



Health & Social Care

Unit 1: Introduction to the Health & Social Care Sector

Statutory services

- National service that must be provided by law throughout the UK.
- Government sets up, manages and leads. NHS England oversees the funding, planning and delivery of the NHS
- Funded from working people's taxes based on their income.

Private services

Owned or run by private individuals rather than the government.
Usually charge a fee for their services as they are a business and need to make a profit.

Examples:
BUPA and nuffield hospitals, non-NHS dentists.

Can you think of any other examples?

Voluntary services

Non-profit organisations and charities (third-sector organisations).
Some staff may be paid to lead and manage the organisation (donations/grants/charities).
Services mainly provided by volunteers.

Functions of Health and Social Care Services

Residential care provision for a range of different client groups

- Elderly homes for older adults who only need support with daily living tasks
- Adults with learning and physical difficulties
- Homes for children of all ages who may have physical, emotional learning difficulties.

Respite provision

- Time limited and temporary.
- Can be planned or unplanned, such as in the case of an emergency.
- Gives carers the opportunity to have a break from their caring duties.
- It will allow carers to spend time looking after their own needs, safe in the knowledge that their loved one is being looked after properly by professionals.

Functions of Health and Social Care Services

Community care provision

- May include individuals with learning or physical disabilities or mental illness.
- Main aim is enable individuals to continue living in their own home and to remain as independent as possible.
- Help individuals who require care and support to live with dignity and independence in their community and to avoid social isolation.
- Local authority arranges and provides community care services, although it can be provided by volunteers or privately.

Rehabilitation

- Aim to improve or maintain individuals independence during illness or after an accident.
- Eg. stroke victim who has lost the use of their arm or leg, or their speech has been impaired. They may require the following rehabilitation services:
 - Occupational therapist to help the individual learn techniques enabling them to get washed, get dressed, prepare a meal...
 - Physiotherapist to help develop and improve mobility.
 - Speech & language therapist provide help and support to try and improve or regain speech.

Functions of Health and Social Care Services

Specific service provision to meet needs

Examples:

- Sports injury clinics
- Alcohol and drug addiction clinics
- Maternity services – antenatal and post-natal care, intensive care for premature babies
- Mental health services – counselling
- Hospice care – aims to improve the lives of people who have incurable illness, as well as providing support for family and carers.

Short Term

- Hospital: after an operation
- Social help with daily tasks temporarily
- Emergency foster care

Long Term

- Hospital: serious illness
- Care Home: caring for rest of their life if no family

Types of referrals used to access health and social care services (3.1)

Self Referral

- This is the client gaining access by themselves and not involving anyone else
- The exception to this definition is when a parent or guardian arranges access for their child, who is under 16 years old. It makes sense that a five year old cannot make an appointment for themselves.

Professional Referral

- A practitioner, such as, a GP may wish their patient to see another practitioner, so they arrange for them to do so
 - Or they may send a reminders requesting them to make an appointment or remind them about a check
- A GP may wish their patient to have an x-ray so they contact the hospital who arrange an appointment. 7

Third Party Referral



- When an individual contacts the health, social care and early years services for another individual to be helpful
- It is a useful way of accessing services for those people who are unable to get the help they need by themselves.
 - e.g. an individual may make an appointment at the opticians for an elderly neighbour or grandparent.
- Needed In cases where a professional such as a doctor or social workers sees a person is unable to make decisions by themselves and makes the refer for them.
- This may be because they are too young or because of mental heal issues.
- Referral to social services under Children's Act if aware a child is being abused

Barriers to accessing H&SC services

Cost barriers

If individuals do not have the money to access a service:

This could be:

- To get there (travel) parking fees, time off work, childcare
- To purchase care needed such as private care as the treatment may not be provided on the NHS- too long to wait
- To pay for medication

Overcoming cost barriers

- Provide information, advice, support with benefits available & help with applying
- Offer cheaper/free car parking
- Free transport to service
- At home services
- Free prescriptions/check-ups ETC for those who meet criteria
- Provide wider range of treatment on NHS

Something that stops someone using/accessing something

In H&SC this would be something that prevents a client/patient:

Using a service
Accessing a service
Getting the care they need

Communication barriers

- This can be due to people speaking different languages
- Not understanding a particular language- this could be due to learning difficulties/age
- Communication impairments such as being deaf and dumb, blind, learning difficulty
- This may happen if:
 - information not presented in different languages, formats (braille, larger texts, hearing loops)
 - Staff aren't trained in alternative methods of communication- sign language, Makaton
 - Not having available help/resources- interpreter
- Provide information in range of formats- large print, braille, different languages
 - Train staff in sign language/Makaton
- Provide resource such as translator, hearing loop
- Avoid jargon/specialist words- do not speak in a complicated manner
 - Instead use simplified language, suitable for age and ability of client
- Use good communication skills- eye contact, body language, gestures, patience
- Use emphasis, slow pace, tone of voice, repeat key information
 - Listen and respond

Cultural values & beliefs barriers

- This is where individuals may have different ideas, thoughts, beliefs and attitudes due to their culture and religion
- This may impact what they can or can not do, when certain things must be done, how they must be done- these can all effect the care patients want to receive
- Because of this- these people may face discrimination- being treat differently due to their culture
- Examples:
 - Time at which they wish to be fed due to praying times or practising religious holidays such as Ramadan
 - The type of care they are allowed

- Organise things to raise awareness & change attitudes
- Train staff- anti-discrimination, knowledge, positive attitudes
- Provide variation in staff- male and female
- Provide for range of dietary requirements
- Adapt provision to suit needs of those with different needs

