



eGUIDE//

Health and Social Care (Double Award) Unit AS 5: Adult Service Users

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Introduction

The focus of this unit is on adults within the following service user groups:

- physical disabilities
- mental illnesses
- learning disabilities
- older people

Use the resources in the table below to help you begin to develop your knowledge and understanding of adult service user groups.

Service user group	Content	web links
Physical disabilities	Telecare – assistive technology	www.scie.org.uk/socialcaretv/video-player.asp?guid=9be2764a-d81e-4c5f-8a83-b15eedffa7e
	Personalisation for someone with a physical disability	www.scie.org.uk/socialcaretv/video-player.asp?guid=91834b9d-26ef-44ba-9055-c9720606edf9
	Film – Inside I'm Dancing	You Tube
Mental illnesses	The Truth about Depression – Stephen Nolan (1 hour)	www.youtube.com/watch?v=F5YubjEqbZ8
Learning disabilities	Personalisation for someone with a learning disability	www.scie.org.uk/socialcaretv/video-player.asp?guid=ed4aa862-69fe-4696-8422-a8a7e7c017be
	Letting Go – programme on parents whose children with physical disabilities have now become adults	www.youtube.com/watch?v=9T7liH44k34
Older people	Dignity in care – personal hygiene – scie	www.scie.org.uk/socialcaretv/video-player.asp?v=personal-hygiene
	Personalisation in residential care	www.scie.org.uk/socialcaretv/video-player.asp?guid=6848a684-1ef3-4e7c-9c32-a3f029717d93



Concepts relevant to adult service users

Concept of need

Although there is no single agreed definition of the concept of need the following definition helps to explain its meaning:

It is an essential requirement which must be met in order to ensure that the individual reaches a state of health and social well-being. It may include physical, intellectual, social and emotional needs.

Consider how the concept of need could be defined.

Some important considerations include:

- it is a necessity
- it includes essentials for life such as food, warmth, personal hygiene, shelter
- it may include essentials for a quality of life such as love, sense of belonging and being cared for, social contact
- it may also include safety and protection from harm



Adult in need of protection

This is:

a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- personal characteristics for example, age, disability or mental and/or physical frailty), AND/OR
- their life circumstances for example isolation or living conditions), AND
- who is unable to protect their own well-being, property, assets, rights or other interests, AND
- where the action or inaction of another person or persons is causing or likely to cause, him/her to be harmed.

Further information is available at

www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf



Disability

The Disability Discrimination Act (DDA) defines a person with disabilities as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities, for example paralysis or clinical depression.

Substantial means that the effect of the disability is neither minor nor trivial – it does not have to be a severe effect.

Long-term means that the effect of the impairment has lasted or is likely to last for at least 12 months and the effect must be a detrimental one

www.nidirect.gov.uk/definition-of-disability

Empowerment

Empowerment means enabling a person or a group of people to speak on their own behalf. It may involve sharing relevant knowledge and/or expertise with individuals or groups so that they can make informed decisions. Other considerations should be given to the importance of involving service users and carers in the planning and/or decision-making processes regarding their care and working in partnership with them.

Person-centred care

This involves the full participation of an adult in all decisions affecting his/her life taking full account of his/her views, wishes and feelings. Where appropriate, the views of others who have an interest in the safety and well-being of the individual are also taken into account.

www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf

Case study

John, aged 46, is paralysed from the neck down and has a range of services to help him remain in his own home. He uses assisted technologies to monitor his health, take care of his daily needs and contact service providers. John feels this helps him in his day to day life and helps to reduce pressure on his family.

Think about...

- Does John have a disability, how do his needs fit the definition?
- Could he be considered a person in need of protection?
- How are assisted technologies empowering John?
- How could staff who work with John enable him to receive person centre care?

Sample exam question

Explain the following terms:

Empowerment (2 marks)

Disability (2 marks)



Identifying and meeting the needs of service users

Needs

When examining needs it is important to develop an understanding of **particular needs** associated with a range of service user groups:

- older people
- people with physical disabilities
- people with learning disabilities
- people with mental illnesses

It is also important to examine **how these needs may be met and the importance of meeting the following needs:**

- physical needs;
- intellectual needs;
- emotional needs; and
- social need

Watch the following clip based on two young people with learning disabilities and challenging behaviour. Challenging Behaviour and Learning Disabilities: Independent living: Social Care Institute for Excellence available at

www.youtube.com/watch?v=9YrXmG6qO9E

You will learn about

- what needs are
- how they can be met
- the importance of them being met

The table below analyses some of Andrew's needs.

