RQIA might examine when they visit a residential home for elderly service users to carry out an inspection.
2. Discuss the benefits to service users of the inspection process carried out by the RQIA

Other ways in which quality is measured in a wide range of health and social care settings includes thorough feedback from service users and their families, monitoring complaints, the patients and client council and through personal and public involvement (PPI).

Feedback from service users and their families can contribute to quality assurance as it enables service users and their families to comment on service provision. This type of feedback can highlight effective care as well as highlighting concerns which may impact on the overall quality of service provision. If feedback is taken on board by management and staff then improvements in quality should result.

Monitoring **complaints** received can also contribute to quality assurance in health and social care settings. Having a complaints policy empowers service users and their families to have their say and expect a reply. This can lead to improvements in the quality of service provision.

It is important to note that tools for measuring quality are not foolproof in terms of ensuring quality. For example the number of complaints received by a setting in any one year may not be a true reflection of the actual number of service users who were dissatisfied, as some people may not complain. Feedback from service users and their families may not be entirely accurate as some people may not provide honest answers and so feedback received may not be a true reflection of the experience of care received.

The Patient and Client Council (PCC) was established on the 1st April 2009, as a powerful, independent voice for all those who use health and social care services in Northern Ireland. The PCC is there to provide advice and information to the public as well as helping people to make a complaint if they are dissatisfied with services they have received. They encourage user participation and have a particular focus on ensuring the needs and expectations of the public are considered in the planning and delivery of health and social care services.

Activity

1. Visit this website to find out more about the role of the patient and client council – http://www.patientclientcouncil.hscni.net/
2. Produce a power point presentation using no more than five slides to illustrate the function of Patient and Client Council (PCC) in quality assurance in health and social care services in Northern Ireland.

Exam Practice

1. Write down **four** rights of service users which are promoted by the social workers' code of practice. (4 x 1 marks)
2. Using the social care workers code of practice, explain four standards that all staff are expected to adhere to. (4 x 2 marks)
3. Analyse how professional codes of practice can contribute to ensuring appropriate standards of care for vulnerable service users. (12 marks)
4. Discuss the role of the RQIA in ensuring standards in the provision and delivery of health and social care in Northern Ireland (12 marks)
5. Discuss the role of the Patient and Client Council in helping to ensure quality and standards in the provision of health and social care services. (6 marks)

References

https://www.kingsfund.org.uk/publications/integrated-care-northern-ireland-scotland-and-wales
http://www.nidirect.gov.uk/
http://www.nidirect.gov.uk/careers-in-health-and-social-care
http://www.theguardian.com/healthcare-network/2014/apr/04/rationing-nhs-care-debate-david-lock
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-patient-public-a5-v5-19-august-2015.pdf
http://www.gmc-uk.org/about/index.asp
https://www.nmc.org.uk/