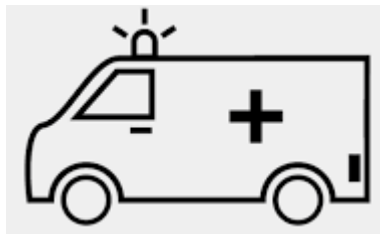
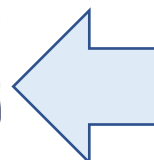
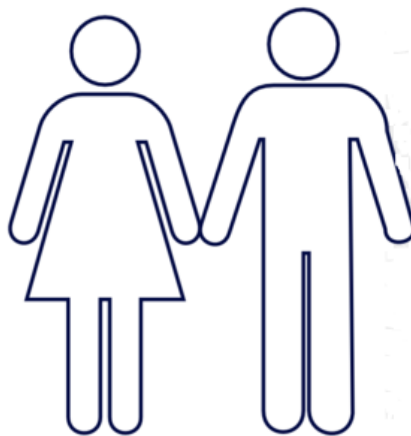
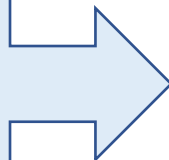


# Health and Social Care Component 2: Services



Empowered  
Choices  
Consulted  
Respected  
Dignity



Confidential  
Privacy  
Fairly  
Manners  
Individual

Name \_\_\_\_\_

Teacher \_\_\_\_\_

## Revision Booklet

Some of this learning is used in the Component 3 exam, in Year 11, so this is a good home learning workbook to consolidate your knowledge and understanding.

## A1 Health and social care services

**You will be exploring health and social care services, that are available and why individuals may need to use them.**

Health conditions:

- o arthritis
- o cardiovascular conditions – coronary heart disease, cerebral vascular accident
- o diabetes (type 2)
- o dementia
- o obesity
- o respiratory conditions – asthma, chronic obstructive pulmonary disease (COPD)
- o additional needs – sensory impairments, physical impairments, learning disability

Different health care services and how they meet service user needs:

- o **primary** care – GP surgeries, dental care, out-of-hours services, telephone services, accident and emergency departments
- o **secondary** care – specialist medical care to include rheumatology, respiratory medicine, cardiology, endocrinology
- o **tertiary** care – specialist medical care to include oncology, transplant services
- o **allied** health professions – physiotherapy, speech and language therapy, occupational therapy, dietetics
- o **multidisciplinary** team working – how services work together, including referrals between services.

Different social care services and how they meet service user needs:

- Social care – help with day-to-day living because of illness, vulnerability or disability.

Social care services:

- o services for **children and young people** – foster care, residential care, youth work
- o services for adults or children with **specific needs** (learning disabilities, sensory impairments, long-term health issues) – residential care, respite care, domiciliary care
- o services for **older adults** – residential care, domiciliary care.
- Additional care:
  - o **informal care** – given by relatives, friends, neighbours, partners
  - o **voluntary care** – community groups and faith-based organisations, charities.

**A2 Barriers to accessing services Learners will explore barriers that can make it difficult to use these services and how these barriers can be overcome.**

You will look into different types of barrier individuals face when trying to access services and, how they can be overcome by the service providers or users:

Definition of barriers: something unique to the health and social care system that prevents an individual to access a service.

- Types of barrier and how they can be overcome by the service providers or users:

- o **physical barriers** – issues getting into and around the facilities:

- ways to overcome physical barriers: ramps, wider doorways, accessible toilets/ rooms, stair lifts, hoists

- o barriers to people with **sensory disability** – hearing and visual difficulties:

- ways to overcome sensory barriers: hearing loops, British Sign Language (BSL) interpreters, communication cards, large print leaflets, braille leaflets, staff collecting vulnerable service users from waiting areas

- o barriers to people with different **social and cultural backgrounds** – lack of awareness, differing cultural beliefs, social stigma, fear of loss of independence:

- ways to overcome social and cultural barriers: awareness campaigns, posters and leaflets, well women and well men clinics, choice of service provider (e.g. if a male or female is preferred), collaboration with community and faith groups

- o barriers to people that speak English as an additional **language** or those who have language or speech impairments:

- ways to overcome language barriers: literature in other languages, face-to-face and telephone interpretation services, health and wellbeing group meetings for speakers of other languages, longer appointments, use of advocates, staff training and awareness of common speech and language difficulties

- o **geographical** barriers – distance of service provider, poor transport links:

- ways to overcome geographical barriers: local community transport schemes for disabled or elderly service users, home/community visits, community clinics, telehealth schemes

- o text barriers to people with **learning disabilities**:

- ways to overcome intellectual barriers: use of Health Passports and All About Me documents, use of advocates, use of Learning Disability Nurses (LDNs) and support workers, 'Quiet Clinics', quiet waiting areas, longer appointment times, use of communication cards, adhering to The Accessible Information Standard and providing low text 'easy read' leaflets

- o **financial** barriers – charging for services, cost of transport, loss of income while accessing services:

- ways to overcome financial barriers: NHS exemption certificates, NHS Low Income Scheme, NHS vouchers for eye tests, glasses and lenses, NHS Healthcare Travel Costs Scheme (HTCS), charitable schemes such as community transport.

## **B1 Skills and attributes in health and social care**

Learners will explore the skills and attributes that are required when delivering care.

- Skills:

- o problem solving
- o observation
- o dealing with difficult situations
- o organisation.

- Attributes:

- o empathy
- o patience
- o trustworthiness
- o honesty.

## B2 Values in health and social care

Learners will explore the values that are required when planning and delivering care.

- The 6 Cs:

- o care – receiving correct and consistent care
- o compassion – empathy, respect and dignity
- o competence – skills and knowledge to deliver effective care, based on research
- o communication – involving individuals and/or carers and listening
- o courage – doing the right thing and speaking up when concerns arise
- o commitment – to improve care and experience for individuals.

## **B3 The obstacles individuals requiring care may face**

Learners will explore the personal obstacles that individuals requiring and receiving care may face.

- Definition of obstacles: something personal to an individual that blocks a person moving forward or when action is prevented or made difficult.
- Potential obstacles and their impact on the individual:
  - o emotional/psychological – lack of motivation, low self-esteem, acceptance of current state, anxiety, stress
  - o time constraints – work and family commitments
  - o availability of resources – financial, equipment, amenities
  - o unachievable targets – unachievable for the individual or unrealistic timescale
  - o lack of support – from family and friends
  - o other factors specific to individual – ability/disability, health conditions, addiction.