Category of need	Example of need	How need can be met	Importance of need being met
Physical	Food/nutrition, water, mobility/exercise, good personal hygiene, warmth, shelter, medication	For example, Andrew has personal assistants that help him to plan his meals, cook and eat to enable him to have a nutritious diet	Keeps Andrew healthy, gives him energy and enables him to control his weight
Intellectual	Stimulation: knowledge about his condition	Family encouraging him to be involved in developing his lifestyle plan book, changing activities or hobbies he wants to be involved in as he gets older; making sure he can understand and make decisions by including pictures in his book	Keeps Andrew's mind active and helps him to think about what he needs, wants, enjoys or wants to stop; so helping to stimulate his thinking and keeping his brain active



Category of need	Example of need	How need can be met	Importance of need being met
Emotional	Esteem needs, need to feel loved, valued and respected, need to express emotions	His family taking extra time with him to let him know he is valued, visiting him regularly so he knows they love him and that he is not alone;	Enables Andrew to feel loved and cared for by his family, so increasing his confidence and feeling of self-worth
Social	Building and maintaining relationships and friendships.	Family taking him on outings, for example to the Chinese restaurant enabling him to keep in contact with the local community	Enables Andrew to meet new people or to strengthen relationships with people he meets regularly, e.g. at the restaurant, so widening and enhancing his social contacts

Sample exam questions

1. Peter, aged 39, has a learning disability and lives in a supported living scheme near to his family home. His family is very supportive and do their best to help him. Use the following headings to explain how Peter's family may help meet his needs

Physical needs

1. (2 marks)
2. (2 Marks)

Intellectual needs

1. (2 marks)
2. (2 Marks)

Social needs

1. (2 marks)
2. (2 Marks)

2. Jean is 86 years old and has lived by herself since her husband's death 10 years ago. She sees her son once a week, as he lives 50 miles away, and can only provide limited support. Recently, Jean fell down the stairs at home and broke her arm. She experienced confusion for a few days after the fall and was kept in hospital. She is keen to return home and a social worker is involved in drawing up a care plan.

Analyse the range of needs Jean may have and how they may be met.

(12 marks)



Roles of practitioners who work with adult service users.

Physiotherapists

Watch the following clips and make notes on the role of a physiotherapist.

www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/physiotherapist

www.youtube.com/watch?v=LdhDIEBQPC0

It is important that you understand that there are a number of ways that physiotherapists can help service users from the various service user groups. Below is an example of how a physiotherapist may support a patient in hospital.

The role of the physiotherapist in this example is to provide **an assessment**. A physiotherapist may **assess** a patient who is in hospital after a stroke to understand how the stroke has impacted on their mobility, for example, by asking them questions about the impact of the stroke on their daily activities such as walking. They may also assess the patient by watching them carry out activities such as walking to develop an understanding of their mobility problems.



Speech and language therapists

Use the following clips to help you develop an understanding of the role of speech and language therapists. Make notes on what you watch.

www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/speech-and-language-therapist

www.youtube.com/watch?v=c0BXE3tliGQ&feature=youtu.be

Examples:

- speech and language therapists may assess a patient's ability to swallow after a stroke and recommend a liquidised diet. They will monitor the development of their swallowing and agree to the thickening or changing of the texture of the food as the patient's muscle strength increases;
- speech and language therapists may also be involved in teaching a service user with learning disabilities how to use a communication board so they can learn to tell family, friends and support workers what they want and how they feel about their care; and
- they may monitor the development of an adult's speech post stroke



Occupational Therapists (OTs)

Using the following clip to examine the role of an occupational therapist.

www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/occupational-therapist

The role of an occupational therapist may include:

- providing an assessment of service users life skills such as cooking and budgeting if they have a learning disability or mental illness and are moving or returning to the community after an extended hospital admission. Students should explore the role of occupational therapists in these situations.
- providing an assessment of service users' homes if they have had a stroke for example and are preparing to return home. The occupational therapist may organise for adaptations such as ramps, or hand rails to aid the service user's mobility at home.
- providing specialised aids such as dressing aids and cutlery to enable a service user who has severe arthritis to dress or feed themselves independently
- providing support for service users to gain meaningful employment or return to employment if they have a disability or have been ill for some time.

