



Social Science

Changing Practice in Social Care

V/o:

Changing practice in social care. The reduction of long-term hospital provision and the implementation of the Community Care Act in 1993 have had a considerable impact on the roles and skills of health and social care workers, especially those providing care and support to older people, and people with learning difficulties. You'll hear from workers who have been affected by these developments. Later on you'll hear from students and academics who are trying to meet the challenges faced by a new generation of social workers and nurses. Barbara is a care manager in her local social services department, but started in the 1960's as an assistant in the welfare department. Following the creation of social services in the 1970's she trained to become a qualified social worker, and returned to a generic post before specialising in work with older people.

Barbara:

Looking back to when I specialised with older people prior to 1993 I can say that in the main people were very grateful, for want of a better word, for any support that you were able to give them. And during that time it wasn't just a case of dealing with individual referrals that came into the department, we were able to offer carer support groups, you know you use resources in the community, get to know what they were, we did GP liaison, we set up drop-in centres, I played a role in setting up some reminiscence groups in one of the local homes, I carried on in that team for some time, obviously through until 1993, when the Community Care Act came into being and I became this person called Care Manager. When I started my career I wanted to be a social worker, obviously helping people through problems, but I was able to use myself as the resource in those days and I feel when we became care managers I felt as though we were deskilled in many ways really, because we became people who completed a lot of forms, and I think the advantages are that I am able to allow people to remain in their own homes if that's what they wish, by providing the appropriate services. I also think there are advantages because I am able to allow or enable clients and carers to take a greater part in making decisions about their lives, and I think those sort of things are a beneficial outcome of the Community Care Act. I still refer to myself as a social worker 'cos I feel that people do understand that title better than a care manager.

V/o:

Like Barbara, Janet started off as an assistant, though she worked in a hospital supporting its social work team. She's now been a qualified social worker for the last ten years, and has continued to work within the same hospital. Janet has found that policy changes have extended her role rather than restricted it.

Janet:

I feel I have more purchasing power now, and I'm able to more easily facilitate discharges from hospital. I also need probably less time to arrange care packages now because there's more services available to me and to the client. I can be more innovative, if you like, with the care packages that I arrange these days. Years ago I was very restricted, there were very few services available, and I tended to have to fit the client into the very sort of limited resources that we had, but now of course care packages are tailor-made to the individual needs of the clients that we meet and the patients in the hospital. I would organise home care, day care, meals, services, respite for carers as well. Some very frail people are kept at home for longer, much longer these days. There still are gaps in the service like we don't provide night care as a rule. Occasionally if there's a particular case, we might provide night care for a carer just to give them a break for one or two nights a week, but because we don't provide night care as a general rule, you know seven nights a week, then that usually means that someone would have to go into care because of that, which is a great shame really.

V/o:

The move towards providing services for individuals in their own homes has had a profound impact on Linda's role as a district nurse, and the skills she employs. As you will hear, this is particularly apparent at the interface between social services home carers and community nurses.

Linda:

Well years ago the patients weren't discharged with stitches in or clips, or anything like that, we had more generalised nursing, palliative care and things like that. We're doing Hickman lines, Baxter pumps, all with chemotherapy in it, we do a lot of specialist nursing now, we do do infusions as well in the community, we probably don't do quite as much as we used to do with the chronically ill, we don't have as much input because that is often done by carers rather than actual nurses, in nurses it is very skilful nursing now compared to tender loving care which is a long time ago I suppose really. We've lost a lot of the hospitals but we still do a lot of it, don't get me wrong, we've still sort of got all this, we oversee a lot of the carers that, you know, we go in and make sure the carers are doing their jobs as they should be done. A lot, I suppose, of the doctors' roles have been taken over by nurses now, a lot of the doctors' minor roles, and the girls that work in the doctors' premises do very, very skilled work, a lot of our work is very skilled now. I think nurses are always caring no matter what, but I think that we have greater service we can offer, and greater skills that we can offer, and we're lucky because we do have so many workshops, we also have courses, and they're made available to us quite readily. I'd like to see the health and social care budget come together. I'd like to probably see us all under one big umbrella that we'd work together, far closer than having two separate budgets really. I would like to oversee carers more than I do at the moment because they're social carers and not nursing carers.