## Key terms – a glossary in context

### Primary care services

**Primary care services** provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. **Primary care** includes **general practice**, community pharmacy, dental, and optometry (eye health) services.

### Secondary care service

**Secondary care** refers to **services** provided by **health** professionals who generally do not have the first contact with a patient. ... **Secondary care services** are usually based in a hospital or clinic, though some **services** may be community based.

### Tertiary care service

**Tertiary care** is **healthcare** provided in specialist centres. Consultants in **tertiary care** centres may have access to more specialised equipment and expertise for your condition. Referrals to **tertiary services** are usually made by your GP or the **care** professionals at your local hospital.

- Transplant teams
- End of life care
- Rehabilitation
- Cancer care
- Chronic pain management

**Register at services** – Using an NHS number, we all have, you can register free, at primary care services and they will then have access to a medical history.

**Assessment** – find out current health, do simple, easy tests

**Advise** – give information to improve symptoms/health

**Diagnose** – give patient a definitive title to illness, a name and maybe information

**Treat** – prescribe medication or therapies to improve health

**Health checks** – UK programme to monitor health at certain ages, assessing risks

**Referral** – primary care service signposting to specialist in their field e.g. cardiologist

**Specialism** – A field of medicine or social care, where a professional is an expert

**Secondary Care Specialist Consultants**

<b>Specialism</b>	<b>Area of expertise</b>
Cardiology	Heart
Dermatologist	Skin
Gynaecology	Female reproduction
Rheumatologist	Joints, muscles, ligaments
Ophthalmologist	Eyes
Neurologist	Brain and nervous system
Psychiatrist	Mental health
Endocrinologist	Biochemicals - Diabetes
Dermatologist	Skin
Paediatrician	Children
Obstetrics	Childbirth and midwifery (antenatal services)

**Specialist Consultants - Tertiary Health Care**

<b>Specialism</b>	<b>Area of expertise</b>
Spinal	Complex spinal surgery and specialist rehabilitation services
Cardiac	Transplant 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 new-born babies (e.g. special care baby unit)
Dialysis	Treatment of long-term kidney disease

## Home learning 1 – Complete pages 7-10

### Component 2; Services and values

### Primary Care Services - GP

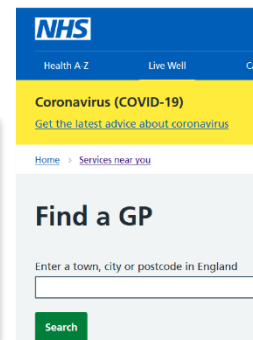
**Task;** What does 'GP' mean?

Write down a list of why someone would go to the GP services

A GP offers a service to people, in a certain postcode area. A person registered at a GP, must live within that area and are referred to as GP patients

**Task; Search for the nearest GP surgery to you, using your own postcode.**

<https://www.nhs.uk/service-search/find-a-gp>



The screenshot shows the NHS website interface. At the top, there is a blue header with the NHS logo and navigation links for 'Health A-Z', 'Live Well', and 'Coronavirus (COVID-19)'. Below the header, there is a yellow banner for 'Coronavirus (COVID-19)' with the text 'Get the latest advice about coronavirus'. The main content area is titled 'Find a GP' and includes a search bar with the placeholder text 'Enter a town, city or postcode in England' and a green 'Search' button.

When you are registered at a GP's surgery, the doctor can access your medical records.

**Task;** List down at least, 10 bits of information that would be held in your medical records, confidentially

**Question;** Why is it important for a GP to access a persons medical records, easily, electronically?

**Question;** What is meant by next of kin and why is it necessary to name, a NoK?

**Question:** Why is it important that a GP knows previous medicines you have been prescribed?



**General practitioners (GPs)** treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment.

They focus on the health of the whole person combining physical, psychological and social aspects of care so sometimes they will refer a patient to other services.

Now you have your appointment; a 10-minute appointment booked in advance (planned) or on the same day (serious) if you call really early.

**Question:** Have you ever heard a parent/carer do just this? What was the experience like?

<b>Key terms</b>	<b>Apply the key term to you, visiting the doctor with earache</b>
<b>Assess</b>	Eg. What would the doctor ask/do?
<b>Advise</b>	
<b>Diagnose</b>	
<b>Treat</b>	
<b>Key term</b>	<b>Apply the key term to you, if you had an on-going hearing problem</b>
<b>Refer</b>	
<b>Key term</b>	<b>Apply the key term to you, aged 55, overweight and little exercise</b>
<b>Health checks</b>	

**Question:** Would you prefer to see the same doctor, in your GP practice? Why might others prefer this option?

**Question:** Is the GP always spot on time, so you see them exactly when you book to? If this is not the case, how do you feel, particularly, if you were in pain, with your earache?

**Question:** Is the waiting room at your doctors comfortable and quiet, if you need to wait whilst you have earache?

### **Out-of-hours GP**

A GP surgery will have opening hours, usually 8.30-6pm and some offer a late night until 8pm and/or a Saturday morning. You can find this out using the NHS service finder, you used on page 9. It also tells other details about your GP.

Out of these hours, your phone call to the GP will get redirected to a doctor who will see urgent and emergency cases.

### **NHS 111**

NHS 111 is available to make it easier and quicker for patients to get the right advice or treatment they need, be that for their physical or mental health. They are 24 hours a day, 7 days a week.

To get help from NHS 111, you can: Go online to [nhs.uk](https://www.nhs.uk) (for assessment of people aged 5 and over only), or call 111 for free from a landline or mobile phone.

This is available when the GP is closed or cannot provide support, or even if you just don't know what to do. They can advise you on your best service provider.



### **Walk-in Centre**

For a non-serious health issue, a minor injuries unit or walk-in care centre, should be used and not the A&E department. This will allow A&E staff to concentrate on people with serious, life-threatening conditions and will save you a potentially long wait.

## Home learning 2 – Complete pages 11-13 Primary Care Services – Dental service

### Dentist

Doctors and dentists look after the health of the mouth; however, dentists focus on teeth, gums and deliver preventative care and treatment.

