

COMPONENT

02 Health and Social Care Services and Values

Introduction

Have you ever looked after an older relative or a young child? Did they want to be looked after? Or were they trying to prove they would be fine on their own? How did you communicate with them to 'win them over'? Did you feel that you did a responsible job caring for them?

Care professionals from various settings (including hospitals and social care) look after people. They have learned from experience how to deal with the questions above. But it is not only how to do the medical or practical things. They need to understand the people they are looking after: **being aware** of their circumstances, fears and anxieties and treating them **with respect**, care and understanding.

In this component, you will learn about the range of health and social care services (primary, secondary, tertiary), any barriers individuals face accessing them and how they may be overcome.

Individuals accessing health and social care services are often vulnerable, for example, children or people with physical disabilities. For this reason, a set of values exists. You will learn how to adopt caring behaviours and practise demonstrating care values. You will also learn how to review your own practice and improve it.

LEARNING AIMS

In this component you will:

- | | |
|----------|--|
| A | Understand the different types of health and social care services and barriers to accessing them |
| B | Demonstrate care values and review own practice. |



Primary care

GETTING STARTED

You may go to see your doctor (also known as a general practitioner, or GP) for many reasons. For example, you may have a painful ear. Give five more examples of why you may visit your doctor.

LINK IT UP

To find out more about how primary care services provide for individuals at all life stages, go to Section A1 in Component 1.

Primary care services are the first point of contact you are likely to have with the National Health Service (NHS), for example, when you go to the doctor or dentist.

Primary care providers

When you are unwell or need health care advice, it is important to know where to go and who to see. Primary care providers (often the first point of contact for an individual) will see individuals of all ages for both mental and physical health needs. You can get to know who your primary care providers are by looking at Table 2.1.

Table 2.1: Some common primary care providers and the services they offer

Primary care provider	Location and services they provide
Pharmacist	Available in pharmacies on the high street. Will give advice on minor conditions. They can recommend medication that might help and will also dispense prescriptions.
Registered GP/doctor	Usually based within a local health centre. Will treat patients for a range of medical conditions and refer to specialist services if necessary.
Walk-in centre	Your local walk-in centre can be found via the NHS main website. It provides routine and urgent treatment for minor injuries such as sprains, simple fractures, cuts, abdominal pain and emergency contraceptive advice. An appointment is not needed.
Out-of-hours GP/doctor	Phone your GP surgery; you will be redirected to a doctor who will see you urgently if your surgery is closed. This service is for urgent attention outside of general surgery hours.
Accident and emergency department	Main hospital accident and emergency departments. They provide attention for critical life-threatening conditions – e.g. if a person is unconscious, has breathing difficulties or is bleeding severely.
Dentist	You can find a dental practice via the NHS website. Dentists are doctors who look after the health of the mouth. They provide preventative care as well as treatment for problems in the mouth and teeth.
Optician/Optomtrist	You can find an optician via the NHS website. Opticians/optometrists are practitioners who look after eye health. They can also dispense spectacles and other optical aids.



- Your dentist is a primary care provider. What other primary care providers can you remember?

DID YOU KNOW?

NHS Choices provides a wide range of information and guidance about primary care service providers. You can access the website at www.nhs.uk/pages/home.aspx

ACTIVITY

- In your group, research a local primary care service and find out:
 - the aim of the service
 - who it provides for
 - how it provides the service.
- Create a scenario about an individual who has used this service. Include details of the person's age, the reason they used the service, how the service helped the individual and what the outcome was.
- Produce a PowerPoint® presentation to share your findings with the class. You may even like to act out the scenario as role play.

Accessing health care online

Did you know you can register to use an online system to book appointments at your GP surgery? The system is secure and password controlled, so only you can view the information. You can:

- book or cancel appointments with your GP or nurse
- order a repeat prescription
- view parts of your health records – for example, information about allergies, test results and medication.

Online contact is designed to be as user-friendly as possible. It can also save time and the need to contact a surgery by phone or in person. However, some people may feel left behind by an online system and may need help with some basic computer training, or might not have access to a computer at all.

CHECK MY LEARNING

It is likely that you will have accessed primary care services yourself.

- Make a list of the primary care services that you or someone you know has accessed.
- Describe the care provided by the service.

DID YOU KNOW?

The NHS was launched in 1948. It aimed to ensure that good health care would be available for everyone regardless of how much money they had. These aims remain at the heart of the NHS today.

Secondary and tertiary care

GETTING STARTED

With your partner, discuss what kind of specialist you would need to consult for conditions relating to: the heart; joints and bones; eyes; and mental health issues. Search the NHS website if you need help for your answers.

KEY TERMS

Secondary care is specialist treatment or care such as psychiatry usually given in a hospital or clinic referred from a primary care service provider.

Tertiary care is advanced specialist treatment or care given in hospital such as cancer treatment referred from a secondary care service provider.

You may need more care than a primary service can offer. For example, seeing a specialist for treatment. This is known as **secondary care**; further advanced treatment is **tertiary care**.

Secondary care

If a primary care provider (for example, a GP/doctor) feels a patient would benefit from further advice, tests or treatment, they will refer the patient to a specialist in secondary care. There are a number of specialist areas and departments in secondary care that can support diagnosis and treatment. Take a look at the list of secondary health care specialities below:

- cardiology (heart)
- gynaecology (female reproduction)
- endocrinology (endocrine glands and hormones)
- urology (male and female urinary tract and male reproductive organs)
- paediatrics (children)
- ophthalmology (eyes)
- obstetrics (childbirth and midwifery)
- psychiatry (mental health)
- respiratory (breathing)
- neurology (brain, spinal cord and nerves)
- gastroenterology (digestive system)
- haematology (blood)
- orthopaedics (bones, joints and soft tissues)
- dermatology (skin).

Tertiary care

Sometimes, a patient needs more than secondary care can offer. If this is the case, they will be referred to a tertiary care service. For example, a person who has long-term (chronic) pain as a result of arthritis (a disease of the joints that causes swelling and stiffness) may be referred on for specialist pain management. Table 2.2 gives some more examples.

Table 2.2: Examples of tertiary care

Specialist area	Services that may be provided
Spinal	Complex spinal surgery and specialist rehabilitation services
Cardiac	Medical, surgery and rehabilitation programmes
Cancer care	Expert support for those with incurable diseases; palliative and end-of-life care
Chronic pain	Specialist pain management
Burns	Medical, surgery and rehabilitation
Neonatal	Specialist care for premature (early) and sick newborn babies

Rehabilitation

Rehabilitation is a service that:

- helps individuals to recover from illness or injury
- restores the person back to their original state.

For example, a person who has had a stroke may have **physiotherapy** to help them regain mobility and movement.

Palliative and end-of-life care

If a person has an illness or a disease that has no cure, they can be supported by a palliative care team. This kind of support is often carried out in hospital or hospice settings or at home. The aims of both the care and the team are to:

- manage an individual's pain
- manage the physical symptoms of the disease
- improve an individual's quality of life throughout the rest of their life
- offer emotional and spiritual support to the individual, their family and any others affected.

Some people who need care are very ill and close to death. This end-of-life care is an important part of palliative care. Generally, it:

- covers the last year of a person's life (although this cannot be predicted – sometimes it can be just days)
- supports individuals as they plan for their death and offers help with legal matters
- aims to ensure the individual dies with dignity and respect.

Hospice at Home

Hospice at Home is a service that provides expert care and support for people who have advanced illnesses who wish to stay in their own homes. Support is given by nurses and carers who work closely with the GP/doctor and community team – as well as others who are involved.

Primary, secondary and tertiary services working together

Here is an example of how primary, secondary and tertiary services work together:

Mr Lee is having problems with going to the toilet to pass urine, so he goes to see his GP (primary care provider). The GP makes a note of Mr Lee's symptoms and carries out basic urine tests and an examination. The GP suspects Mr Lee has a problem with his bladder, so he is referred to a urology consultant at the local hospital. Mr Lee undergoes further tests. It appears he has cancer of the bladder. Mr Lee is referred on to the cancer care oncology specialist (tertiary care), who manages his radiotherapy and other cancer treatment.

ACTIVITY

- 1 Imagine as a class, you are going to design a hospital with a range of departments. In a small group, you will research one speciality area/team to contribute to the hospital from: cardiology; dermatology; neurology; orthopaedics; palliative care or psychiatry.
- 2 You should find out and produce information about: (a) what service your speciality area/team provides; and (b) how they support patients.
- 3 Use the internet to support your research and keep your notes organised. The work you do on your area will contribute to the overall hospital design, so you will be sharing your work with the class.

KEY TERMS

Physiotherapy involves massages, exercises and other treatments to help people gain physical health.

DID YOU KNOW?

Hospices have been used since the 11th century as safe and caring places for people (of all ages) who are very sick and close to dying.



- Why do you think hospices and the Hospice at Home services are important?