General Practitioners (GPs)

The following information and clip from the Health Careers web site demonstrates the role of GPs.

www.healthcareers.nhs.uk/explore-roles/general-practice-gp



Sample exam question

Mrs Dickson, aged 87, suffers from Alzheimer's disease. Her physical health deteriorated and her family could not cope. A month ago she moved into a statutory care home which specialises in caring for people with Alzheimer's disease. (Mrs Dickson lives in a care home within the local community and the General Practitioner (GP) continues to be responsible for her care).

Explain three ways the GP may support her. (6 marks)

Psychiatrists

Use this short clip to help you understand the a psychiatrist.

<https://www.healthcareers.nhs.uk/explore-roles/psychiatry>

Sample exam question

Jeffrey, aged 75, found it difficult to cope with the sudden death of his wife. His GP assessed him as clinically depressed and referred him to a psychiatrist.

Explain three ways the psychiatrist might offer support to Jeffrey. (6 marks)



Answers for the above question may include:

- completes a mental health assessment to examine the possible causes of Jeffery's depression and its effects on his day to day life, such as his eating, sleeping and thought patterns
- prescribes and monitors medication such as anti-depressants in treating Jeffrey's depression and monitors his progress, for example increasing the dosage or changing the medication as required
- provides therapies and counselling support such as cognitive behaviour therapy to help Jeffrey understand the causes of his negative thinking patterns, helping him to develop techniques to deal with his negative thoughts and ways of developing more positive thinking patterns.

Nurses

You need to know about and understand the roles of nurses in the following areas:
adult, mental health and learning disabilities.

The following clip will help inform you about the role of an adult nurse. www.healthcareers.nhs.uk/explore-roles/nursing/district-nurse

An example the role of an adult nurse

The nurse may assess a pressure wound of an older person who lives at home and who is bed bound by checking the skin and asking about how long the wound has been developing.



Social Workers

An overview of the role of a social worker is provided in the following web site. www.healthcareers.nhs.uk/explore-roles/clinical-support-staff/social-worker

The following clip shows the role of social workers in an adults services team www.scie.org.uk/socialcaretv/video-player.asp?guid=86402c7c-97f0-4189-8d5c-1ca5e0468dea

Sample exam question

Claire, aged 21, was injured in a car accident. She has lost sight in both eyes and has had difficulty coming to terms with changes in her life. She has been discharged from hospital and referred to a social worker from disability services.

Describe three ways the social worker might support Claire. (9 marks)

Some of the following points may be useful for you to expand on:

- identifying and assessing Claire's needs, e.g. housing
- problem solving, e.g. supporting Claire returning to work
- enabling Claire and her family to manage their lives more easily, e.g. counselling
- draws up a plan of care for Claire which she feels meets her needs



- liaising with the multi disciplinary team, e.g. organise meetings
- liaising with relevant agencies, e.g. with voluntary organisation – inter-agency working
- provision of counselling and therapeutic interventions, e.g. through the trauma of living with blindness
- managing care plans
- writing reports
- contributes to research which could aid new treatments for Claire
- advocates on behalf of Claire
- accessing financial support for Claire
- supporting Claire in other ways, e.g. providing information
- providing advice and support with accommodation
- providing advice and support with employment.

Home care workers (*supporting service users in their own homes*)

Using the article below identify different ways the home care worker supports service users to remain in their own home.

A day in the life of a home care worker in the personal care at home team

This page shows what a typical day is like for a home care worker in the personal care at home team and the people they care for. It will give students an understanding of the support you might get if you receive home care.

