**Project Title –**

Service Users Perception and Involvement in Adult Social Care Service Provision

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**Image Source: (**Wirth, 2004).

**Student Name-**

**Date-**

Abstract

*Adult healthcare is a very wide topic and has been used as a subject of interest in many research and studies across the world. This particular study focuses on improvement of social care facilities for the old aged people and service users in the United Kingdom. It specifically involves the perceptions and responses of the service users for whom the service is intended to be delivered. Even though a relatively small number of respondents are utilised in the given study, it provides enough evidence and insights for further action to take place in this industry. Since the results and findings are directly a result of the primary research from the service users themselves, the results in the study provide a rich source of credible information. It is noticed by the virtue of this report that taking care of the minor needs of the service users is as important as taking care of their major issues. The service personnel needs to be actively involved in every action as they come in direct contact with the service users all the time as opposed to the senior management and regulatory authorities who monitors and controls activities but interact less with the service users on a direct basis. Apart from this, it is also equally important to keep the family members and the carers of the service users satisfied as service users often leave their important concerns and issues to be taken care comprehensively by the carers. Though, the study has its own set of limitations, it provides enough ground and base for further research in this domain especially if the same is implemented at a larger scale and with a wider scope.*

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Chapter 1 Introduction

# Background and Aims

## 1. Introduction

This section provides a brief background regarding “Service Users’ Perception and Participation”. It will explore why it is important to undertake this research and the benefits envisaged.

### 1.1Background

Service user perception and participation is not a new phenomenon and appears to be episodic. Initially when service user perception appeared in the 70s and early 80s, it was associated with the growth in resources for public sector, highlighted the need for additional resources (Wirth, 2004).

Over the past 15 years the use of the service user’s perception has been governed by legislation under the umbrella of modernisation, from the White Paper *Modernising Social Services* (DH, 1998) to *Independence, Choice and Wellbeing* (DH, 2005) and *Our Health, Our Care, Our Say* (DH, 2006) there has been greater emphasis in the service user’s perception capturing various dimensions (Barnes, Newman and Sullivan 2007 p13). Comprehensive accounts of legislation and policies aimed at promoting service user involvement in health and social care include, The Care and Support White Paper, published in July 2012, (Health and Social Care Act 2012 DH Chapter7 p1) which set out the Government’s vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care (Vision for Adult Social Care 2010 p23), and for a framework for transparency and quality in adult social care.

The driver for service user involvement is generally seen as originating from central government but other groups such as service user led organisations have also played an important part in developing this concept within the health and social care setting (Simpson and House 2002 p1123).

Whilst the aim of user involvement in Adult Social Care has become clearer, the process and organisational context of user involvement remains poorly understood. (Crawford, Rutter, Manley, Weaver, Bhui, Fulop and Tyrer 2002 p 1263). This is due to the fact that even though efforts have been made for user involvement, the processes are not fully defined hence willingness on its own is not sufficient to encourage user involvement. Emmel and Conn (2004, p.1) argue that despite the considerable impetus to involve communities in health and social care, there is little understanding of the implications of community involvement in practice. This needs further researching and developing with health and social care.

During the 1990s an explosion in service user perception happened as a direct consequence of a keen and growing interest in quality assurance and quality management in public sector service provision which resulted in quality audit, (Barnes, Newman and Sullivan 2007,p17).The National Health Service and Community Care Act 1990, made consultation with service users a legislative duty of local authorities (Audit Commission, 1999 Listen Up! p7, Warner 2007, p4)

The arrival of the new millennium saw a shift towards modernising the social care provision. More local control on social care provision saw an increase in service user participation. This provided a more grounded, individualised social care service to meet the needs of the population, based on their involvement, views and aspirations Barnes, Newman and Sullivan 2007, p.22). The introduction of ‘Best Value’ in local government highlighted the “*duty that local authorities owe to local people*” (Barnes, Newman and Sullivan 2007, p23). The main aims of Best Value were to encourage greater participation of local people in reviewing local services and to explore better alternative means to deliver their service (Barnes, Newman and Sullivan 2007, p23)

Care and support is something that affects most people at least some point during their lifetime. It is not uncommon to know someone, a family member or friend, who needs some extra support to lead a full and active life (Whitelock, 2009). An individual is first involved when a referral is made to social care to assess their social care need; a form is completed by the social care worker to understand the service user’s needs. The service user will be asked about their life style, financial situation, cultural and religious needs all of which will assist the professionals in preparing a care plan. An agreed care plan, treats the individual with dignity and respect, will address the individual’s needs and care and will support the service user to enable them to keep well and independent, and to be able to play an active role in their community.

However, in recent years there have been changes in legislation, such as The Health and Social Care Bil and Central Government directives to change the way health and social care services are provided. This means a total re structuring of the health and social care role of the separate service providers to produce a joint commissioning organisation. In many cases, more and more integrated work is the new way of working (Integrated Care and Support: Our Shared Commitment 2013, p6). Local Councils use the measures (detailed in Literature Review section) to help them drive up standards of care, and give people genuine choice and control over the services they use.