**Question;** What is meant by the term preventative care?

It is recommended that we visit a dentist every 6 months, however, some people only need to go once every 9 months and others every 3 months, depending on their individual circumstances. Children, unemployed and elderly people have a free service, however, those working need to pay for a check-up and treatment.

**Question:** Do you need to be registered at a dentist and what are the advantages, if this was the case? Explain

**Question:** What 2 ways can you book an appointment? What are the advantages and disadvantages of each?

You probably didn't know but.... Dental surgeries have a nominated afternoon, once every six weeks, which is allocated for appointments, for patients who have special needs or phobias. Each appointment slot is longer and the atmosphere calmer. The receptionists, dentist and dental nurses are specially trained to meet the needs of more vulnerable patients.

Key terms	Apply the key term to you, visiting the dentist for mild toothache
Assess	Eg. What would the dentist ask/do?
Advise	
Diagnose	
Treat	If a cavity was discovered.....
Key term	Apply the key term to you, if you had teeth that were not aligned
Refer	

**Question:** An appointment can be booked 6 months in advance, what can happen to ensure you don't forget it, as part of the service?

**Research task:** What support is suggested and offered by the NHS for people who fear going to the dentist?

<https://www.nhs.uk/live-well/healthy-body/fear-of-the-dentist-help/>

Not all dentist surgeries are in buildings that have been specifically built, some are in a converted house and have waiting rooms and dental rooms upstairs.

**Question;** What difficulties may this pose for some service users (patients)?

**Question:** Sometimes primary care professionals are more focussed on their physical job and less on the individual person, in front of them Have you ever experienced a doctor or a dentist that has poor communication skills. How did it make you feel?

#### **GP revisited - further questions**

1. How long is a GP appointment, usually?
2. What is the purpose of NHS111?
3. What is the purpose of a walk-in clinic?
4. List the positives the walk-in clinic service?
5. Are there any negatives to this service, if so, what are they?

## Home learning 3 – Complete pages 14-17 Primary Care Services – Optician service

### Opticians

An optician is a person qualified who checks eyesight and prescribes and dispense glasses and contact lenses. Another role they play in health is to look for and detects eye diseases, that certain people are more susceptible such as the elderly, hereditary conditions and diabetes.

**Question:** How do you get an optician's appointment? Is there more than one way?

**Research task:** What is the name of the chart with letters on, used by opticians?

**Research task:** What eye condition can develop if diabetes is not managed well, with medication?

**Question:** If an optician detected the early signs of eye disease, what professional may they then refer the person to?

The optician's eyesight check-ups are free, to children, over 65's, disabled and unemployed people. If an eyesight problem is detected, the person gets a voucher. This will pay for some glasses and can also be used to put towards the cost of more expensive glasses or contact lenses, which are not free.

<b>Key terms</b>	<b>Apply the key term; to visiting the opticians with an ongoing headache</b>
<b>Assess</b>	Eg. What would the opticians ask/do?
<b>Advise</b>	
<b>Diagnose</b>	
<b>Treat</b>	Hint; corrective measures
<b>Key term</b>	<b>Apply the key term to you, if you had an on-going hearing problem</b>
<b>Refer</b>	Eye disease detected

Below is an example of an eye prescription and voucher

**GOS 2 Patient's optical prescription or statement**

If you need new glasses or contact lenses, show this prescription to the optician when you order them. A prescription may be valid for up to two years, so keep this form safe.  
Please complete this form using black ink and in block capitals.

**Part 1 Patient's details**

Family name: **Duck** Previous surname: \_\_\_\_\_  
 Name: **Tommy** Date of birth: **01 / 01 / 1948**  
 Address: **27 Park Street, Lytham** Postcode: **FY8 5LU**

**Part 2 Prescription or statement**

I issued this sight for the above patient today in accordance with the regulations and:

The patient was referred to their GP or Ophthalmic hospital  
 No prescription was required  
 An unchanged prescription was issued  
 A new or changed prescription was issued

A voucher was issued:  
 First voucher type: \_\_\_\_\_ Supplements:  Complex  Prism  First  
 Second voucher type: \_\_\_\_\_ Supplements:  Complex  Prism  First

	R	Sph	Cyl	Axis	Prism	Base		L	Sph	Cyl	Axis	Prism	Base
D		-1.00	-1.50	145	2°	OUT	Distance		-2.50	+1.50	55	2°	OUT
N							Near		Plano	+1.50	55		
T													

Comments: **Intermediate Add +1.75 BE**

Performer's signature: \_\_\_\_\_ Performer's name and address: in optician's stamp  
**Mr Gary Hardwick**  
**GR Hardwick Optometrists**  
**16 Rossall Road**  
**Clevelleys**  
**FY5 1AP**

Name or code of Primary Care Trust receiving GOS 1 or GOS 6 for this sight test: \_\_\_\_\_

Where can a person use this prescription, is it just at the optician's retail side?  
 If not, where else can this be used?

**This half is your prescription to obtain your medication.**

**This half is your repeat list which you should keep to enable you to order more.**

**Tick the box if you need more of this item. If you don't need any, leave it blank.**

**REVIEW DATE - your medication needs reviewing by this date. See "Review Dates"**

Above is an example of a prescription given by a GP, half is for the medication and the other half is for a repeat of the prescription.

**Describe the step by step process,** once you have a prescription in your hands, be detailed.

How much does a prescription medicine cost for people who work and earn money?



### **Accident & Emergency Department**

A&E are in bigger hospitals and provide attention for critical life-threatening conditions eg. If a person is unconscious, breathing difficulties or bleeding severely.

**Question;** Do you need to book an appointment at their primary care service?

**Question:** Name two ways you can get to and use this service?

**Question:** What is the difference between an inpatient and an outpatient?

### **Paramedic and ambulance service**

The **ambulance service** is the emergency response wing of the National Health **Service** (NHS). The **ambulance service** has two main functions: an accident and emergency paramedical function, and the Patient Transport **Service** function which transfers immobile patients to and from their hospital appointments

**Question:** What is the process for using this service, from start, to finish?

## Home learning 4 – Complete pages 18-21 Primary Care – Secondary Care and Tertiary Services

### Pharmacy service

All pharmacies provide the following services:

- dispensing of NHS prescriptions
- access to the repeat prescription service, with agreement from a GP
- an emergency supply of medicine, subject to the decision and advice from the pharmacist
- over-the-counter medicines
- emergency contraception dispensary, for under 24's
- annual medication reviews, in some cases
- booked flu jab
- an out-of-hours service, on a rota basis, one per city/large town

Primary care services (**PC**) and, secondary care services (**SC**).