A home care worker in the personal care at home team writes:

My day begins at 7.30am when I call to see Doris (as she likes to be called) who lives in Cayton. I usually call up the stairs to Doris, to let her know when I've arrived before I put the kettle on ready for her morning brew. Then it's up the stairs to help Doris into the shower. Whilst Doris is in the shower I have a dash round, making the bed and emptying the commode whilst keeping one ear open in case I'm needed. Doris likes to choose what she wants to wear and I give her a hand if she needs me to with fastening her buttons or putting on her stockings etc. I help Doris down to the kitchen for her breakfast and a cup of tea and while she is tucking into her cereal and toast, I have a quick check round to make sure all is tidy and then I'm on my way to see Mr. Jones.

Mr. Jones lives alone in Eastfield and suffers with slight memory loss. He just needs reminding to take his medication so I pop in at about 8.30am to check that he has remembered to take his tablets. Mr. Jones is always pleased to see me and enjoys a chat about the football. Once we've finished discussing what's wrong with the England team I'm on my way to see Mary who lives just down the street.

Mary likes a lie-in so I don't normally get there until about 9am. My first job is to help Mary get out of bed as she has arthritis and finds it really difficult to get around. I assist her in getting to the toilet and getting ready for the day. Mary has no family and often I am the only person she sees through the day and I know she



really appreciates me calling in to help her. Although I have a busy schedule I like to make time to have a cup of tea and a chat with Mary as well as helping her getting washed and dressed and have breakfast.

Time is getting on and my next call is to see Miss Smith and her cat, Tommy. Miss Smith is blind and although she can get herself washed and dressed she needs me to help to make her breakfast and a hot drink and of course, the main priority for her is to feed Tommy.

The morning flies by and it's time for me to have a break before I start to deliver lunches. I set off to Braeburn House in Eastfield just before 12noon to collect the lunches. Everything smells lovely in the kitchen where the meals are freshly cooked that morning. I quickly pack the meals into the "hot-box" and then I'm on my way. I usually have about six meals to deliver so I need to get moving. It's surprising how you manage to serve the meals, make a drink, have a chat and still get the meals out whilst they're hot!

My last call is back to Miss Smith. Today she would like sausages and beans so it's out with the frying pan and the sausages are sizzling in no time. Of course, I have to do an extra one for Tommy the cat! Miss Smith and I usually have a natter in the kitchen whilst I'm cooking her lunch.

That's it for me, time to go home and put my feet up for a while. No two days are ever the same in this job but I always feel as though whatever I have done through the day has made a difference to someone's life and that makes it all worthwhile.

www.northyorks.gov.uk/article/23993/A-day-in-the-life-of-a-home-care-worker-in-the-personal-care-at-home-team

Other tasks a home care worker may be involved in are fire lighting, collecting benefits, shopping, liaising with professional such as care managers.

Support workers (*supporting service users in supported living environments*)

Support workers may work in a supported living environment and work with a number of service users to enable them to stay active and take part in activities in their local area. They may also help them to access educational opportunities or take up hobbies that they can enjoy.

Below is an article and two short clips to help you understand the role of the support worker.

Role of support worker – for people with disabilities

www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Case-studies/Content/Support-worker--Charles-McCormack.aspx



Role of support worker for people with mental health problems

www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Jobs/Community,%20support%20and%20outreach/Mental-health-support-worker.aspx

A day in the life of a Mencap Support Worker

<https://www.youtube.com/watch?v=zY-TcZ3ajJk>

Support workers may provide for service users' physical care for example, making sure they have help to do their shopping and make meals, e.g. menu planning, if required. They may help them with personal hygiene tasks if necessary such as bathing or showering. They may check they are appropriately dressed for the weather conditions and that they are warm at night and help them with household tasks such as cleaning and making beds. They may help them with mobility if required and remind them to take their prescribed medication.

Support workers make appointments and take service users to the doctor, hospital or other health care services. They may help them to take their prescriptions to the pharmacy so they can get the medication they need and help them organise their medication so they know when to take it.

Care Assistants (*supporting service users in residential or nursing homes*)

The following YouTube clip provides an in depth looks at the day to day work of a care assistant in a care home. www.youtube.com/watch?v=zY-TcZ3ajJk

Activity:

Using the clip Social Care – A Day in the Home write down four ways a care assistant supports service users in a care home.