Overcoming cultural values and beliefs barriers

Location barriers

- Where the service is may prevent someone accessing it
- Too far away- struggle to pay to get there, can't drive, no public transport
- Physically can't get there- too much walking involved
- Scared- learning disability/old/vulnerable- too unsure

- Provide home visits/mobile surgeries
- Transport to take those to services further afield
- Volunteer driver service
- Online services
- Delivery service
- Provide services more locally

Overcoming location barriers

Physical access barriers

- Lack of access to the service
 - Such as:
 - Ramps, lifts, hand rails, automatic doors, stair lifts, wheelchair access, wider corridors, disabled toilets

- Ensuring accessible by making adaptations- ramps, wider doors and corridors, rails, disabled car parking spaces, disabled toilets, lifts

Overcoming physical access barriers

Psychological barriers

- Fear- scared to go and receive treatment- who are you scared of?
- Scared of diagnosis- the 'c' word
- Losing independence- don't want to admit need help or give up independence
- Pride- I don't need help/ I'm not getting old
- Don't know need help- mental health problems, learning disabilities
- No courage- to ask for help
- Stigma- don't want to seek help due to societies views of service/illness e.g. depression

Overcoming psychological barriers

- Provide reassurance
 - Be professional
- Allow to bring along family/friend as support
 - Provide counselling
- Provide information/other services for reassurance and support
- Leaflets/information to read prior so patients know what to expect

Lack of resources

- Can't get the service locally – have to go to another area- can't get there
- Not enough staff (trained) – no appointments/services
- Not available on NHS- have to go private- can't afford this

- Local CCG (Clinical Commissioning Groups) will assess needs of local area and focus time/resources/money to supply services they will be more likely to need
- NICE- assess health and social care needs regularly and decide if care/treatment should be provided by NHS
- Charities may provide some services/equipment/funding for some care

Overcoming resource barriers

Time barriers

- Service opening hours? Weekdays vs weekends?
- Can't get time off or don't want to tell employer
 - Childcare/working may prevent attendance at multiple appointments- especially if far away/long appointments
 - Need someone to go with you- if elderly/disability- not always free

Overcoming time barriers

- Extended opening hours, weekend openings
- Over phone service
- Online services

Infancy 0-2 years

- Can't meet own needs
- Who does?
- What needs do they have?
- Growth and development

Praise to build
Self-confidence



Love, safety,
someone they trust

Activity to learn
and develop skills

Protection from
injury & illness₁₅

Childhood 3-10 years

- Less dependent
- Develop new skills such as?
- But still need to depend on people to look after them, to care for their needs such as:

Rest & sleep, play & learn, social skills

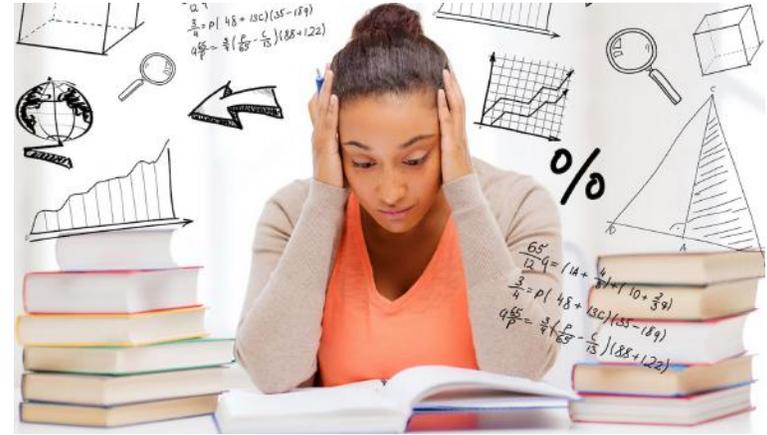
Health needs- immunisations, personal hygiene, nutrition & balanced diet



Adolescence

11-17 years

- Become even more independent = Arguments with parents
- Go through major body changes such as the effects of puberty
- Create friendships/first relationship- sexual encounters
- Emotions- stressed with rising expectations- school, home life, work, love life, friendships
- What health/social needs does this link to?



Early Adulthood 18-29 years

- Take control & make own decisions
- Still need some help
- Emotional needs- work, personal problems, relationships
- Unexpected illness/accidents- affecting physical/mental health



Middle Adulthood 30 – 60 years

- physical/emotional/social care needs can arise from:



Develop an illness-
diabetes, cancer, arthritis

Late Adulthood 60+ years

- Affected by the ageing process
- This creates health needs such as

Match the terms below to the pictures:

Heart disease

Sensory decline- hearing

Arthritis

Loss of mobility

Alzheimer's disease

Social isolation

cancer



Health care services

- Maternity services
- Children's care
- General health care
- Medical care for all ages
- Nursing care for babies, children & adults
- Mental health care services
- Dental, eyesight and hearing services

Social care services

- Early education services
- Fostering & adoption services
 - Domiciliary care
 - Social worker
 - Outreach worker
- Alcohol support services
 - Family support worker
- Community services & day centres
- Bereavement counselling
 - Support groups

For each service- identify which life stage they are most relevant for and what they do
YOU COULD add these to your timeline

Types of informal care

Friends, family & neighbours

- Help with daily living tasks, transport, social company
- Can help person maintain independence & live in own home (avoid care home)

Community groups

- Groups formed by informal carers
- Talk, support, advice, share common experiences, coping strategies, encouragement
- E.g. caring for someone with Alzheimer's Disease

Volunteers

- Unpaid
- Support for those with specific needs
- Trained by charitable company they work for
- E.g. Age UK- help complete benefits form
- Others- Mencap, Salvation Army, Samaritans

Lorem Ipsum