**Task:** In the table below, mark PC or SC for each of the statements.

Local to an area, easy to access	
Book own appointment	
Large, more expensive but precise diagnosing equipment	
Requires a referral, cannot make own appointment	
Familiar, seen more regularly, build relationship	
Smaller equipment for less precise diagnosing	
Highly qualified experts in a specific medical area	
Not local, can be quite a distance away	
Qualified professionals in general medicines and diagnosing	
Community professionals who make house calls for certain patients	
Based in a hospital	
Professionals take additional years to qualify before practicing	
A possible waiting list before seeing a professional	
Complete UK vaccination programme	
Appointments given via letter	
Appointment made for 10 minutes	
Appointment made for at least 30 minutes	
A holistic approach looking at physical and psychological health	

**Task:** List down as many services and professionals that work in the different categories of

Type of service	Examples of services, facilities and professionals
Primary care service	
Secondary care services	
Tertiary care	

health

A primary care provider, a GP must do **5 year** at university completing a medical Degree, then **2 foundation years**, finally **3 years** vocational training before you become fully qualified.

For a secondary care provider specialist, a hospital doctor, they must do your **5-year** Degree, **2 foundation years**, then probably **around 5 years** training depending on their speciality area.

**Specialist consultants – Secondary health care**

Specialism	Area of expertise
Cardiology	
Dermatologist	
Gynaecology	
Rheumatologist	
Ophthalmologist	
Neurologist	
Psychiatrist	
Endocrinologist	
Dermatologist	
Paediatrician	
Obstetrics	





**Case Study 2 – Mr Murphy’s wee problem.**

Mr Murphy is having problems with going to the toilet to pass urine, so he goes to see his GP. The GP makes a note of Mr Murphy’s symptoms and carries out basic urine tests and an examination. The GP suspects that Mr Murphy has a problem with his bladder, so he is referred to a urology consultant at a local hospital. Mr Murphy undergoes further tests which suggest that he has cancer of the bladder. Mr Murphy is referred on to the cancer care oncology specialist, who manages his radiotherapy and other cancer treatment.

A. Name each of the primary, secondary and tertiary health care services which cared for Mr Murphy and their purpose/role.

B. Getting a cancer diagnosis is usually an unexpected event. How may Mr Murphy’s emotional wellbeing be affected by this?

C. What support service could support Mr.Murphy, at this time?

## Home learning 6 – Complete pages 24-27

### Apply knowledge – case study tasks

#### Allied Health Professionals

Often referred to as AHP and they work in any of a range of specialities. They play a key role in the health sector and are highly trained specialists who work with patients in all stages of their care. They can be involved in diagnosis but their main focus is treatment, recovery and rehabilitation to enable a person to live as healthily as possible, independently.

AHP's can help individuals make health improvement plans and support them in achieving their goals. These professionals work alongside primary, secondary and tertiary services and usually also have assistance to meet the complete needs of individuals.

**Research Task:** Find out the area the below professionals work in and their role.

Specialism	Area of expertise
Podiatrist	
Art therapist	
Operating department practitioner	
Paramedic	



Specialism	Area of expertise
Occupational therapist	
Speech and language therapist	
Dietician	
Radiographer	
Orthoptist	
Physiotherapist	



### Questions

- 1) What do the initials 'AHP' stand for?
- 2) Which AHP provides support in, an emergency situation?
- 3) Why might you be referred to an art therapist?
- 4) Why might someone visit a podiatrist?

### Case study 3 - The Role of a Paramedic

Paramedics are often one of the first healthcare professionals on the scene of any accident or emergency. They are usually one of a two-person ambulance crew, either with a care assistant or an ambulance technician. They might work on their own, using a motorbike, emergency response car or even a bicycle to reach their patients.

When they arrive at the scene, they will assess the patient's condition and take potentially life-saving decisions about any treatment needed before the patient is transferred to hospital. They then start giving the treatment, with the assistance of the emergency care assistant or the ambulance technician.



Paramedics use high-tech equipment, such as defibrillators (which restore the heart's rhythm), spinal and traction splints and intravenous drips, as well as administering oxygen and drugs.



They might be called out to someone who has fallen from scaffolding, for example, or an elderly person with a suspected stroke. Based at a local ambulance station or a large hospital along with other emergency crews, they work in shifts, including evenings and weekends, going out in all weathers at all hours of the night or day. They work closely with doctors and nurses in hospital accident and emergency departments, briefing them as they hand their patient over to their care.

- i. In what ways might a paramedic get to their patients?
- ii. Name two people that the paramedic may work with on an ambulance.
- iii. What is the paramedic's role when they arrive at the scene of the emergency?
- iv. Name 3 pieces of specialist equipment the paramedic might use.

## Home learning 7 – Complete pages 28

### Apply knowledge – creative leaflet



<https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/roles-allied-health-professions/occupational-therapist>

<https://www.prospects.ac.uk/job-profiles/occupational-therapist>

## Home learning 8 – Complete pages 29-32

### Allied Health Professionals and clinical support

#### Allied Health Professionals and clinical support staff qualifications

AHP's are qualified practitioners. This means that they have trained and taken exams and practical assessment in their specialist fields. They must register with the Health and Care Professions Council (HCPC) so they can safely practice, meeting individuals needs.

All AHP's have to continue to show that they are qualified and up to date with current practice throughout their careers. The aim being to ensure that they are providing the best care possible.

The HCPC keeps a list of all registered professionals and has codes of behaviour that AHP's must follow. The AHP must prove that they are regularly undertaking training and updating their skills and knowledge. If an AHP does not work correctly, they can be removed from the register and are no longer allowed to work as an AHP.