The role of the care assistant may also include:

- providing physical care such as help with personal hygiene, giving out medication
- providing opportunities for social interaction, for example, enabling residents to take part in group activities or outings
- providing emotional support, for example, having a 'named' care worker responsible for each resident who spends time to get to know them individually so they feel cared for within the home
- providing opportunities for mental stimulation, for example, encouraging residents to watch the news or documentary programmes; talking to them about their past life; encouraging them with hobbies such as crosswords or knitting
- providing for their communication needs, for example by talking slowly and clearly to residents; making sure any hearing aid works (for residents who have one), using picture cards or other communication devices
- providing for residents spiritual needs, for example, arranging for minister/ priest/ religious leader to call.

Advocates

Read the following information sheet from MIND and make notes on the role of an advocate and, how they help service users who have mental health problems.

www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/#.VqTDJsca3Hg



The following clip from Age UK Notts on Advocacy will help you develop a more detailed understanding of the role of an advocate.

www.youtube.com/watch?v=dkZCC69tr3c

Sample exam question

Discuss the role of an advocate. (6 marks)

Answers may include:

- either on behalf or with the service user, try to make clear their needs and wishes and how they can be met when in discussion with a range of professionals involved in their care
- help service users to talk to their family and friends about their needs and wants, developing understanding within families
- a legal advocate will represent a service user in disputes, e.g. in court
- work to address the individual's benefit entitlement, or other forms of financial advocacy

Planning and providing for adult service users

Reablement

Reablement has become an important concept in caring and supporting service users to become more independent. It is about enabling and empowering service users to develop their skills so they can become independent rather than doing 'for' them.

This film explains reablement and shows it in practice.

www.scie.org.uk/socialcaretv/video-player.asp?guid=6886fa01-81da-4963-926c-e1b41c5170f0

Task:

- What does reablement mean?
- How does it differ from traditional home care?
- What benefits were there for Margaret?
- What were the benefits for the family?
- What were the benefits for the service provider?



The difference between reablement and traditional home care is highlighted in the following clip:

www.transformingyourcare.hscni.net/real-life-stories/

The following website provides a comprehensive overview of reablement and will help you understand the term and the difference between reablement and traditional home care and the potential benefits.

www.scie.org.uk/publications/elearning/reablement/



Care Planning Cycle

There are six stages in the care planning cycle:

- assessment
- planning
- implementation
- monitoring
- evaluating
- modifying

The following clip provides you with an introduction to care planning:

Care planning – coping with a long term condition

www.youtube.com/watch?v=aM9sMhuOQ18

Assessment – means that information is gathered from the service user, their family and professionals to enable a holistic understanding of the service users needs and abilities. The wishes of the service user must be recorded so the assessment is reflective of their understanding of their problems and how they can be overcome. Assessment should be holistic enabling the physical, intellectual, emotional and social needs of the service user to be addressed. The assessment should be in writing and shared with all necessary parties. Completing a multidisciplinary assessment, taking into consideration the service user's point of view, should enable a person centred care plan to be developed.

Planning – following a thorough assessment a fully supportive and effective care plan should be drawn up. The plan will be tailored to the specific needs of the service user. The plan should be written in a way that everyone can understand it. It is signed by the practitioner who undertook the assessment e.g the social worker and service user or their family member. It will state the assessment needs and who is going to meet each need and how they will meet it. Should any problems arise there should be clear contact numbers on the plan so the service user can contact the care manager to state for example that a care worker is not doing what is agreed in the plan so the problem can be addressed quickly and effectively. Most care plans will have overall aims and objectives so their effectiveness can be regularly reviewed. Review dates are noted on the plan.