CHECK MY LEARNING

Think of three further examples of secondary and tertiary services.

- 1 With a partner, make a list and explain the services that they provide.
- 2 Compare your findings with the services that your local area provides.

Allied health professionals

GETTING STARTED

When you think of who works in a hospital, doctors and nurses might come to mind. However, others support patients during their care. Create a mind map that includes other professionals. (If you know their role, note it down.)

KEY TERMS

Neurological problems relate to the brain, spinal cord and nerves; for example a brain injury, stroke or multiple sclerosis.

Have you ever heard of a ‘paramedic’? A paramedic is a good example of an allied health professional. They support patients through all stages of care – from diagnosis to recovery.

Allied health professional roles

Allied health professionals work in a range of specialities. They support individuals who are experiencing both mental and physical health problems. Look at Table 2.3, which gives examples of allied health professional roles.

Table 2.3: Allied health professionals and what they do

Allied health professional	Role
Art therapist	Helps people who have behavioural and emotional problems by using drawing, painting and other art
Operating department practitioner	Contributes to the assessment of the patient; participates in their care before, during and after surgery
Dietician	Uses their expert knowledge about the science of food to advise and support individuals in their dietary needs
Paramedic	Responds to individuals’ emergency health needs; highly trained to assess, diagnose and provide emergency treatment
Physiotherapist	Treat people who have mobility, breathing and neurological problems
Occupational therapist	Supports people who have difficulties in carrying out essential daily activities
Speech and language therapist	Provides support and treatment for adults and children who have difficulties with speech, communication and swallowing
Podiatrist	Provides essential foot care for individuals with diabetes, circulatory and nerve damage
Radiographer	Produces images to diagnose injury and disease; assesses, plans and delivers vital cancer treatment in the form of radiotherapy
Orthoptist	Works with adults and children who have eye disorders

Allied health professional qualifications

The professionals listed in Table 2.3 are all qualified practitioners. To work with the public they must register with the Health and Care Professions Council (HCPC).

- The HCPC keeps a list of who is registered.
- The HCPC has codes of behaviour that allied health professional workers must stick to, to help everyone do their job properly.
- An allied health professional must prove that they regularly update their knowledge and skills.
- An allied health professional can be removed from the register and not allowed to work in that role if they do not work correctly.

Clinical support staff

Allied health professionals are often helped in their work by clinical support staff. They work within a range of settings and departments under the guidance of the allied health professionals. They have training to make sure they are competent, but they are not registered with the HCPC. The diagram on the next page looks at some of the roles of clinical support staff.

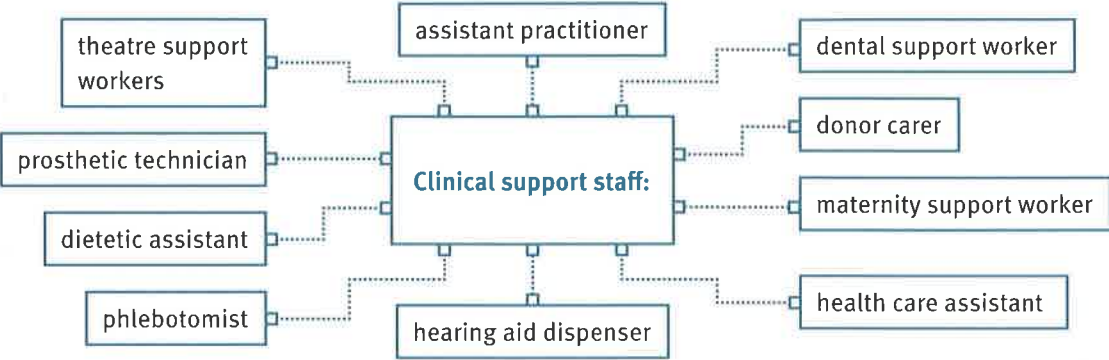


Figure 2.1: Support staff in clinical settings

Clinical support roles explained

Clinical support staff take on a wide range of tasks, as these examples show.

- An assistant practitioner supports qualified health care professionals.
- A dental support worker carries out duties under the supervision of a dentist or dental nurse.
- A donor carer works with individuals who wish to donate blood. They make sure the person is well enough and that their blood is suitable.
- A maternity support worker helps midwives to support women through all stages of pregnancy, childbirth and the early days afterwards.
- A health care assistant works in a range of settings such as a hospital, GP surgeries and the community. They support the registered professional.
- A hearing aid dispenser assesses hearing and provides care for hearing aids.
- A phlebotomist collects blood samples from patients.
- A dietetic assistant works with qualified dietitians. They can advise on food choice and how to use equipment such as feeding tubes.
- A prosthetic technician constructs artificial replacements for limbs.
- A theatre support worker is part of the surgical team in the operating theatre. They help to reassure patients and prepare equipment.

ACTIVITY

Allied health professionals play a key role in the health sector. They are highly trained and work with patients at all stages of their care. They are specialists involved in diagnosis, treatment, recovery and rehabilitation.

- 1 Choose one allied health professional from the list in Table 2.3 and research their role.
- 2 Write an account of your chosen allied health professional, titled: ‘A day in the life of...’.
- 3 Create a scenario to give an example of an individual your allied health professional has supported.
- 4 Attach your work to the hospital plan created in your last lesson.

CHECK MY LEARNING

Your local hospital is recruiting allied health professionals and would like your help encouraging people to apply.

- 1 Write a short statement to be included in an advert encouraging individuals to apply.
- 2 Attach your statement to the class hospital design.

LINK IT UP

To find out more about how allied health professionals support the care of individuals of all ages and how they play a vital role in health and wellbeing, see Component 3.

DID YOU KNOW?

Allied health professionals make up 6 per cent of the NHS workforce and are the third largest professional group (source: The King’s Fund).

Services for children and young people

GETTING STARTED

Children and young people may sometimes need support from a social care worker. What do you think would make a good social care worker for this age group? Create a mind map showing the qualities you think are important.



■ Foster care can provide a stable home for a short period of time

Imagine having a big change in your life and people you live with cannot provide support. You might need help from social care workers or leave home for a while.

Reasons for needing support

Some children or young people may need care and support on a temporary or permanent basis. This could be because:

- their parent or carer is ill
- there are family-related problems such as a relationship breakdown
- the child may have behavioural issues or profound additional needs.

Types of support

There are three main types of support that children and young people can access: foster care; residential care; and youth support.

Foster care

When children and young people cannot live with their family, they may live with a foster carer. Foster care provides a stable family life in a safe environment. It may be just for a short while until they are able to return home. Or they may move to longer-term support such as adoption, a residential care home or independent living.

Foster carers support young people through difficult times in their life. They are given training and support through the process.

Residential care

Residential care homes can provide a high quality of care. This kind of care can often be best for some children and young adults because:

- they have more complex needs
- they will be supported by trained carers and educational staff to achieve positive outcomes.

Those staying in residential care often tend to be older.

Youth work

Youth work is a service that aims to support young people aged between 11 and 25 years. The service can help with someone's personal and social development. It can also help them to feel positive about their future. Young people build skills such as:

- exploring their **identity**
- decision making
- problem solving
- building confidence
- better communication.

Youth work creates informal personal and learning opportunities. It can take place wherever young people are – for example, schools, colleges and community areas (such as libraries, shopping precincts or parks).

KEY TERMS

Identity is how you describe or define yourself.

ACTIVITY

With your partner, read one of the scenarios below. Then think about the following.

- 1 What are the positive aspects of the service that the individual is accessing? Use the internet to find out more information.
- 2 What difficulties might the individual face when accessing the service?
- 3 Role play the scenario – one of you is the worker and the other the service user.

Scenario 1: Amir, 10 years old and in foster care

I am living with Mandy, my foster carer. My mum and my stepdad have split up. It was horrible when they argued and fought. Sometimes it would go on into the middle of the night. My mum wasn't coping and got in touch with Children's Services, who found me a place with Mandy.

Mandy and her family are kind. The house is quiet and I sleep better. Sometimes though I get upset and lash out. Mandy listens to me. I like being with Mandy but look forward to when I can go and live with mum again.

Scenario 2: Connor, 15 years old and in residential care

I have lived here for 9 months, I like living here. Most of the staff are good. I like having people around especially when I am feeling worried. I like having my own room. It's better here than when I lived at home. I was always getting into trouble and argued with my mum. Some things I find difficult are the rules and bedtimes and not being able to go out when I like. I never had rules at home.