#### The standards

- + 1. Promote and protect the interests of service users and carers
- + 2. Communicate appropriately and effectively
- + 3. Work within the limits of your knowledge and skills
- + 4. Delegate appropriately
- + 5. Respect confidentiality
- + 6. Manage risk
- + 7. Report concerns about safety
- + 8. Be open when things go wrong
- + 9. Be honest and trustworthy
- + 10. Keep records of your work

The HCPC has clear guidelines to ensure service users receive a minimum standard of care. These professionals receive lots of training about the standards and up-dated training, so there is no excuse for failing to maintain these.

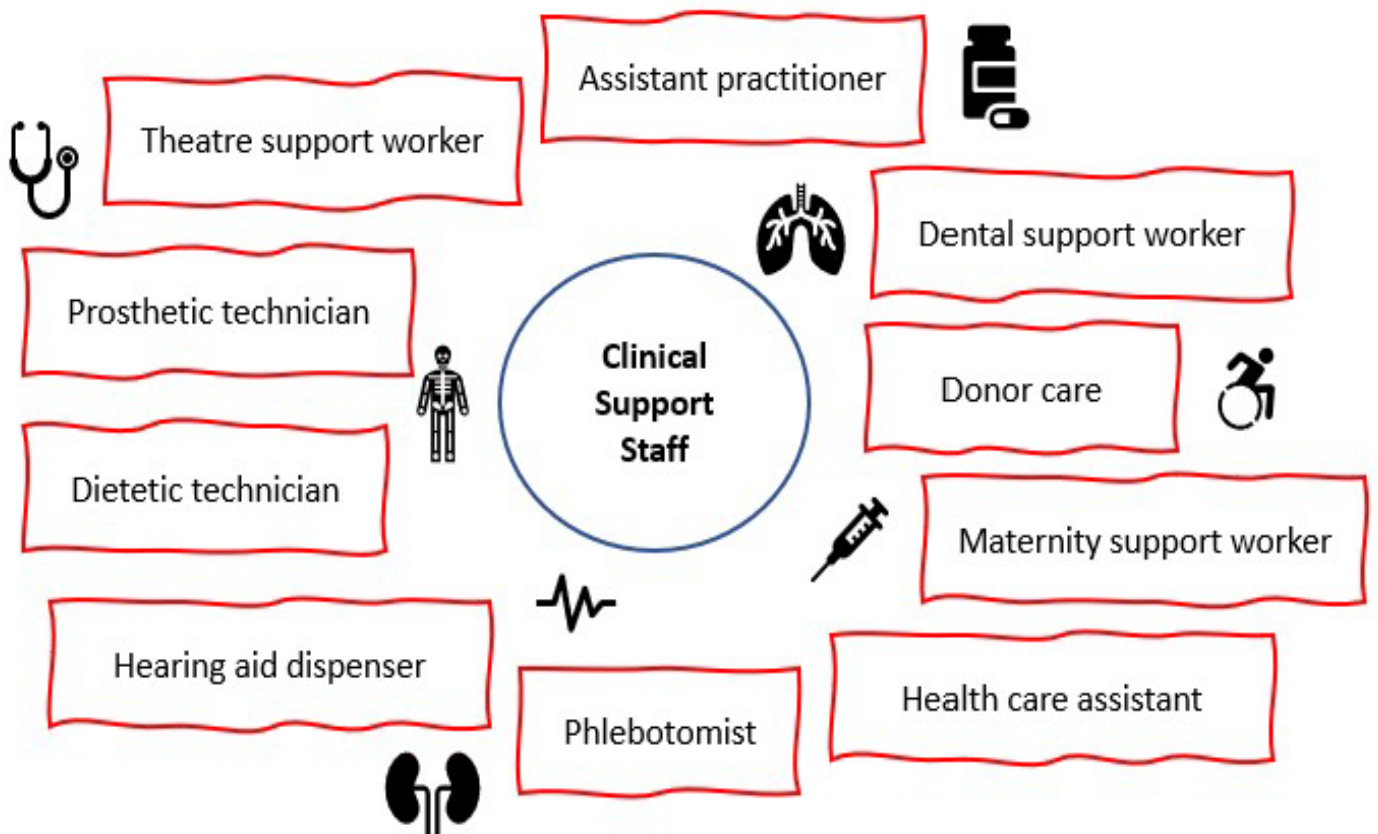
If a AHP does not stick to these standards, they will be held accountable for their actions and may be at risk of losing their job.

There are court cases happening all the time, have a sneaky peak at professionals 'struck-off' for unacceptable behaviours <https://www.hcpts-uk.org/hearings/recentdecisions/>

**AHP clinical support workers qualifications**

Clinical support staff work with and to support the, more qualified, AHP's. They have training to make sure that they are competent in their role but are not registered with the HCPC. They work within a range of settings and departments, always under the guidance of an AHP or another qualified professional. Most AHP and clinical support workers are based in hospital clinics and are working on treatments secondary care consultants feel will be beneficial

**Clinical Support Staff Roles**



The above diagram shows a range of areas that clinical support staff work in. The individual is trained specifically to do the role that they are working in. They work under the direction of an AHP, a doctor, or other practitioner.

Most roles are obvious in where they work, for example, a dental support worker supports a dentist, a maternity support worker works on maternity. Others are maybe less obvious, for example a phlebotomist collects blood samples, a prosthetic technician makes artificial replacements for limbs. These jobs can be very specialised and require training and qualifications, however they do not need to be registered with the HCPC.

**Diagnostic Radiographers**

- › We use X-Ray, CT, MRI, Ultrasound, Catheter and interventional fluoroscopy equipment to look inside a patient's body and find out what is causing their illness
- › We work as part of a multidisciplinary team to be an essential part of almost every patient pathway
- › We are patient focused in everything that we do
- › We have an excellent knowledge of radiation safety, anatomy and pathology

**Speech and Language Therapists**

- › We provide life-improving treatment, support and care for those with communication and swallowing difficulties
- › We deliver evidence based treatment
- › We work in a range of settings, including seeing patients on the wards and in outpatient clinics
- › We work in multidisciplinary teams

**Podiatry**

- › Podiatrists are specialists in the foot, ankle and lower leg
- › We deliver treatment to patients with chronic conditions
- › We continually develop our practice through research
- › We provide excellent patient care to all ages
- › We give advice on how to look after the foot
- › We work in multidisciplinary teams
- › We provide custom-made insoles