Implementation – the plan is put into action on an agreed date with each contributor being fully informed of what is expected of them and when and how they have to carry out their responsibilities. For example the care manager will arrange for care workers to start work on a specific date. If a patient is moving home after a period in hospital the implementation stage will start either before they go home, e.g. the OT putting in relevant aids and appliances or on the day of discharge e.g. the care worker being at the service user's home that day to help with meal preparation and personal care at bedtime. Each time the care worker completes a visit they will record it in the care plan so implementation is clear to everyone involved



Monitoring – all professionals involved are responsible for checking that their aspect of the care plan is working effectively. The care manager will have overall responsibility to ensure that weekly or monthly checks are completed and recorded so that any problems can be identified quickly and rectified. The service user and their family will also be involved in the monitoring stage as they know how effectively the plan is working and if it is being implemented as agreed. Monitoring may be completed by regular telephone contact or agreed meetings. Monitoring empowers service users as they feel their opinion is of value

Evaluation – is when both professionals and service users and their families examine the aims and objectives of the care plan and check if they are being achieved, e.g. is the service user being provided with enough support so that they can continue to live in the community? Are three days at the day centre enough for the service user or are they unhappy and wish stop attendance? Has the service user become stronger and no longer needs all the services, can they be reduced? The evaluation is carried out by a designated person, normally the care manager on the date noted when the care plan was drawn up. Any risks will be looked at and changes in the service users' condition or the support available by the family or the multidisciplinary team will be examined. The evaluation may find that the plan is working effectively and continue to provide the same level of services or that adjustments need to be made, whereby the modification stage will take place. The purpose of the evaluation is to ensure that the service user's identified needs are being met successfully. The evaluation process refreshes the care plan to make sure it is doing the job of managing the need. After the first review which is generally within the first month of the care plan being drawn up, subsequent review plans may be six monthly or yearly depending on the needs and situation of the service user. This regular review process helps to ensure the service user is not forgotten about and that their care is on-going.

Modifying – if there have been problems identified in the review process changes will be made and a new care plan draw up. This stage helps to make sure the care planning process is on-going and cyclical. The care provision may either be increased or decreased depending on the needs, abilities and wishes of the service user and their carers. Family may identify that the times the services come into the home do not suit, e.g. carers coming in at six o'clock at night to the put the service user to bed so modification may be made to the care plan so the carers come in at eight o'clock as the service user is now feeling stronger so wishes to stay up later. Any modifications are made in writing so that all professionals, carers, the service user and the family are clear and agree with the changes made.

Sample exam questions

1. Consider how the six stages of the 'care planning cycle' may be implemented for an older person with mobility problems who wishes to remain in their own home.
(12 marks)
2. Mr and Mrs Kerr look after their 19 year old son, Paul, who has severe learning disabilities. Recently Paul's behaviour has become more difficult for his family to manage and the family asked their social worker to update his care plan. Describe how the following two stages in the care planning cycle may be used to improve the care offered to Paul and his family. (6 marks)

Assessment (3 marks)

Modifying (3 marks)



Transforming Your Care: A Review of Health and Social Care in Northern Ireland (2011)

You need to be able to demonstrate knowledge and understanding of the need for change in the provision of health and social care services in Northern Ireland as outlined in Transforming Your Care: A Review of Health and Social Care in Northern Ireland 2011 including:

- ***a growing and ageing population;***
- ***increase in prevalence of long – term conditions;***
- ***increased demand for and over reliance on hospital beds;***
- ***clinical workforce supply difficulties; and***
- ***need for greater productivity and value for money***

You need to be able to demonstrate knowledge and understanding the potential impact of Transforming Your Care on service provision based on a future model for integrated health and social care services.

Use the following link to access the information on Transforming Your Care
www.transformingyourcare.hscni.net

You can also use the CCEA Fact File ‘Transforming Your Care: A Review of Health and Social Care in Northern Ireland (2011)’

www.rewardinglearning.org.uk/common/includes/microsite_doc_link.aspx?docid=18946-1

Policies

- ***You need to be able to demonstrate knowledge and understanding of the content of policies in health and social care organisations and how they enable service users to receive a high standard of care***

Fact Files have been provided for the following policies in Unit AS1:

- Safeguarding
- Whistle-blowing

The information in these Facts Files will help you to understand the policies and how they are effective.

www.rewardinglearning.org.uk/common/includes/microsite_doc_link.aspx?docid=18893-1

Confidentiality policy

Below are a range of confidentiality policies from within the health and social care sector, in Northern Ireland.