Scenario 3: Sadie, 16 years old and attends a youth group

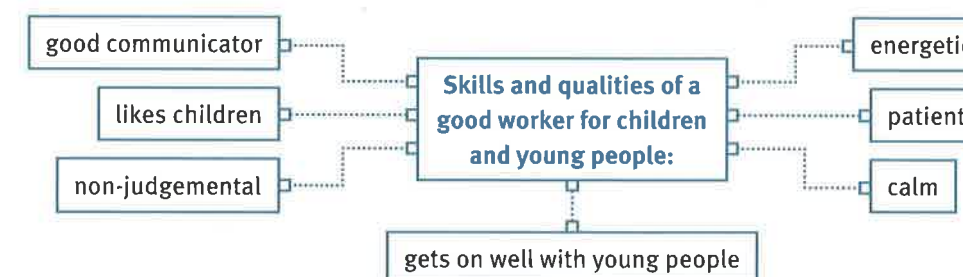
I hardly ever went to school; couldn't see the point so started messing about. I used to meet up with mates in the park, drink, smoke and do drugs. There was nothing else for us to do.

A group of adults, 6 months ago, got together and opened a community centre next to the park. We weren't sure at first – I didn't trust them, couldn't make out why they did it. Anyway, it was raining one day so we gave it a go and went in. They turned out to be really good. They seemed really interested in us. It's a good place to go; there are rules, but it's ok.

Tom, one of the youth workers, is great, I love talking with him. He has given me confidence and he believes in me. He is helping me to get work experience. I never thought I would make anything of my life, but I really want to work and do well now. I want to feel proud of myself.

Support workers

Someone who supports and works with children and young people will need to be able to communicate well with the person they are supporting. As you read in the activity scenarios, each person liked those who were supporting them. The diagram below lists some skills and qualities support workers need. Can you think of any others?



■ Figure 2.2: Some attributes required by support workers

CHECK MY LEARNING

You focused on one scenario from the Activity box above and answered three questions. Now focus on the other two scenarios. For each one, answer the same three questions.

Services for adults or children with specific needs

GETTING STARTED

Write down one example of a learning disability, one example of a sensory disability (or impairment) and one example of a long-term health issue that can affect adults or children.

Some people have specific needs. But have you ever thought about who supports those individuals or the services available to them?

How specific needs are supported

Specific needs can affect children and adults. They can include:

- learning disabilities
- sensory impairments (perhaps sight or hearing)
- long-term health issues.

However, a range of services is available to support both the individual and their family or carers, as you will find out later.

Learning disabilities

A person who has a learning disability finds it hard to learn things; they may struggle with day-to-day activities such as personal care, household tasks and managing money. A person with mild learning disabilities may successfully live on their own, while others with more severe disabilities may need more intense support 24 hours a day.

Sensory impairments

Sensory impairment is a problem that affects the senses, for example vision or hearing. Someone with a sensory impairment may be born with the disorder or it may have developed throughout their life. The ageing process as well as other physical conditions such as diabetes can affect sight. Hearing can also deteriorate with age; some individuals have dual sensory loss and are deafblind.

Long-term health issues

Long-term health issues can affect people in many ways and may include learning, physical or mental health difficulties.

- Some people may be born with conditions such as cerebral palsy or asthma.
- Others may develop disorders such as dementia during their life.

Types of care

Different types of care are available for individuals with specific needs – for example, residential care, **respite care** and **domiciliary care**. Care providers are inspected to make sure the service meets the specific needs of the individuals who are using it.

Residential care

Residential care can be short or long term. The individual lives in the setting instead of their own home. Accommodation, laundry and meals are provided. Residential care homes need to state which type of care they provide – for example, to support children or adults who have learning, sensory or long-term disabilities. Staff in residential homes are trained to support individuals with specific needs and support is available 24 hours a day.

KEY TERMS

Sensory impairment is a weakness or difficulty that prevents a person from doing something.

Respite care provides temporary care for an individual, which will give the usual carer a short break.

Domiciliary care is care and support given at home by a care worker to help a person with their daily life.

DID YOU KNOW?

The Care Quality Commission regulates health and social care in England. All care providers in England are monitored, regulated and inspected by the Care Quality Commission to ensure adequate standards of quality and safety are maintained.

Respite care

Families often provide care themselves for relatives who need it. But caring for individuals who have disabilities can be demanding and tiring for the family. Respite care provides support (in the form of trained carers) for those families. This gives them relief for a short period of time. Respite care can be provided:

- at the person's home, so that the usual carers can have a break away from home
- in a residential care home, so that the usual carers can relax in their own home for a few days without the pressure of looking after someone.

Domiciliary care

Domiciliary care means that care workers visit the individual in their own home to help with personal care and other daily activities. Some individuals require specialised treatments such as feeding via a tube, which can still be carried out in the person's home if the care worker is trained in its management.

Table 2.4 looks at the other services that are available to support individuals with specific needs.

Table 2.4: Other services to support individuals

Service	How they meet users' needs
Supported living scheme	Accommodation within the community enables a person to live independently with extra support available if needed. A care coordinator will make sure the level of support is right for the individual – for example, a weekly drop-in or more intensive daily visits.
Day centre	Staff are on site to provide services such as bathing, hair care and chiropody as well as run social and leisure activities. Day centres will vary in the services that they provide.
Nursing care home	This is like a residential care home but with registered nurses supporting those with more complex needs.

Changing needs of the individual

As we know, situations and circumstances can change what we need. This is also true for people with disabilities or illnesses. For example, a child with learning difficulties may be supported by parents. But as they move into adulthood they may wish to become more independent. A supported living scheme could help them to do this. Whatever service is offered, a person-centred approach will ensure the individual's preferences are always taken into account.

ACTIVITY

The following three people have specific needs.

- Charlie is 27 years old and has Down's syndrome. Charlie has moderate learning difficulties.
- Robin is 75 years old and has dual sensory loss. Robin is sight and hearing impaired.
- Jasmine is 14 years old and has cerebral palsy. Jasmine has difficulty with coordination and movement.

- 1 On your own, research more about each disorder and make some brief notes.
- 2 Then, in your group, discuss each individual's needs. Discuss the suitability of each of the services in Table 2.4 for each individual. You could share your ideas with another group.

LINK IT UP

To find out more about a person-centred approach when considering the health and wellbeing of an individual, go to Section C in Component 3.

CHECK MY LEARNING

Try to find one local provider that could meet the needs of each of the individuals mentioned in the activity. You could use local council websites, which may have a directory.

GETTING STARTED

Imagine you only have the use of one arm. List the things you would find difficult. Think about all the activities you would do from waking up in the morning to going to bed at night.

Services for older adults

Do you think a grandparent could run as fast as their grandchildren? Your answer is probably 'No'. As we grow older our bodies start slowing down, taking longer doing things.

The problems of ageing

As we age, our body systems function less effectively. Despite that, many people are able to remain fully independent through older age with little or no help. For others, the ageing process means they may start to develop some of the conditions shown in Table 2.5. So they may need to access services for help and support in some aspects of their lives.

Table 2.5: Examples of age-related problems

Problem (or condition)	How it can affect people as they age
Arthritis	<ul style="list-style-type: none">• Joints can suffer wear and tear and arthritis can develop.• The joints swell and movement can become difficult and painful.
Cardiovascular disease	<ul style="list-style-type: none">• Blood vessels become less elastic and fatty deposits can build.• The heart becomes less effective and there is a higher risk of heart attack and stroke.
Osteoporosis	<ul style="list-style-type: none">• Older people are more likely to have deficiency of vitamin D and calcium, which weakens the bones.• Bones can break more easily due to hormone changes as we age.
Cancer	<ul style="list-style-type: none">• Older people have usually had more exposure to cancer-causing substances.• Their cells have had more chance to develop genetic mutations and become cancerous.• Their immune systems are also weaker.
Breathing problems	<ul style="list-style-type: none">• Reduced respiratory (breathing) function can lead to conditions such as chest infections, chronic bronchitis and asthma.
Dementia	<ul style="list-style-type: none">• Memory loss can be a problem.• The risk of developing dementia increases with age.
Depression	<ul style="list-style-type: none">• Older people may suffer from depression caused by retirement.• They may suffer depression caused by loss of loved ones, friends, independence, home and social network.

Choices for older people: accommodation

Where we choose to live as we get older often depends on:

- our preferences
- our health and social care needs
- availability of accommodation.

Older people needing support may choose to stay in their home with the help of a carer or personal assistant. (A personal assistant may be able to help with using online services such as shopping and banking and other light duties around the house.) Others may decide to move into a residential care home for older people.

Jack and Winston, the two men featured in the case studies on the next page, have similar needs but have made different choices. Why do you think this is?

Case study 1: Jack



Jack is 82 years old and has arthritis. He has limited mobility but can get about using a walking frame. Jack has no family nearby. He loves the company of others and led the local dominoes and darts teams for several years.

Jack is mostly independent but needs a little help with personal care. He has decided to move from his own home into a local residential home, where he will not have the worry of paying bills and shopping. He wants to be able to enjoy life fully without the responsibility of running his own home.

Jack has many people around him for company. But he also has the privacy of his own room, where he can have quiet time as well.

Case study 2: Winston



Winston is 87 years old. Recently he had a fall. He is recovering well and can walk with a frame.