**Therapeutic Radiographers**

- › We treat cancer using advanced state-of-the-art technology
- › We deliver precise doses of radiation to kill cancer cells
- › We continually develop our practice through research
- › We provide excellent patient care to cancer patients
- › We operate highly technical machinery
- › We work in a multidisciplinary team

**Dietitians**

- › We are experts in food and nutrition
- › We are qualified and legally regulated health professionals
- › We work in the NHS to assess, diagnose and treat nutritional problems using scientific evidence.
- › We work in all adult and paediatric specialist areas within our Trust and provide a Home Enteral Feed service to the community
- › We work in multidisciplinary teams

**Central Banner:** Celebrate Appreciate Inspire Allied Health Professions Day #AHPsDay #AHPCareers #ProudToBeAHP

**Question:** What does HCPC stand for?

**Question:** What happens if an AHP does not follow good practice and the required standard?

**Think about it question:** Suggest why AHP's are so important to the NHS and to patient support.

**Question:** Why is it so important that AHP's are registered with a professional body, eg the HCPC?

**Research task:** List the 14 Allied Health Professional roles, as listed by the NHS  
<https://www.england.nhs.uk/ahp/role/>



## Home learning 9 – Complete pages 33-34 AHP – Occupational Health Therapists



### Occupational Therapists

working in a wider range of specialities such as learning difficulties, mental health recovery and enabling a service user to live safely and independently, in their own home. This may be necessary, if a patient in hospital who has life changing injuries or temporary difficulties and needs to be discharged home. Sometimes elderly people become less able to live at home without support.

Name and state the purpose of the care aids below:





“Delayed transfers of care” – often known as “**bed blocking**” – rose in the mid-2010s as austerity hit council-run adult-care services, meaning hospitals were unable to discharge patients into the community. 23 Feb 2020

How can Occupational Therapists (OT) lessen the amount of ‘bed blockers’ in hospitals?

**Task:** Complete the table below, what would the OT do using the key words as prompts

Key terms	Apply the key term to a frail older person returning home after a fall
Assess at home	Be detailed as what this might look like....
Support for independence	
Safety measures considered	
Write record	

## Home learning 10 – Complete pages 35-39 Children Services

**Task:** What are the specific needs of each age group and condition – what do they need doing for them or assisting. Complete the table below

<b>Infancy 0-2 years</b>	
<b>Early childhood 3-8 years</b>	
<b>Adolescence</b>	
<b>Learning difficulty</b>	
<b>Physical disability Using a wheelchair</b>	

Children and young people sometimes need support from a social care worker because of changes or events in their lives. Their main concern when working with children and young people is safeguarding the child, as well as supporting the family. For example, a family member has a disability or a mental health illness, the social worker would support the child to understand what is going on, perhaps by finding charity groups or counselling to help them process the issue. They will also support the family to make sure that they are getting any additional support they may be entitled to.



What qualities are going to be particularly important when working with, a child or young person?

### Types of Support

Social services are run by local authorities, sometimes working in partnership with the NHS, private or voluntary organisations. Across all life stages these may include home help for the elderly, personal care at home, blue badges, occupational therapy, day care services for the elderly or disabled, or home help (domiciliary care). For children and young people, the three key services are foster care, residential care and youth work.

**Fostering** is a way of providing a **family** life for **children** who cannot live with their own **parents**. It is often used to provide temporary **care** while **parents** get help sorting out problems, take a break, or to help **children** or young people through a difficult period in their lives.



*Every child deserves a family*

Not all children who come into care can return to live with their parents. In these cases, the courts will decide the best option to make sure they are safe, stable and can grow throughout their childhood in a 'permanent' home. There are a number of options for permanence including adoption and long term fostering.

(<https://www.thefosteringnetwork.org.uk/adviceinformation/all-about-fostering/what-fostering>, accessed 30/03/2020)

**Research task:** Approximately, how many foster families are there in the UK today?

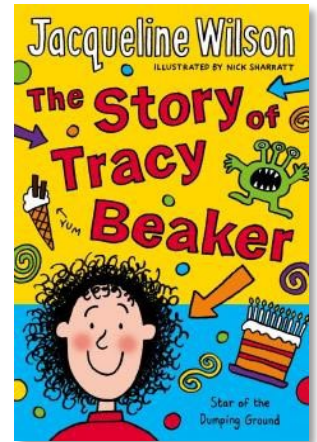
**Question** What can a trained foster carer offer a child or young person living with them?

**Question:** What's the main two differences between foster care and residential care?

**Think about it:** What would happen if a child in foster carer behaved in an unsafe manner eg. drug and alcohol misuse, stealing and selling goods, absconding (running away for days or weeks), uncontrollable aggression?

**Residential Care** – Residential care homes (or units) can provide a high quality of care. A residential unit is a place that has a number of young people living there. The young people who are placed there are usually unhappy with foster placements for a number of reasons

Children, regardless of their circumstances are very attached to their family and cannot accept they are not able to live at home or cannot settle in a new family.

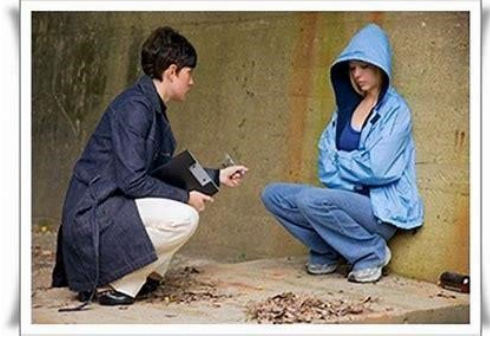


([http://www.sandwell.gov.uk/info/200219/children/660/childrens\\_guide\\_to\\_being\\_in\\_care/14](http://www.sandwell.gov.uk/info/200219/children/660/childrens_guide_to_being_in_care/14), accessed 30/05/2020)

True or False statements, True = **T** and False = **F**

Statement	T or F
Social workers have specialist areas eg. Residential homes, children in care key worker, foster family key workers, special needs children	
Social workers can be 'struck off' so they can never work with children again	
Social workers need a university degree and work shadowing experience before being able to practice on their own home	
Social workers work using the legal courts to guide what they can and can't do when working with children	
Social workers must be registered with the HCPC	
Social workers can refer children for an assessment, such as speech, psychological, physically behind in development milestone	
Social workers work in partnerships with health visitors, teachers, police, court officials, solicitors and youth workers	
Social workers monitor a child's health checks such as record dental visits, optician appointments and in younger children vaccinations and milestones passed	
Social workers work with families to prevent children needing to move into alternative accommodation, such as kinship care or foster care	
Social workers can arrange funding for free school meals, before and afterschool care and clubs as well as holiday schemes for children	
Social workers must complete a certain amount of refresher training every year to remain fit to practice in the job role	
Social workers can have specialist training in Autism, Attention Deficit Hyperactivity Disorder (ADHD), Downs Syndrome, dyspraxia	
Social workers also work with adults with learning difficulties & additional needs	

**Youth work** - "Youth" is the developmental phase between childhood and adulthood. Typically, this starts around the beginning of puberty and finishes in late teens but for many young people, dependent on personal, social and economic factors, it can start and or finish much later.



