



**Principles of Health and Social Care Practice
BMHP5002**



AMINA ABDALLAH NASSOR 1917570

**APRIL 29, 2021
UNIVERSITY OF WALES TRINITY SAINT DAVID
ADESEWA AJAYI**

Table of Contents

Introduction.....	2
Principles of support, policies, and practice in Age UK.....	2
Age UK's support for Mr. and Mrs. T.....	3
Analysis and evaluation of principle of support in Age UK based on the health & social care needs of Mr & Mrs T.....	4
Recommendation.....	7
Conclusion	7
References	8

Introduction

This report will be based on the principles of health and social care practice by describing, analysing, and evaluating the principles of support, policy and practice applied by Age UK, to ensure that Mr. and Mrs. T are cared for in the care setting, and it will provide recommendations for future policy and practice.

Principles refers to moral rule and regulation that guide behaviour (Healey and Marchese, 2012). The principles of support are important to the productivity of health and social care setting which help care worker providing appropriate health and support to meet care user expectation. Also, it encourages care provider to recognize and replicate the importance of dignity in the delivering of care services by treating individual with respect regardless of the state of their health, believe or race (Ashcroft, 2007).

Based on the case study of Mr. and Mrs. T, for them to live independently they need help and support for personal care, improve mobility, domestic chores and participate in social events. However, before getting any care support, they must ask their local council for a need assessment, because care and support statutory guidance gives local authorities a responsibility to assess and address the eligible requirements of carers (Department of Health, 2014). Therefore, based on their needs, Age UK is the organization which would help and support them to live independently. This is a registered charity, established on 25 February 2009 and launched on 1 April 2009 which dedicated to help older people to live independently by providing services and support which will support, enable, and inspire them from abuse and neglect and raising awareness of safeguarding. (Age UK, 2020).

Principles of support, policies, and practice in Age UK.

Age UK help the older people to live independent on their own homes, thus involve them on making their own decision about the issue affecting their lives by prompting choice makers, developing public policy proposals, leading social and economic analysis, and determining policy plans in a range of areas. Therefore, they dedicated to tackle discrimination and promoting equality and diversity, such as dignity, security, and opportunity, and empowering them participating and contributing to society and local communities (Age UK, 2020).

Age UK's support for Mr. and Mrs. T.

Age UK can provide community-based support services for Mr T and Mrs T to enhance the quality of their live by arranging home visiting to help them pursuing their hobbies and interests and maintaining their social contacts. This is through befriending services which involving a volunteer befriender who will be able accompanying them to an activity, such as shopping, a hospital, General Practitioner (GP), or doctor's appointments and trip to a cafe or the theatre. Also, they can visit home for chatting and a cup of tea (Befriending Networks, 2021). Moreover, from their comfort home, Age UK in partnership with The Silver Line can provide them a free 24-hour telephone friendship services which can help them chatting with someone over the phone any time, either day or night which can reduce their stress, feel boring, lonely, or miss their family or friends (Age UK, 2019).

Also, Age UK can give Mrs. T a freedom to live independently in her own home by providing personal alarms, such as pendant or wristband, which she can wear into her daily routine, so if she has an accident or a fall, quickly she can get help Age UK's Alarm response team. However, most of the call that the response team receive are linked to accidents occurred outside the home (Ageco, 2019)

Moreover, daybreak as one of the few recommended treatments for dementia, Age UK will be able to provide specialised daybreak services at their centres for Mr T, which can give Mrs T an opportunity for break. There are many activities, such as dance for dementia, singing for the brain, trips and outings, memory cafes, and seated exercise, that designed to stimulate the brain, for those who have dementia like Mr T, in a relaxed environment. And this is usually undertaken by their trained staff who make sure all the activities are safe and comfortable considering Mr T needs and interest. For the more convenient way Age UK can even arrange transport to and from the venue for Mr T (Age UK, 2020)

As Mr T has progressive dementia and other critical condition and Mrs T is using mobility frame, they are not able either driving or using public transport. So, Age UK can run door to door transport services which can help them maintaining their independence by providing wheelchair-accessible minibus services, befriending scheme, and help them to organise transport (Dial-For-Ride) from local provider for

free local bus travel or the Royal Voluntary Service. These can help them to go to the shops, to visit a GP and hospital appointments, and to the day centres (Age UK, 2019)

Age UK's Warm Homes programme can help Mr and Mrs T to stay warm and well through the cold months by fitting appropriate equipment to increase the energy efficiency and provide advice on keeping warm and saving energy. Hence, this can help them to increase their income to pay for energy bills and make their home more energy efficient so they can stay warm in the winter season (Affordable Warmth Solutions, 2021).