Winston's wife died 5 years ago and his daughter lives about 50 miles away. He is a keen gardener and loves to watch the birds from his living room.

Winston likes to visit a local club where he sees friends. He has lived in his home since he was in his 20s. He planted the trees in his garden when he first got married. He also has a vegetable plot and likes to give his produce to friends and neighbours.

Winston has chosen to stay in his home with the help of a carer who visits twice each day to help him with personal care.

ACTIVITY

Read the scenario and answer the questions.

Daisy is 76 years old and has had a stroke. Her mobility is good, but sometimes she gets confused. She lives alone, but has many friends in the neighbourhood. She is trying to decide whether to stay at home supported by carers or move into residential care. Daisy has requested information about both options.

- 1 In your group, research Daisy's two options. Find out the care and support each offers.
- 2 Write an email to Daisy explaining what domiciliary care and residential care homes offer. Ensure equal amounts of information are given. Do not say which option you think is best.

CHECK MY LEARNING

Write another reply to Daisy, giving your own opinion about which care option would suit her better. Clearly list what you think are the advantages. You should also list the things she might find difficult at first.

Informal social care

GETTING STARTED

Sammy's grandmother cannot see very well. He goes to visit her regularly after school. How do you think Sammy can help his grandmother when he visits?

Not all carers get paid for what they do. Some people volunteer to help others. They are known as informal carers and social care services would struggle without them.

Who are the informal carers?

There are many types of informal carers such as partners, family, friends and neighbours. Each can play a valuable role in giving up their free time to support others.

- **Spouse or partner:** When you live with a person and have a close relationship with them, it will feel natural to want to care for them if they need help and support.
- **Son or daughter:** Children can feel a sense of responsibility as their parents age or become disabled. They often reflect on how their parents looked after them when they were young. In some cultures, caring for ageing parents is expected of sons and daughters.
- **Friends:** Often, the bond between friends (especially if they have known each other a long time) can be very strong. Good friends usually want to give a helping hand.
- **Neighbours:** Good neighbours are invaluable. Having someone nearby who can quickly respond to needs and problems gives peace of mind to a person in need. Here is an example of how a neighbour can support an elderly person:

Mr Chinery is 80 years old. He is a wheelchair user but is independent and lives alone. Mr Chinery has a good neighbour who calls each day after work to make sure that he is fine. Mr Chinery is pleased to have company and likes to talk about the old days. He also likes to know what is going on locally, because he does not get out very often, especially in the winter months.

One evening, Mr Chinery was making a piece of toast. His toaster tripped the fuse box and his bungalow was in darkness. Luckily, he had a torch near the back door. Mr Chinery phoned his neighbour who responded immediately and reset the electrical trip, so he had lights and power again.



Who would you call in this situation?

ACTIVITY

The care people receive is often given by unpaid carers (informal social care). The care that friends, neighbours and relatives give often goes unrecognised and unnoticed, yet informal care is crucial in the lives of some individuals.

- 1 In your group, create a poster titled: 'Informal carer of the month'. Include made-up characters who are informal carers who will be nominated for the award.
- 2 Write a short account for each character explaining why they have been nominated.
- 3 Look at posters by other groups. As a class, vote for who should be nominated as 'Informal carer of the month'.

What informal carers do

Informal carers can provide a range of support, including personal care such as washing and dressing. They can do practical jobs around the house and garden, and help with collecting prescriptions or taking individuals to the doctor or hospital appointments. They can also assist with paperwork and managing correspondence, as well as tasks such as shopping, cooking and doing the laundry.

Being there to provide company for older people is also a need that informal carers can fulfil. It is often the small acts of kindness given by informal carers that make a big difference to the health and wellbeing of an individual.

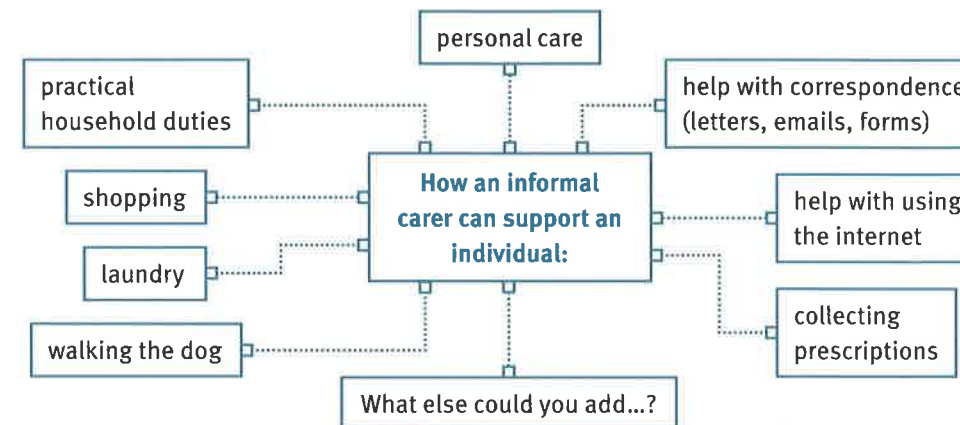


Figure 2.3: Examples of informal support

The future of informal care

For many reasons, the number of informal carers is declining.

- People retire from work later, so they have less time to give to their ageing or disabled parents, friends and neighbours who need support.
- People tend to have fewer children. This means that sometimes a grown-up child could have all these people at once to care for – a parent, a grandparent and their own children.
- People sometimes move away from their birthplace, which creates a geographical distance between them and their family.
- Communities are changing and many people do not know their neighbours.

CHECK MY LEARNING

Using the lesson titles so far in this component, create a mind map of what you have learned. Highlight any areas you are unsure about for your teacher to see.

DID YOU KNOW?

Unpaid carers save the UK enough money each year to fund a second NHS. It costs in excess of £100 billion per year to run the NHS.

Physical barriers

GETTING STARTED

Imagine you need to use a wheelchair to get about. What difficulties do you think you would face? Think about getting to and from school and going out to the shops or to the cinema.

LINK IT UP

To find out more about barriers to accessing services, go to Section C2 in Component 3.

Have you ever thought how frightening and frustrating it would be to have difficulties getting in and around places if you are unwell or have a disability?

Why people struggle with access

People can struggle when accessing care services, even when the building they need to go to has been adapted. The individual has to be able to get there in the first place, which can mean overcoming many physical obstacles. Look at the following case study examples. These people are all independent, but have some problems getting about. Access to many places is not always easy for them.

Blanche needs a little assistance with walking. She uses a rollator both indoors and out. A rollator is like a walking frame with wheels.

Cynthia can walk but not for long distances. She has limited use of her hands and has an electric wheelchair to help her to get around outdoors.



Patrick has limited use of his legs but has good upper body strength. He uses a mobility scooter.

Rahi has an arthritic hip. He can walk independently with no aid but needs to take his time and be careful not to trip or fall.

Figure 2.4: Examples of people who may have access difficulty

Overcoming access difficulties

As you saw above in the case studies, the individuals all have the equipment they need to support their movement. However, they are still likely to encounter a number of barriers such as:

- uneven and rough pavements and surfaces
- buildings with narrow doors and corridors
- small bathroom facilities with low toilets and high mirrors
- busy shopping areas with lots of people
- getting on and off public transport
- bins on pavements on collection day, which can make the route difficult to navigate
- (sometimes) the attitudes of society
- lifts that are not working
- being nervous that their wheelchair or scooter will tip over
- having to recharge batteries on their mobility equipment
- getting up steep slopes
- bad weather, including rain, snow and ice
- litter, debris and slippery leaves.

Overcoming other difficulties

Physical barriers are not always about mobility. Some people who need to access health and social care services may encounter other types of problems. For example, a person who has arthritis in their neck, back pain or breathing problems may find lying in a dentist's chair or on a treatment table painful and difficult.

Consideration, careful planning and small adjustments can make all the difference to someone with physical difficulties, as the diagram below shows. Additionally, providing feedback to local councils and health and social care services may also help to drive improvement.