Northern Ireland Social Care Council (NISCC) confidentiality policy

www.niscc.info/files/About%20Us/20130417_Confidentiality_Policy_Final_AMcG_v1-0.pdf

HSC Western Health & Social Care Trust – Data protection & Confidentiality Policy

www.westerntrust.hscni.net/pdf/Data_Protection_and_Confidentiality_Policy.pdf



Hometruster Care Ltd – a Cumbrian owned and run group of specialist care homes, respite and day care for older people who enjoy life in the lake district in England

www.hometrustercare.co.uk/HTC%20confidentiality%20doc.pdf

Fold Housing Association confidentiality policy

www.foldgroup.co.uk/uploads/content/leaflet-252011-2520-confidentiality,privacy-2520&-1.pdf

Use these links to answer the following question:

What is the key content of a confidentiality policy?

Analyse how a confidentiality policy should enable service users to receive a high standard of care.

Safeguarding Adults Policy

A new Adult Safeguarding Prevention and Protection in Partnership 2015 has been provided by the Department of Health Social Service and Public Safety and Department of Justice in Northern Ireland.

www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf

Content of an Safeguarding Adults Policy for an organisation includes:

- An explanation of key definitions e.g. adult at risk of harm; adult in need of protection
- An explanation of terms such as what serious harm and abuse, neglect and exploitation
- A statement that adult harm is wrong and that it should not be tolerated;
- Recognising signs of harm from abuse, exploitation and neglect;
- Strategies for reducing opportunities for harm from abuse, exploitation and neglect to occur; and
- Procedures for reporting safeguarding concerns
- Information on contacting the organisation's Adult Safeguarding Champion as a source of advice and guidance

Adult safeguarding policy for MS Society (NI)

[volunteers.mssociety.org.uk/sites/default/files/resources/2014/07/Safeguarding%20adults%20policy%20and%20procedure%20\(%20NI%20\)%202014%20V3.pdf](http://volunteers.mssociety.org.uk/sites/default/files/resources/2014/07/Safeguarding%20adults%20policy%20and%20procedure%20(%20NI%20)%202014%20V3.pdf)

Whistle blowing policy

Activity:

Obtain a copy of a whistle-blowing policy from a health and social care setting for adults.

(a) Make notes on the content of the policy

(b) Analyse how the policy should contribute to a high standard of care in the chosen setting



You need to know about the range of services for adult services users provided by

- **statutory providers**
- **independent providers (including both private and voluntary)**
- **informal carers**

Statutory providers

Activity:

Below are links to the five health and social care trusts in Northern Ireland (the Northern Ireland ambulance service is a separate trust).
Use the links to examine the range of services offered to adult service users.

www.belfasttrust.hscni.net

www.northerntrust.hscni.net

www.southerntrust.hscni.net

www.westerntrust.hscni.net

www.setrust.hscni.net

This link provides an overview of the Trusts in Northern Ireland

<http://online.hscni.net/hospitals/health-and-social-care-trusts/>

Some examples of the services offered by the **statutory providers**, include:

- Hospital services, including acute mental health services, cancer services
- Allied health professionals such as physiotherapy, occupational therapy, podiatry, nutrition and dietetics, speech and language therapy, orthoptics and ophthalmology (eye care)
- Addiction services
- Counselling services such as Cognitive Behaviour Therapy
- Chronic pain management services
- Primary care services
- Day care services
- Homecare/home help services
- Social work services
- Supported housing services
- Information on healthy living, e.g. stress management programmes, winter health



Independent providers

- private
- voluntary

Activity:

Private providers

Research a number of private providers in your local area, examples include:

- private care homes
- companies providing domiciliary care services
- health care providers such as private physiotherapists
- private hospitals
- holistic/complementary therapists

Describe the services they provide for adult service users

Activity:

Voluntary providers

Use the links below to find out about services provided for adult service users by a number of voluntary providers in your local area; examples may include:

- www.praxisprovides.com (mental health)
- www.mencap.org.uk/northern-ireland (learning disability)
- www.ageuk.org.uk/northern-ireland/ (older people)
- www.mssociety.org.uk/near-me/branches/ms-society-northern-ireland (physical disability)

Informal carers

Informal carers are people who, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member often without payment.

You will need to be able to analyse the role of informal carers; difficulties they may experience; and strengths and weaknesses of informal care for adult recipients.