Comprehensive accounts of these developments include the Care and Support White Paper aimed at promoting service user involvement in health and social care. Building on the 2010 Vision for Adult Social Care (Vision for Adult Social Care 2010 p23).Moreover, the Care and Support White Paper, published in July 2012, (Health and Social Care Act 2012, DH Chapter7,p1) set out the Government’s vision for a reformed care and support system, and framework for transparency and continuous quality improvement in adult social care.

## 1.2 Current Position

The driver for service user involvement is generally seen as originating from central government but other groups such as service user-led organisations have also played an important part in developing this concept within health and social care setting (Simpson and House 2002 p1123).

As people are living longer and longer, pressure on social care service care is ever increasing. This is compounded by budget cuts and constraints from central government. More innovative and creative thinking is required to provide a more effective and efficient service that meets the increasingly complex needs of service users. It is a known fact that Service users are deemed “expert by experience” on what works well and where improvement is required and this information needs to be used to ensure a well-defined, flexible, individual, coherent, accessible and responsive social care service is provided rather than an organisational convenience service, which might see repeat referrals resulting in more resource intensive service (Sayce, 2008).

## 1.3 Objectives of User Perception and Participation

In recent years quality has become an interesting aspect for senior management within Social Care (Bounds, Yorks, Adams and Ranney 1994 p41), along with user involvement which is driven by various factors internally and externally. Like all the other organisations Adult Social Care has also recognised that to improve their quality of services they need to understand what needs improving and why?. Bounds et al (1994 p566) state that user involvement management is a key to achieving important objectives such as effectiveness, efficiency, adaptability, continuous improvement. Hence, local authorities are keen to develop a process which is dedicated to ensuring service users’ involvement at every stage from policy development to policy implementation, demonstrating openness, transparency and accountability. Through this process Adult Social Care wants to learn from and embed user involvement and to gain an insight into user perception ofthe service provided by Adult Social Care. It could also act as an evaluation of the services commissioned by Adult Social Care, service users being the “expert by experience”. This was one of the reasons, why further research in this field is important. It is envisaged that the findings from this study will go some way in improving the service Adult Social Care provides directly or indirectly through the commissioning of services. Bryman and Bell (2010 p5) state that the research should understand the nature of the organisation and provide practical solutions to the problems it highlights. Also, as stated by Marrow, Boaz, Brearley and Ross (2012 p5), users’ involvement in research means a situation where service users and researchers work together to design, undertake or evaluate research, rather than service users simply being the ‘subject’ of the research, which means the service users could also act as expert by experience, and participate in research.

As discussed by Kemshall and Littlechild (2000 p11) users’ participation has increasingly been seen as valid contributions to the building of knowledge and understanding about the need for, and use of, service. As the service users are the first hand recipients of these services is invaluable for the organisation to fully understand how and what the provision of services means to the end users of the services. This research will gain a greater understanding of the views of Adult social care service users who have recently being assessed and received a written care plan. It will mainly focus on a small sample of service users receiving specific services within a large organisation, i.e. the assessment and care management section of Adult Social Care in one large UK city.

The aim of the investigation is to gain a greater understanding of the views of current health and social care services.

Chapter 2 Literature Review

## 2.1 Introduction

Demographic studies have revealed that the ageing population of United Kingdom is on the rise and is more than likely to increase in the next decade. Specific indicators show that there is likely to be a 20% increase in 60-65 age year group and more than 50% increase in people over the age bracket of 85 year old by the year 2026 (DoH 2007a, p.1). This provides a huge challenge to those who are in the industry of providing adult social care in the United Kingdom. This has also been affected by the increasing number of population who suffer from health and medical issues (which includes physical disability and mental challenges like dementia etc) (Woodward, 1988).

The essential challenges that are faced refer to delivery of appropriate services to the end users of the service which provides this segment of the people with a sense of ‘equality of citizenship’ (DoH, 2007a, p.1). The other challenges that are faced relates to providing adequate information to the family members and the relatives with the progress of the state of these people. Lastly, there is also a challenge of fund raising as these service providers are often not for profit organisations and need a sound budget in order to provide their users with required facilities (Warner, 2006).

The changing needs of the demographics provoked the Department of Health (DoH) to bring about concrete changes in the procedures and policies for the provision of adult social care services in 2006. A white paper was produced which clearly outlined the direction and highlighted the fundamental changes of services to be provided within this industry with an objective of improving the overall service experience for the service users of social care. There were subsequent white paper publications (Sheldon, 2010) in the following years as well DoH (2007a, 2007b and 2009).

The primary objective lay in providing more empowerment to the service users by providing them a personalised agenda so that they have more control over choosing their own services. It was also deemed necessary that the supervision of the controlling authorities (doctors and

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