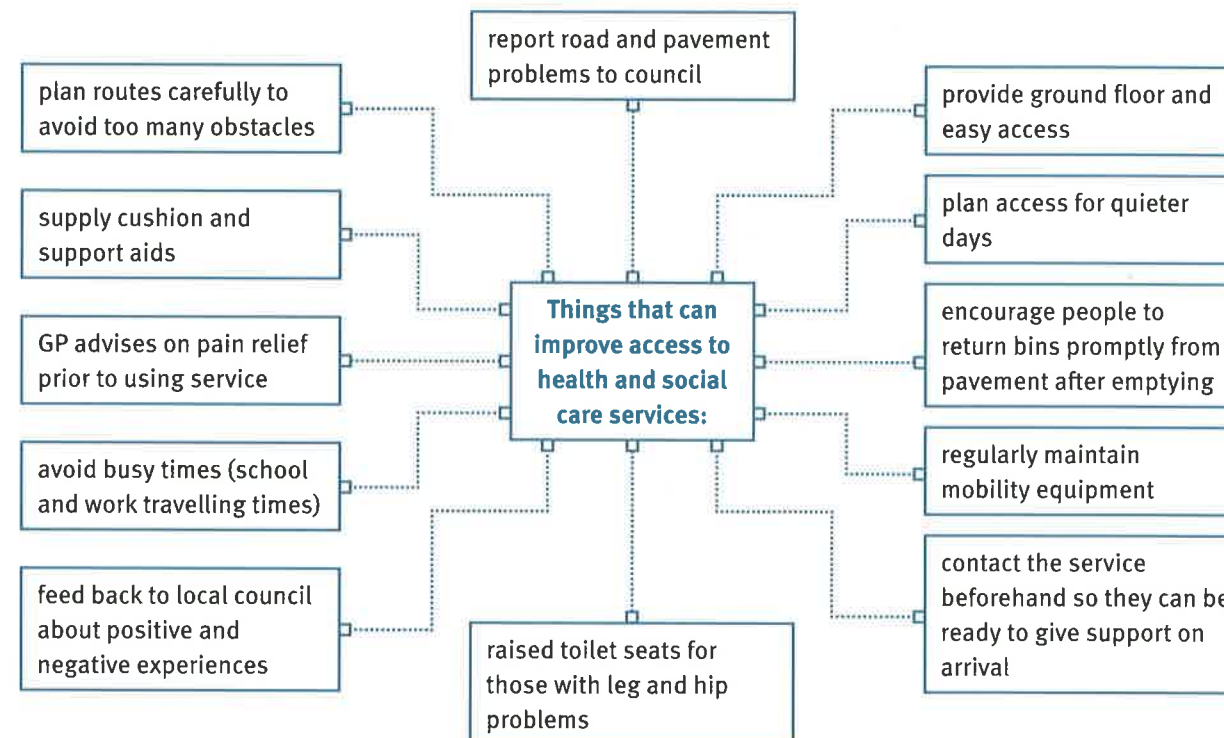


Figure 2.5: Examples of accessibility

ACTIVITY

Some areas are difficult for people to access because they cannot walk or balance properly. They may need to use a wheelchair, mobility scooter or walking aid. Often there are differences in floor levels with steps and changes of surfaces. Small areas such as bathrooms can be particularly difficult to access.

- 1 In your group, carry out an access audit of your school for an individual who uses a wheelchair or mobility scooter. Your access audit should identify where physical barriers to access may occur.
- 2 Present your findings to the class and be prepared to answer questions from others.

DID YOU KNOW?

Sometimes, official audits take place to make sure buildings and other environments meet the correct guidelines for disabled people. They may also be referred to as Disability Discrimination Act Audits or Disabled Access Audits.

CHECK MY LEARNING

Imagine that someone who has mobility difficulties is coming to visit you in your home. Carry out an access audit before they arrive.

Sensory barriers

GETTING STARTED

Close your eyes for 2 minutes and carry on listening to what is going on around you. Then discuss with your partner how you felt not being able to see things.

LINK IT UP

To find out more about physiological issues, go to Section B1 in Component 3.

Imagine if you cannot see or your vision is blurred and if you cannot hear what people are saying? How would you feel? Many people live with these sensory difficulties.

The importance of senses

Our senses are important because they allow us to see, hear, taste, smell and touch. However, sometimes we can have difficulties with one or more of our senses either because of age or because of a physiological problem (a problem that relates to the body). Sensory impairments (difficulties with our senses) can often be a barrier to accessing services. When we access health and social care services it is usually because we have a health need or problem. We often need to give and receive complex information clearly and accurately. Having a sensory impairment can make this process more difficult and frightening.

Types of sensory impairment

Any of our senses can alter. We may notice, as we get older for instance, that we need stronger glasses or cannot clearly hear people talking. Here are some of the ways sensory impairment can affect individuals.

Vision

A person who wears glasses relies on them to be able to function properly and safely. Someone who has lost their glasses will not be able to drive to an appointment safely. Similarly, a person may not be able to read important information and instructions. They may even find signing a prescription difficult.

Some people have profound sight problems and can see very little. They may use Braille to communicate. Not all services provide sufficient information in Braille format.

Hearing

Hearing loss is common. Like sight loss, it can affect both young and older people. Individuals may experience varying levels from mild hearing loss to complete deafness. Having a hearing impairment can be isolating. Not being able to hear what is going on around you can be frightening.

Many of us find understanding complex medical instructions difficult, but imagine how it feels for a person who cannot hear very well. Procedures such as undergoing an eye test could prove a real challenge for a hearing-impaired person.

ACTIVITY

- 1 In groups of three, choose one to blindfold. The remaining two carefully guide the blindfolded person to a place in the classroom, for example, leading by the hand, clear verbal instructions or both.
- 2 Remove the blindfold when you have reached the place. Discuss the difficulties/feelings of *either being the sight-impaired person or supporting them*.
- 3 Next, in your groups, choose one person to wear headphones/earplugs. The remaining two go through instructions (for example, buying online) with the person wearing headphones.
- 4 Once completed, discuss the feelings/difficulties experienced as the 'hearing impaired' person and those giving the instructions.

Helping people who have sensory difficulties

Health and social care providers should make their service accessible to those who have sensory difficulties. This can be as simple as:

- providing information in large print for the sight impaired
- using good communication skills to help the hearing impaired
- if possible, trying to learn some sign language (a way of using your hands and fingers to communicate visually).

Imagine you are a care provider. Look at Table 2.6, which gives information about how to help and communicate with people who are sight or hearing impaired.

Table 2.6: Tips for care providers when communicating with sight- or hearing-impaired people

Sight-impaired people	Hearing-impaired people
Introduce yourself. Greet the person and use non-verbal communication, e.g. a supportive hand placed on their arm or handshake. If there are other people present, introduce them too.	Introduce yourself and anyone else present.
Continue using supportive non-verbal communication as this often helps to display an empathetic tone of voice. Smile; although the person may not see this, it will come through in your voice.	Sit facing the individual so they can see your face and lip read if necessary.
Communicate in quiet areas away from external noise and maximise the use of natural light.	Choose a place where it is quiet and with good natural light. Speak clearly but not too slowly as this makes it difficult to lip read.
Speak naturally and clearly. You do not need to raise your voice unless the person is hearing impaired.	
Be clear about instructions, e.g. 'the toilet is ahead of you and immediately on your right-hand side'.	Avoid jargon. Help the person to understand by paraphrasing if necessary. Check the person's understanding regularly and repeat if necessary. If another person is present (e.g. an interpreter) talk to, face and address the service user, not the interpreter.
If the person wears glasses, ensure they have them, as well as any other aids that they use. Make sure that the glass lenses are clean.	Do not cover your mouth while talking. The individual may be lip reading. Keep your facial expressions and gestures natural. If the person uses a hearing aid, ensure they have it and that it is clean and working properly.
Tell the person when you are leaving. Make sure the person has the call bell or other method of alerting care staff before you go.	Clearly indicate to the person when you are leaving. If the individual uses any other aids, ensure that they have access to them before you leave.

CHECK MY LEARNING

- 1 Annie is sight impaired. How could a care provider help her when going for a hospital appointment?
- 2 Josef cannot hear very well and goes to the pharmacist for some advice. How can they make sure communication is effective?

DID YOU KNOW?

In 2003, the UK Government officially recognised British Sign Language as a minority language.



- Would you be prepared to learn this language to help the hearing impaired?

DID YOU KNOW?

There are lots of technologies and apps to help people who are visually impaired or blind; for example Text to Speech, magnification, navigation and object identification. More are being developed all the time. Check your phone to see what apps you can find that could help.

Social, cultural and psychological barriers

GETTING STARTED

On a piece of paper, write the words 'social', 'cultural' and 'psychological'. What do you think these words mean? Write definitions. Use a dictionary or the internet if you need help.

Imagine visiting a dentist after a previous terrible dental experience. You could be very nervous going back. People accessing services might also feel nervous because of social, cultural or psychological barriers.

Anxiety about accessing services

Having a phobia about accessing a service can create a great deal of anxiety. It could lead to panic attacks or avoidance of going altogether. There can be many social, cultural and psychological reasons why people do not want to, or cannot, access health or social care services, as Table 2.7 shows.

Table 2.7: Why some people find access to health and social care services challenging

Reason	Example
Self-diagnosis	There may be avoidance of going to the doctor because of fear of the outcome.
Stigma	This occurs especially around conditions relating to sexual health or fear of a physical examination.
Drug and alcohol problems	Fear of not only what the practitioner might think but also other service users.
Fear of giving in to the illness	For example, a person who has profound memory loss, fears the diagnosis of dementia.
Opening hours	Many individuals work during standard daytime opening hours of some services, which creates a problem.
Cultural barriers	Some people have specific cultural barriers, for example, in some cultures a woman may wish to see a female doctor/pharmacist.
Negative experience	A person having had previous negative experiences of using the service.
Mental health difficulties	The individual may feel embarrassment and shame; they may avoid accessing services for fear of being judged and labelled.