Use the following document to help you gain an insight into the role of informal carers, the support they provide and what they see as their needs.

www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/ec-dhssps-caring-for-carers.pdf



The following video focuses on Jim and Janet Swift. Janet has early onset dementia. www.scie.org.uk/socialcaretv/video-player.asp?guid=23e4e1ad-75af-42af-bcdc-e52612036c92

Watch the following clip (10 minutes) and answer the questions below:

- How does Jim care for Janet on a daily basis?
- What supports does he receive to enable him to continue to care for Janet at home?
- What difficulties does Jim face on a daily basis in his role as an informal carer?
- What might some of the strengths of informal care for Janet or others who receive it?
- What might some of the weaknesses or difficulties be for Janet, or other recipients of informal care, of relying on an informal carer?

In Sickness and in Health – A survey of 3,400 UK carers about their health and well-being provides an excellent insight into the world of a carer.

<http://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

Sample exam question

Analyse four difficulties informal carers may face when caring for a loved one at home.
(12 marks)

Funding of Services

Read the notes below and then complete the essay question

Statutory

- taxpayers / distributed by DOH
- National Insurance Contributions
- payment by service users, e.g. for meals
- direct payments from benefits, e.g. for domiciliary care
- additional contributions from the public or community, e.g. fundraising and donations

Private

- private payment, i.e. use own savings
- private health insurance
- use benefits they receive
- direct payments
- government or business contracts
- families pay
- business or bank loan
- investors



Voluntary

- fundraising – sponsored walks, events such as coffee mornings, street collections
- commercial sponsorship
- contracts with government agencies
- donations made by individuals or companies
- bequests/wills
- lottery funding
- government grants
- partly paid by service users or their families
- charity shops

Sample exam question

Discuss how statutory, private and voluntary providers are funded. (12 marks)

Strengths and weaknesses service provision

Private providers

Strengths	Weaknesses
<ul style="list-style-type: none">• service users may receive treatment more quickly• professionals may be more specialised leading to better diagnosis and treatment• may be better quality of care as there may be competition e.g between private care home• service users may feel they have more choice within the private sector• service users and their families may feel empowered as they feel they are part of the decision making process• greater flexibility e.g around appointment times• service users may have greater privacy.	<ul style="list-style-type: none">• it may be too expensive for service users who do not have the money or savings• services may be unreliable e.g. service users may have to leave a care home they have lived in a long time if owner decides to close it• service users may be open to exploitation e.g very high prices• poor quality of care/services may result from the drive to make profit• issues of availability e.g. lack of access in rural areas• a limited range of services may be available e.g some private hospitals offer a limited range of surgery.



Statutory providers

Strengths	Weaknesses
<ul style="list-style-type: none">• services are usually free at point of delivery• ease of referral to specialist treatments• staff well trained/better quality of care• a full range of services in the health service• more reliable than other providers• equipment and resources more likely to be available• tends to be well regulated• no stigma attached	<ul style="list-style-type: none">• waiting lists may be lengthy• unable to choose what professional you attend• some facilities may be old so in poor condition• staff severely stretched so quality of care may be poor• rationing may occur due to cutbacks

Voluntary providers

Strengths	Weaknesses
<ul style="list-style-type: none">• may increase the choice of services/ support available to service users and their families• services may be shaped to meet the particular needs of a service user group• may be easy access for service users as they can refer themselves and not depend on professionals• services are normally free or at a small charge• staff often have specific interest and specialist knowledge• can be cost effective	<ul style="list-style-type: none">• may lack accountability• staff may have no or limited training• service may be unreliable or inadequately funded• patchwork provision• duplication of services• concern regarding lack of professional ethics/codes so could affect standard of care

Useful weblinks

www.telegraph.co.uk/finance/budget/9944557/Budget-2013-Pensioners-face-paying-up-to-72000-for-care-in-old-age.html

www.secamb.nhs.uk/about_us/inclusion_equality_diversity/equality_delivery_system/protected_characteristics/disability.aspx

www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf

www.transformingyourcare.hscni.net/tyc-in-action/

<http://online.hscni.net/hospitals/health-and-social-care-trusts/>

www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health

The Carers and Direct Payments Act (NI 2002)

www.rewardinglearning.org.uk/common/includes/microsite_doc_link.aspx?docid=18897-1



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