Because Mrs T has a mobility due to her recent hip operation which caused by fall, Age UK can provide regular exercise classes, such as Pilates, yoga, Tai Chi Tai, and seated exercise, which can improve her mobility by helping her to maintain a healthy weight, boost her mental wellbeing, mood, energy levels, and strengthen her muscles which can reduce the risk of her falls again (Age UK, 2020)

Moreover, Mr and Mrs T cannot do their domestic chores, the Age UKs, through their experienced and well-trained staffs who have passed a security check, can provide them day-to-day domestic tasks such as shopping through their escorted shopping services, preparing light meals/meal, laundry, housework, companionship, and collecting their prescription from their GP and pharmacists (NHS, 2021).

As Mr and Mrs T have no longer be able to care for one another, they also need support for foot care. So, Age UK can provide foot care services by toenail cutting, relieving pain, reduces the risk of having a fall, and treating verruca's, bunions, and athletes to reduces the risk of infection. This service has been provided by qualified podiatrist (Age UK, 2020).

Analysis and evaluation of principle of support in Age UK based on the health & social care needs of Mr & Mrs T.

Despite of the availability of wide range of support which Age UK can provide to Mr and Mrs T, but these supports may not enough to help them live independently because most of their support, such as daybreak and regular exercise approach, are based on one-size-fits-all which can impact their quality of life and dignity. For instance, even if the organization can arrange transport for Mr. T to participate in daybreak activities such as trips and outings, dancing, and singing but still it might be

hard for him to travel due to his chronic condition, he may need extra assistance. Also, in terms of exercise not all exercise that provided can be match and fix Mrs. T mobility situation. Therefore, achieving a good quality of care and safe practice, care provider should involve person-centred care on their setting which can help Mr. and Mrs. T receiving the correct care (Care Quality Commission, 2019). As Care Act 2014 regulation 9 and the principle of Proportionality emphasis to all the care provider to consider the level of the individual's needs and not just relate a one-size-fits-all approach that have effect on their quality of life and dignity because they have unique needs, so they must work in partnership with Mr. and Mrs. T by making changes and provide support helping them understanding thus making informed decisions of their priority and options (Liz Burton, 2017).

Also, the support that age UK provided to the people with dementia is not enough for the people living with progressive dementia like Mr. T, hence their activities are general, and they do not have specific support for people with progressive dementia. Because mental capacity of people with dementia can change over time, hence there are some days or times of the day they can be more clearly than other day or time. So, Mr. T may be able to agree to go on daybreak, but he cannot be capable making choices between accommodation or transport options, due to the involve decisions having more information which make him unable to make decision himself because it can be harder for him understanding and processing that information. Therefore, Age UK must assess his capacity and if he lacks capacity, they must make sure whoever making the decision for him should consider his rights and freedoms as Mental Capacity Act required. (Alzheimer's Society, 2021).

During this time of pandemic, it is difficult for Age UK to prevent Mr. and Mrs. T from the long-term harm, because most of their services have been put on hold. Despite the Care Act 2014 on prevention principle of support which asked for the care and support provider to protect the vulnerable adult by preventing them from long-term harm even if they are freed from abuse and neglect (Richards and Williamson, 2015). Hence, due to lockdown and changes routine to access some services may cause physical abuse, such as emotional abuse, abandoned, isolation and unjustified withdrawal of services and supportive networks (Social Care Institute for Excellence, 2021). Therefore, this can put Mrs. T on gaining weight, and end up experiencing more muscle and joint pain, and consistently feeling low. Also, may make a deterioration of

Mr. T cognitive function which will affect his behaviour, sleeping, memory, and mood, and make a thing worse to both. As Alzheimer's Society survey finding show that due to the lockdown 82% of people have increased the symptoms of dementia, such as difficulty concentrating, loss memory, and agitation (Alzheimer's Society, 2020).

Using the principles of the Mental Capacity Act 2005 which believe a person with dementia knows himself and his own wellbeing better than anybody (McLachlan, 2017). Hence, Mr. T may know himself and his wellbeing but because he has a progressive dementia, he may have difficult in communication, so carers should have access to specific information recognising his needs which can help him when things get difficult. He might need a nurse like admiral nurses who can work along with him by including activities that reduce social isolation and help him feel part of his community instead of having volunteer befriender who visiting in his home for chat and a cup of tea (Dementia UK, 2021).

Moreover, Age UK is dedicated on providing services which embrace diversity and promote equality of opportunity as evident from their Equality Statement, however their supports are not meet this statement (Age UK, 2020). For instance, they can arrange transport for Mr. and Mrs. T to go shopping, attend GP or hospital appointments, and attend daybreak and exercise classes. But this transport has charge covering the petrol's cost which can be a challenge for them because they may have not enough money for this extra expense. However, even if they have enough budget for this extra expense, the services itself is biased because they give more priority to those who are living in isolated areas with an infrequent or limited public transport. So, if Mr. and Mrs. T are not living in that area, they may not prioritize to the services. Therefore, this is far from Equality Act 2010, that emphasis care provider to stops discriminatory actions upon service users, instead they must treat them fairly and equally in preferences that they made (Gov.UK, 2015).