Cultural considerations

People from different cultural backgrounds might find accessing services difficult. They could be worried that their cultural needs lead others to judge them. They might also feel they are not being taken seriously.

Health and social care workers must be sensitive to people's preferences and choices. Specific cultural preferences should be respected. Meet the people on the next page who all have different cultural preferences and are using health and social care services. It is worth remembering that cultural preferences can include regular praying and specific diets. If someone was staying in a hospital or care home, or even had carers in their own home, these preferences need to be properly understood and respected.

KEY TERMS

Stigma is when you feel that others disapprove of your circumstances and you have strong feelings of shame or embarrassment about something.

'My name is Eliora. I am Jewish. I would prefer another female to support me with hygiene but would accept a male if necessary. If I were an Orthodox Jew like my mother, I would most definitely wish to have another female.'

'My name is Raakin. I am a Muslim. We all consider cleanliness desirable but Islam insists on it. I cleanse my teeth and nostrils regularly. I trim my nails and remove armpit and pubic hair where dirt might collect. I do not leave excess hair untrimmed for more than 40 nights.'

'My name is Parmita. I am a Hindu. Please may I have a female to help me with my hygiene. If my husband were the patient, he would be very offended if a female helped him. I am pleased there is a bidet available because I like to use running water to cleanse myself after using the toilet. While I am having a period I am considered unpure. So I take a ritual bath when the bleeding stops. This is a very private matter and I prefer not to talk about it.'

'My name is Devinder. I am a Sikh. I do not cut my hair, so I like to use conditioner to keep my hair and beard smooth and glossy. I wear my turban at all times.'

Figure 2.6: Examples of cultural requirements

ACTIVITY

There can be many reasons why some people may not wish to, or cannot, access facilities because of social, cultural and psychological reasons. Look again at the section on 'Cultural considerations' and the speech bubbles above. Let these stimulate ideas around barriers and information about cultural preferences.

- 1 In your group, create a poster that shows a range of potential social, cultural and psychological barriers to accessing services.
- 2 Suggest how each barrier could be overcome.
- 3 Present your poster and ideas to others in your class.

Breaking down barriers

A few simple things, including building a trusting and understanding relationship, are often enough to break down most barriers.

- Individuals should be given opportunities to share their concerns and have them taken seriously.
- Ensuring that different gender practitioners, and facilities to worship, are available shows respect and understanding.
- More service providers are open for longer periods of time for people who work during traditional hours. This means they can access services before and after work.

CHECK MY LEARNING

Have a look at each group's poster about social, cultural and psychological barriers. For each poster, use a sticky note to write:

- 1 two positive points
- 2 one suggestion that would have made the poster even better.

Language barriers

GETTING STARTED

Make a list of modern words like 'hashtag' and then share with the class.

Do you struggle to understand some terms older people use? They may not understand some words that you use either. Language changes over time and this can make communication difficult.

The problem with language

Several thousand languages are spoken throughout the world. Considering how people travel for both work and pleasure, it is not surprising that this can create potential barriers when individuals access health and social care services.



Figure 2.7: How many of these words do you know?

When a person is unwell, it can put a strain on communication. For example:

- a person with dementia may revert to the first language they spoke as a child making things difficult for the individual, family and carer
- some people know exactly what they want to say but find it hard to get the words out because they have a stutter or another speech difficulty
- someone who falls ill in another country may not understand what they are being told and may not be able to ask questions
- carers can become as frustrated as individuals trying to find a common understanding.

It is not just the language that can create a barrier; words and phrases change over time. This can be challenging even for speakers of their home language. The use of words and phrases that are not readily understood creates barriers for both the service user and the provider.

DID YOU KNOW?

The *Oxford English Dictionary* is updated four times a year. A recent update included 500 new words and phrases. That is about 2,000 new words each year.

ACTIVITY

Read the scenario and then answer the questions.

Angelika is 29 years old. She has lived in England for just over a year. She has a 6-year-old son, Cezar, who attends primary school. Angelika's partner works away from home. They have no other family nearby. Angelika speaks very little English. Her son is more fluent in English than she is.

Angelika has found out she is pregnant and is now under the care of the midwifery services. She has received a letter to attend hospital for a scan. Angelika will need to go alone because

her partner is away. The hospital is 25 miles away. She does not drive and rarely uses public transport. Angelika is worried.

- 1 Why do you think Angelika is worried about attending the appointment on her own?
- 2 What difficulties do you think she may face getting to hospital?
- 3 How could the hospital reception staff help Angelika get to the midwifery department?
- 4 How could the person carrying out the scan help Angelika understand what is happening?

Overcoming language barriers

Careful thought and forward planning can help to prevent and overcome most language barriers. Making an effort can go a long way to demonstrating respect for and inclusion of the individual.

- Individuals can be given fact sheets that have been translated into their native language. These can be created using translation software.
- Professional translators and interpreters can be very useful to help convey important information.
- Family members can help to translate or interpret. However, this is an area that needs sensitivity. Family members are not professionally trained. They may also hear information that is sensitive and embarrassing, which *could* restrict how the information is passed on to the care provider/professional. There is also a potential for breach of **confidentiality**. However, family members can be very useful for discussing dietary requirements and for asking and answering general questions.

Children should *never* be used to translate or interpret.

Electronic assistance

There is an ever-growing range of electronic translation application tools. One example is Google Translate. These applications are quick and easy to use. They can also be a very useful day-to-day communication aid. However, electronic translations are not always 100 per cent accurate, so must not be used to convey important or specific information.

CHECK MY LEARNING

Find out about hospital translator services in your local hospital. Then find out about electronic applications that are available. How might they support service users who may experience language barriers?

KEY TERMS

Confidentiality is not passing on information or discussing a private conversation to anyone else.

DID YOU KNOW?

The NHS can sometimes provide fact sheets and information in other languages. For example, it can provide information about diabetes in Bengali, Polish and Welsh.

DID YOU KNOW?

Translators deal with the written word. They help with consent forms and other written documents. Interpreters deal with the spoken word. They help by listening to someone talking, for example, in French, then explain in English what they have said.

DID YOU KNOW?

Mandarin Chinese is the most common spoken language.

Geographical barriers

GETTING STARTED

How did you arrive at school today? What time did you leave home? What transport did you use and how long did it take? Compare your answers with others in your class.

Imagine you needed to get somewhere but had no transport. For some people, getting to local health and social care services can be difficult, especially if they do not drive.

Reasons for barriers

People who need to access health and social care services may have problems that stop them from travelling very far. In fact, for some people, getting to a nearby service can be just as difficult. The diagram below explores some of the reasons why.

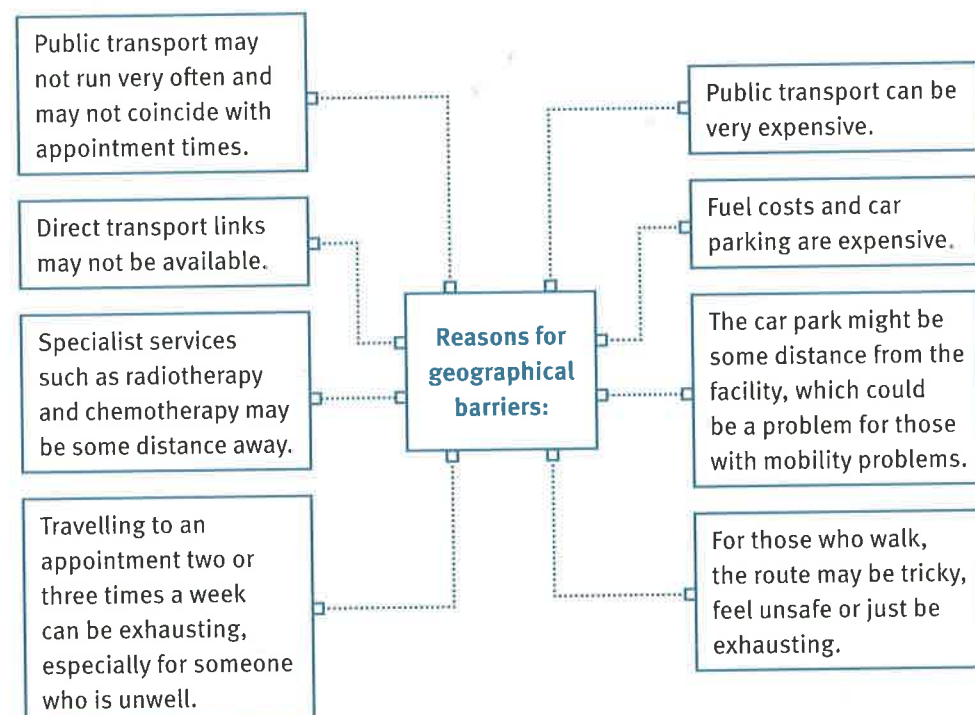


Figure 2.8: Examples of difficulties with travel

ACTIVITY

In your group, read the scenario and then answer the questions.