Youth work focuses on personal and social development – the skills and attributes of young people – rather than to 'fix a problem'. It is an educational process that engages with young people in a curriculum that deepens a young person's understanding of themselves, their community and the world in which they live and supports them to proactively bring about positive changes.



Therefore, youth work needs to be (and be seen to be) transformational, harnessing skills of young people not fulfilled by formal education. Youth work provides a safe place to be creative. It can provide and develop a social network and friendships. It also allows the young person to work with a trusted adult (who knows what is needed).

(<https://nya.org.uk/careers-youth-work/what-is-youth-work/>, accessed 30/05/2020)

The skills developed can include exploring identity, decision making, problem solving, building confidence, and better communication.

**Question:** When does 'youth' begin and end?

**Question:** What is the focus of youth work?

**Research question:** Who funds (pays for) Youth workers and social workers?

## Home learning 11 – Complete pages 40-44 Additional needs & Learning Difficulties

**Read** the information below and answer the questions on page 43

<p><b>Disability</b></p>	<p>A disability is any condition that makes it more difficult for a person to do certain activities or interact with the world around them. These conditions, or impairments, may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Impairments causing disability may be present from birth or occur during a person's lifetime.</p>
<p><b>Learning disability</b></p>	<p>A learning disability affects the way a person learns new things throughout their lifetime. Find out how a learning disability can affect someone and where you can find support.</p> <p>A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills and coping independently</p> <p>Around 1.5 million people in the UK have a learning disability. It's thought up to 350,000 people have a severe learning disability. This figure is increasing.</p> <div data-bbox="1158 831 1453 1084" data-label="Image"> </div>
<p><b>Sensory impairment</b></p>	<p>Sensory impairment is when one of your senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal.</p> <p>For example, if you wear glasses you have a sight impairment, if you find it hard to hear or have a hearing aid then you have a hearing impairment.</p> <p>A person does not have to have full loss of a sense to be sensory impaired. Some individuals have dual sensory loss and are deafblind.</p>
<p><b>Long term health issues</b></p>	<div data-bbox="347 1608 799 1944" data-label="Complex-Block"> <p style="text-align: center;"><b>CYSTIC FIBROSIS (CF)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>* Treatments *</b></p> <ul style="list-style-type: none"> <li>- Diet: L-CAL 1 Protein</li> <li>- Pulmonary Therapy</li> <li>• Chest Physiotherapy</li> <li>- Postural Drainage</li> <li>• Breathing Exercises</li> <li>• Aerosol Therapy</li> </ul> <p><b>- Meds</b></p> <ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Supplemental Vitamins</li> <li>• Aerosol</li> <li>• Bronchodilators</li> <li>• Mucolytics</li> <li>• Pancreatic Enzymes</li> </ul> </div> <div style="width: 45%;"> <p><b>* Symptoms *</b></p> <ul style="list-style-type: none"> <li>- Fatigue</li> <li>- Chronic Cough</li> <li>- Recurrent URI's</li> <li>- Thick, Sticky Mucus</li> <li>- Chronic Hypoxia:                             <ul style="list-style-type: none"> <li>• Glubbing, Barrel Chest</li> </ul> </li> <li>- ↓ Absorption of Vitamins and Enzymes</li> <li>- Abdominal Distention</li> <li>- ↓ Digestive Enzymes</li> <li>- Rectal Prolapse</li> <li>- Fatty, Stinky Stools (Steatorrhea)</li> <li>- Meconium Ileus in Newborn</li> </ul> </div> </div> </div> <p>A long-term condition is an illness that cannot be cured but can usually be controlled with medicines or other treatments. Examples of long-term conditions include arthritis, asthma, diabetes, epilepsy, angina, dementia, fibromyalgia, heart failure, and high blood pressure (hypertension). Long term health issues can affect learning, physical development or mental health. Some people are born with a long-term health condition, for example cerebral palsy, or cystic fibrosis.</p>



**Answer the questions** below in as much detail as you possibly can, no short cuts!

In what ways can a mild learning disability affect a person?

In what ways can a moderate to severe learning disability affect a person?

Give 4 practical ways, an adult with learning difficulties can be supported.

Give an example of a dual sensory impairment.

Give an example of a long-term health condition that a child might be born with and the support they would need daily

Approximately how many people in the UK are thought have a severe learning disability?

## **Definitions of disability**

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.

'Long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.



The needs of different individuals will mean that they need different types of care and support

These can be split into three groups; residential care, respite care, and domiciliary care.

In each case, the individual should be at the centre of the decision-making process for the type of care that they need, a full and complete assessment which is reviews to see if there are improvements or deterioration.

**Research question:** What is residential care?

**Research question:** what is Respite care?

### **Domiciliary care**

Trained care workers visit an individual in their own home to help with personal care and other daily activities. Some individuals require specialised treatments, such as feeding through a tube, or morphine drips. These can be managed in the home if the carer is trained. A person will be assessed and allocate a certain amount, of domiciliary hours, to complete or assist a person with tasks within their own home. They may assist once a day or up to three times a day; morning noon and evening care

**Task;** List 10 tasks a person with a moderate disability will need assistance with, as they live alone.

**Other care services** – supported living is where a person may live independently but within a managed accommodation, like a warden. There are many other services in the community, services are brought to individuals.

**Complete the answers** to the questions below:

What is the purpose of a community library lorry with easy to read and large print books?

Why is this an important service?