Furthermore, Age UK principle of support do not comply with Human Rights Act 1998 concerning manual handling for people with limited mobility need, like Mrs. T. Therefore, their support can disregard Mrs. T human rights, thus they cannot support her to move and transfer safely because their transport system do not respect the dignity of the individual rather based on biases. So, it is important for care provider to

comply with the regulatory framework to maintain the autonomy, dignity, and privacy of care user (Nikolajsen and Nielsen, 2015).

Recommendation

Although the Age UK has provided wide range of support for elder people like Mr. and Mrs. T, there are some areas of their services they need improvement. They must make some amendment to their support because some of their supports are based on one-size-fit all approach that are not relevant to the principle of health and social care, so they must make sure they follow the Care Act 2014 principle of support and person-care approach (Liz Burton, 2017).

Also, on the support for the people with dementia, Age UK must provide professionals help like specialized nurses who can work with the people with progressive dementia and their carer at the time of difficulty instead of providing the befriending and 24-hour telephone friendship services (Dementia UK, 2021).

Moreover, the governments failed tackling older people, like Mr. and Mrs. T, problems with social care, this has cost their dignity, safety, and lives. Therefore, the government must have to restructure the care system for the older people to have all care they need by providing long-term financial support for them (Age UK, 2020).

Conclusion

Age UK is the organization that can help Mr. and Mrs. T to live independently in their home by helping them with their day-to-day activities and provide support to cope with their progressive dementia, chronic conditions, and mobility. However, there are some changes on their services they must employ to make their services good for everyone who need support from them.

REFERENCES

Age co. (2019). Age UK Personal Alarms.

<https://personalalarms.ageco.co.uk/blogs/remaining-independent/common-myths-about-personal-alarms-answered/> (Accessed on 17/04/2021 at 06:30pm)

Affordable Warmth Solutions. (2021). Warm Homes Fund.

<https://www.affordablewarmthsolutions.org.uk/warm-homes-fund/> (Accessed on 03/04/2021 at 07:07 pm)

Age UK. (2019). Age UK joins forces with The Silver Line

<https://www.ageuk.org.uk/northtyneside/about-us/news/articles/2019/age-uk-joins-forces-with-the-silver-line/> (Accessed on 11/04/2021 at 04:53 pm)

Age UK (2020) <https://www.ageuk.org.uk/about-us/people/> (Accessed on 26/03/2021 at 09:49 pm)

Alzheimer's Society (2020). Worst hit: dementia during coronaviruses

<https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf> (Accessed on 04/04/2021 at 08:50 pm).

Alzheimer's Society (2021). Dementia and the Mental Capacity Act 2005.

<https://www.alzheimers.org.uk/get-support/legal-financial/dementia-mental-capacity-act> (Accessed on 12/04/2021 01:20 pm)

Ashcroft, R. (2007). Principles of health care ethics. 1st ed. Chichester, West Sussex, England: John Wiley & Sons.

Befriending Network. (2021). What is Befriending?

<https://www.befriending.co.uk/about/what-is-befriending/> (Accessed at 30/03/2021 at 05:42 pm)

Burton, L. (2017). What are the 6 Principles of the Care Act 2014? Hub from High-Speed Training. <https://www.highspeedtraining.co.uk/hub/principles-of-the-care-act-2014/> (Accessed 04/04/2021 at 08:08 pm)

Care Quality Commission. (2019). Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9. <https://www.cqc.org.uk/guidance->

[providers/regulations-enforcement/regulation-9-person-centred-care](#) (Accessed on 13/04/2021 at 09:06 pm)

Dementia UK. (2021). Sources of support and advice

<https://www.dementiauk.org/get-support/diagnosis-and-next-steps/sources-of-support-and-advice/> (Accessed on 30/03/2021 at 08:10 pm)

Department of Health (2014). Care and Support Statutory Guidance: Issued under Care Act 2014. London: Department of Health

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf (Accessed on 04/04/2021 at 03:49 pm)

Healey, B. and Marchese, M. (2012). Foundations of health care management. 1st ed. San Francisco: Jossey-Bass.

Juth, N. (2013). Challenges for Principles of Need in Health Care. Health Care Analysis, 23(1).

McColgan, A. (2011). Equality Act 2010. 1st ed. Liverpool: The Institute of Employment Rights.

McLachlan. T. (2017). The Care Act 2014 and Dementia. Alzheimer's Society.

NHS. (2021). Help at home from a paid carer. <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/homecare/> (Accessed on 17/04/2021 at 07:21).

Nikolajsen. H., and Nielsen. C. (2015). Manual patient handling and rehabilitation in health care settings: an observational study. Physiotherapy.

Richards, Bernadette & Williamson, Laura. (2015). Supporting Innovation in the UK: Care Act 2014. Journal of bioethical inquiry, 12(2).

Social Care Institute for Excellence. (2021). Safeguarding adults during the COVID-19 crisis <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults> (Accessed on 01/04/2021 at 05:35 pm).