Mr Patel has an appointment at the dermatology clinic in a local hospital. He needs to be there at 10.00 a.m. His appointment lasts for about 2 hours. Mr Patel lives very close to your school.

- 1 Research Mr Patel's journey to your local hospital. He is unsure whether to drive or use public transport.
- 2 Find public transport information about his journey from the road where your school is to the hospital. Will he need to take a bus or a train? Consider his appointment time. How much time should he allow from when

he leaves his house? Remember, he will need to first walk to the bus stop/train station. List all timings for Mr Patel to arrive by 10.00 a.m.

- 3 Mr Patel will leave hospital at 12 noon to go home. How long will his visit take – from when he leaves home to when he returns?
- 4 Plan a route that Mr Patel can take if he decides to drive. You may need an online street map to help. Think how busy roads are in the morning and where he will park. Do you think his journey will be quicker by car? Do you think his journey will be cheaper? (Include car park costs.)

Overcoming barriers

As you have seen and as the case study of Robert (below) shows, getting to and from appointments can often be difficult. However, there are ways of overcoming these barriers.

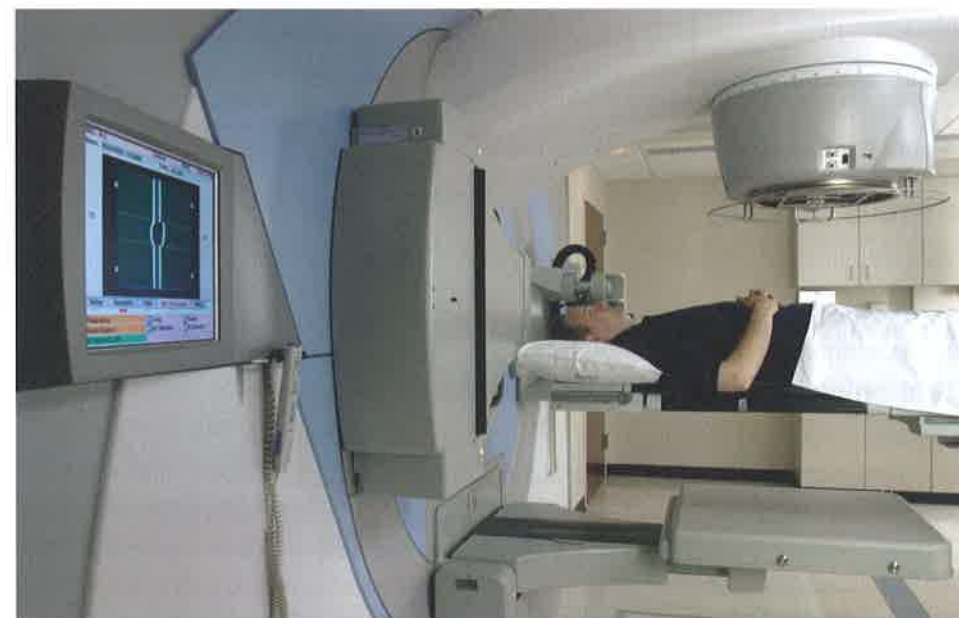
- Voluntary services provide direct transport to and from hospitals and GP appointments for a reasonable cost.
- Mobile health surveillance and treatment units travel to local areas. These units, for example, can check for diabetes and some forms of cancer. They can also give chemotherapy treatments.
- Hospitals will often refund car parking charges for patients who are undergoing some specialist treatments such as cancer.

Case study: Robert

Robert has been diagnosed with prostate cancer. He needs to have radiotherapy treatment in a specialist hospital 35 miles from his home. There are no direct transport links. Each treatment takes 10–15 minutes. He needs to attend 5 days a week for 6 weeks – that is 30 sessions in total.

To begin with, Robert was fine driving. But the treatment started to make him tired and feel unwell. So family and friends took turns to drive him there. Hospital transport was available, but the journey took much longer. Robert could have stayed in discounted accommodation close to the hospital to avoid all the travel. But he preferred to be at home with family after his treatments.

Thankfully, radiographers offered appointment times that avoided rush hours.



- Would you have made the same choices as Robert?

CHECK MY LEARNING

Research the journey from your own home to your GP surgery, the optician, the dentist and your nearest hospital. The journeys can be made by public transport, car or both.

DID YOU KNOW?

There is more expense to running a car than the fuel that is used. The car must be taxed, insured and maintained.

Intellectual barriers

GETTING STARTED

Why might an individual find it hard to read and understand complicated information? Create a mind map with your ideas and then compare your thoughts with a partner.

Some people may find learning and problem solving very difficult. This intellectual disability could lead to physical and mental health difficulties and create barriers to health and social care services.

Understanding intellectual disabilities

A person with an intellectual disability may have problems with:

- intellectual functioning – they may struggle to learn, reason, make decisions and solve problems
- adaptive behaviour – they may find parts of day-to-day life difficult, for example, communicating with people and looking after themselves.

A person may have an intellectual disability because of interference with brain development before, during or after birth. The diagram below gives some more reasons, but sometimes the cause of an intellectual disability is unknown.

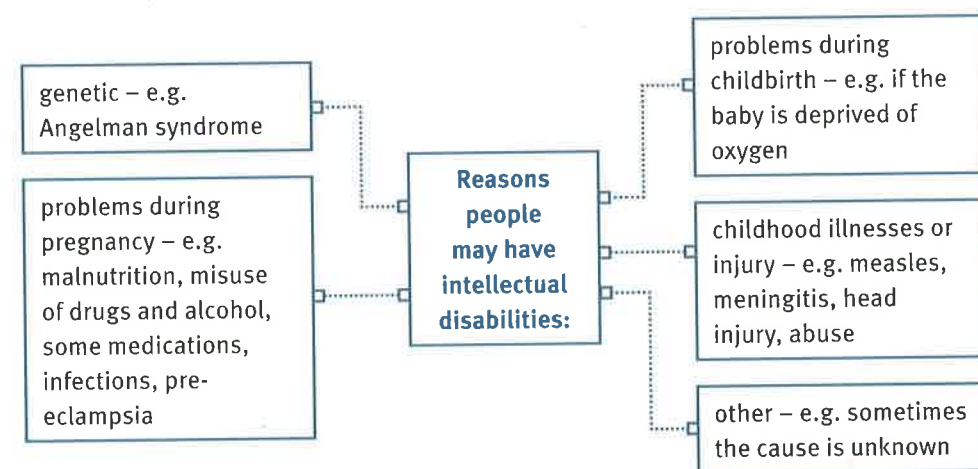


Figure 2.9: Causes of intellectual disability

Detection

People with intellectual disabilities usually have delayed development as a child. So intellectual disabilities are generally detected in children. Genetic reasons can be confirmed through a simple blood test.

Effect on someone's health

An individual may not be aware of the significance of their symptoms. This can result in delayed diagnosis and treatment of conditions. The individual may have a carer. However, carers themselves can create barriers to the individual's good health. For example:

- a carer may not understand why the individual should have regular eye tests if they do not appear to read
- a long-term carer may not notice the gradual decline of the individual's hearing
- parents of children with intellectual disabilities may feel embarrassed by the behaviour of their child in a dentist's waiting room and stop taking them.

Support

A range of people can support an individual with intellectual disability. Table 2.8 shows some examples.

Table 2.8: Who can support individuals with intellectual disabilities?

Carer/Practitioner	Support they can offer
GP/doctor	Ensures the person and their family receive the most appropriate support and refers to other professionals if necessary
Learning disability nurse	Works with the individual and their family to provide specialist health care
Speech and language therapist	Offers support to develop speech and language skills
Occupational therapist	Offers support to develop independence for daily living activities
Dietician	Offers support on nutritional health
Physiotherapist	Supports physical movement

Good communication is crucial when supporting individuals to access services. The individual needs to feel that the relationship is based on trust and respect. Communicating with a person who has intellectual disabilities can be a challenge, but there are ways to help. For example:

- avoid noisy areas
- speak slowly and allow more time to exchange information
- speak clearly, but do not shout
- involve family or a carer, but always focus your conversation directly towards the individual
- avoid jargon and keep sentences short and simple
- use a language level appropriate for the individual (this will differ depending on the disability, but a care plan should show more detail)
- use visual aids and gestures
- be aware that the individual may quickly become distracted if they have another need – for example, to use the bathroom
- be prepared for delayed responses and for answers to 'just appear'
- be aware that some individuals may have a strong understanding but are less able to express their responses
- be aware that the individual may appear to understand even though they do not; rephrase what you are saying to check understanding.

Support with reading and writing

Forms and documents can be complicated and difficult to fill in at the best of times. A person who struggles with literacy skills may feel that completing a form about their health care is impossible. An individual who struggles to read and understand might avoid accessing the services they need because they would feel embarrassed if they had to read or write something. Support can be given by writing and presenting information as clearly as possible. Family, friends or a carer who have good literacy skills can also support an individual.

ACTIVITY

Some important documents for health and social care use complex language and can be difficult to understand.

- 1 In your group think of a list of documents that might be difficult to read and understand. Examples include: a passport application; applying for money to care for a family member.

- 2 Find a range of documents and measure the readability of each one. You could look online and print them out. Alternatively, you might receive forms through the post (for example, for taking out a magazine subscription) or from school.
- 3 Share your findings with the class.

CHECK MY LEARNING

Write a set of instructions for a simple task – for example, how to make a cup of tea. Your instructions need to be clear and easy for an individual who finds reading difficult to understand. (You could include images.)

LINK IT UP

To find out more about genetic inheritance, go to Section A2 in Component 1 and Section A1 in Component 3.

Resource barriers for service providers

GETTING STARTED

What services do you think a hospital provides and how much do you think those services cost?

Think about how many people access health and social care services at one time. Thousands? Millions? So it is not surprising that sometimes not everyone can access what they need.

What resources are needed

As the population ages and more disorders are being successfully treated, there is a huge strain on health and social care service resources. For example, think about all the services provided by a hospital, care home and in a person's own home at any one time. Think about the buildings that may need to be constructed or adapted and the range of staff, equipment and consumables (such as food and medication).

This is just a selection of the resources needed by health and social care services. However, resources are very stretched and much is still needed. Look at the list of resources below. What other things can you think of that have not been included? Any resource that cannot be provided will create a barrier to someone accessing the health and social care services they need.

Paying for resources

The NHS is mostly funded through:

- taxation (individuals pay tax on their income plus some other items such as tobacco and alcohol)
- National Insurance contributions (most people who earn an income pay this).

The UK Treasury allocates money to the UK Department of Health, which then gives money to NHS England. Some money is retained to pay for primary care such as GPs. The rest is passed on to Clinical Commissioning Groups (part of the NHS). These groups are responsible for funding care in their local area.

The list below gives you an idea of the wide range of different resources that need to be paid for out of money allocated to the NHS:

- maintenance of buildings
- vehicles, e.g. ambulances
- specialist clinical equipment, e.g. X-ray machines, monitoring equipment
- staff wages and uniforms
- equipment for hospital wards, e.g. beds, hoists, commodes
- food
- surgical equipment, e.g. disposable gloves, surgical dressings
- medicines
- mobility equipment, e.g. walking aids
- laundry service
- office equipment, including computers and stationery.

LINK IT UP

To remind yourself about primary care, look back to Section A1 in this component.

Barriers created by lack of staff

Staff are the most expensive resource in the health and social care sector. Without staff, other resources would be of no use. Staff resources can be in short supply in some areas, especially in the caring sector. A shortage of staff creates barriers because:

- not enough people who need help will get it
- it can prevent other resources being used – for example, if a radiographer is not available, someone needing radiotherapy will not be able to receive it.

Shortage of staff often means that the remaining staff have to work harder and longer hours; this can lead them to become exhausted and they may experience 'burnout'. When staff are under great pressure the quality of care that individuals receive often decreases, and the workers' own mental health can be negatively affected as well. Therefore managers need to be aware of staff workload and stress.

ACTIVITY

In your group, read the scenario and answer the questions.

Miss Cooper is staying in a nursing home while her bungalow is fitted with handrails and ramps. She recently broke her hip and is recovering at the nursing home.

She used the phone in her room to make an optician's appointment at 10.00 a.m. tomorrow. She asked for a carer to go with her because she needs physical assistance.

The nurse in-charge informed her that no one can take her then – all care staff

will be helping other residents to wash, dress and have breakfast. The home is also short-staffed.

- 1 Why are the care team particularly busy in the morning in nursing homes?
- 2 How might Miss Cooper feel about not being able to attend her optician's appointment?
- 3 How can the care team help her attend an appointment that will be acceptable to her and put less strain on staffing resources?

LINK IT UP

To find out more about the availability of resources, go to Section C2 in Component 3.

KEY TERMS

Burnout is when a person becomes exhausted and stressed, usually due to excess pressure and frustration at work.

Making the most of what is available

A number of things can be done to make the most of resources available to health and social care services – for example:

- organising the skills and time of staff to make the most of them
- developing and using digital technology, which can make working more efficient
- ensuring that patients can arrive on time for appointments and are properly prepared beforehand with correct information
- educating and training staff to work more efficiently and know how to do their jobs properly (this may also avoid official complaints from users who are not happy)
- promoting good health and early treatment to avoid long, complicated and expensive treatment
- reducing waste
- being open to ideas about how the service could improve and run more efficiently.

CHECK MY LEARNING

With your partner, suggest resources that might be in short supply, which could be a barrier to the efficient running of health and social care services.

Financial barriers

GETTING STARTED

Make a list of what you think is free on the NHS and then make a list of what you think has to be paid for.

Generally, there is no such thing as a service that is free. Although some parts of health and social care services cost nothing, the service user usually pays for others.

Who pays and who goes free

In the UK today, residents do not pay for many of their treatments on the NHS. For example, seeing a doctor and using the emergency services are all free. Some visitors and non-residents may have to pay for some of the services.

But some health and social care services are not free – for example:

- optical care
- dental care
- complementary therapies (such as massages and reflexology)
- chiropody (treatment of the feet, sometimes for painful conditions that make walking difficult)
- care and support services.

Some people who cannot afford the cost of this care or therapies may decide to go without, which could make their condition worse.

Many people also pay for their prescriptions (the medicines prescribed to them by doctors), although others may be exempt (not have to pay because of their age or circumstances). Table 2.9 gives more details about who can get help with health care charges.

Table 2.9: Who gets help with health care charges?

Free prescriptions	Free dental care	Eye care
People over 60		People over 60
People under 16	People under 18	People under 16
People under 19 in full-time education	People under 19 in full-time education	People aged 16, 17 and 18 in full-time education
Pregnant women	Pregnant women	People registered as partially sighted or blind
Women who have had a baby in the last 12 months	Women who have had a baby in the last 12 months	People diagnosed with glaucoma or diabetes and/or who are over 40 with a family history of glaucoma
Some people on low income and benefits	Some people on low income and benefits	Some people on low income and benefits
People with cancer	If you are in an NHS hospital when you need treatment	A prisoner on leave



This person is having a free sight test because they are aged 18 and in full-time education

DID YOU KNOW?

Some people may choose to pay so that they can access services quicker and have a wider choice. However, not all areas have these extra facilities, therefore limiting access to services of their choice.

Barriers to accessing a needed service

- Some people may not be able to afford the services they need – for example, a new pair of glasses because their eyesight has changed. Often, regular dental and eye checks can prevent further more serious and expensive issues. Although these checks can be free for some groups of people using the NHS, others might have to pay. Having to pay for treatment is a serious financial barrier for many in society and may prevent them getting the health and social care treatment they need.

ACTIVITY

- 1 Using the NHS website (www.nhs.uk) find who is exempt from dental and optical care costs.

2 In your group, read the scenario and answer questions:

Josephine is 30 years old. She needs to pay for NHS dental and sight tests. She made an appointment for both. Her first appointment is at the dentist. She needs to have one filling.

a How much will she pay?
- The next day Josephine has her sight test. She needs to wear glasses.*

b Research local opticians and their charges (choose the frames and lenses).

c What will be the cost for the sight test and glasses?

3 Compare answers with others in the class.

Travel costs

Most individuals accessing services will need to pay their own travel costs. These costs can be expensive and may include:

- bus and train fares
- taxis and other private transport
- petrol and parking fees.

Some people may be able to claim back costs if they meet the correct criteria – for example, through the NHS Low Income Scheme. However, others will need to pay themselves. The more frequently they need treatments, the more it will cost them.

ACTIVITY

Some people need to pay for their own care and this can be expensive. Find out how much it costs to stay in a residential care home for a month; research local providers.

Loss of income during treatment

Some people needing treatment such as chemotherapy or physical care (because of an accident) may need to take time away from work. In some instances, this can mean that their income will stop. In other cases, a family member who is acting as a carer may also need to take time away from paid work.

Fear of losing income can be a serious barrier to health care for some families.

CHECK MY LEARNING

What other financial costs might people incur when accessing services?

LINK IT UP

To find out more about how finances can affect health and wellbeing, go to Section A1 in Component 3.

LINK IT UP

To find more about income and its positive and negative effects on health and wellbeing, go to Section A1 in Component 3.

DID YOU KNOW?

If you need to pay for many prescriptions, you can save money buying an NHS prescription prepayment certificate. The certificate covers dental prescriptions. You can pay by direct debit (regular monthly payments) to make it less of a financial strain.