What is the purpose of the meals-on-wheels service?

Why is this an important service?

What is the purpose of a befriending volunteers service and why is this important for some people?

## Home learning 12 – Complete pages 45-46 Additional needs & Learning difficulties

### Samuel the special needs care assistant

I am a support assistant in a residential setting for young adults with learning difficulties and challenging behaviour. I work a variety of shifts; from 7.30 am to 4.30 pm, or from 4.30 pm to 10 pm. Some members of staff work nights but I only do that occasionally if someone is ill or during holiday periods. I am involved in the planning of support for individuals within the setting and also providing personal care for those people who cannot do this for themselves. I not only need practical support skills, I need patience, empathy and a sense of fun.



The residence is home for twelve individuals and I have to respect their right to be themselves. We go on trips, have parties, play games and eat together just like any other family. I enjoy the challenge of every day being different; sometimes I have to manage difficult situations but the skills I have learned through observing experienced staff enable me to cope. I find that the more effort I make to ensure that the residents have all of their needs met, the more rewarding the job becomes. I particularly enjoy celebrating the festivals and special days with our residents. We are a multicultural group and we have learned about each other's customs and beliefs; we have a celebration most weeks, two sometimes! The best thing about my job is that I am increasing the quality of life for the residents and contributing to the life of the family here at the residence.

What are the needs of the residents?

What are some of the tasks Samuel be assisting with?

What is Samuels main purpose, in the residential home?

**Community Day Care Centre**

Day care centres are often charity funded with grants from the local authority. They are open 9am until 5pm and there are morning, afternoon or all day sessions. Adults with learning difficulties can attend as little as one morning right through to 5 days a week but it's most common they attend 2-3 days only.

Service users range from severely or profoundly disabled, which need a lot of support right through those who have a minor or moderate learning difficulty. With this in mind, there are a range of activities and staff trained in specific needs.

**Task:** Complete the table below with activities to educate, to improve aspects such as hand-eye-coordination and to entertain. Divide these into two categories. You may need to research these by searching actual day care centres, to see what they offer.

**Research task:** Find the nearest disability day care centre to you.

<https://www.gov.uk/day-care-centres>

Mild to moderate learning difficulties	Severe or profound learning difficulties

## Home learning 13 – Complete pages 47-50

### Later adulthood support needs

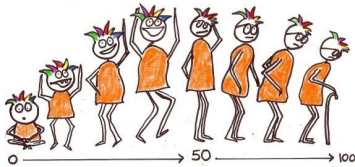
#### Later adulthood 65+

Most people retire between the ages of 65 and 70, they are fit and well and looking for new challenges and interests. However, others develop health conditions associated with aging and sensory impairments. As people become frail and their balance and coordination deteriorates, they will need some adjustments in life but the vast majority of people in this position, still want to live in their own home. If they have lost a spouse, they will not want to leave their home, where all their memories are. Familiar surroundings are associated with independence and control of their own lives.



If you were 80 and had mobility issues and were too weak to open a jar of jam, would you rather stay at home or move into residential care? Explain your choice.

Think about the tasks you do every day, from the minute you wake up, until you go to sleep. Imagine doing these with only one arm. Some elderly people have a stroke which means they are paralysed or have a weakened left or right side, of the body.



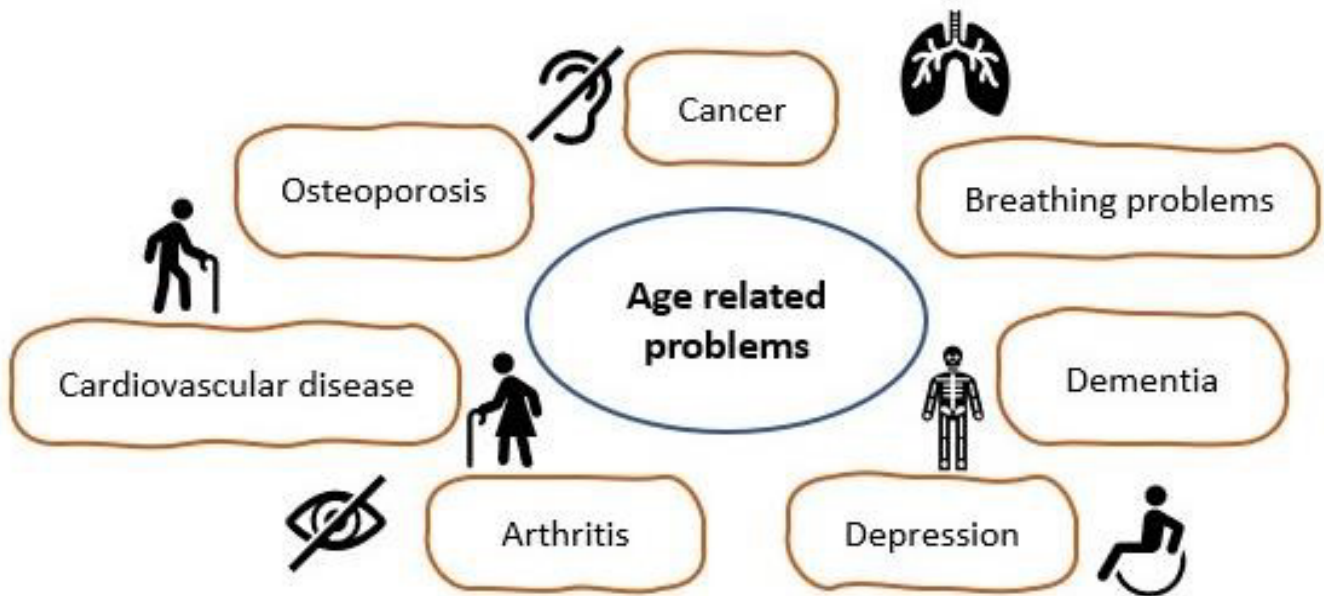
**Task:** a list below, of tasks and the difficulties you would have, with each one of these, describe the challenges



**Question:** Why are people living longer?

**Question:** What PIES needs; physical, Intellectual, emotional and Social needs do older people have? Remember your Component 1 Assignment 1 content?

P	
I	
E	
S	



These are some examples of issues that may develop as we age, other examples include stroke, diabetes, cataracts and Parkinson's disease.

With the onset of these problems, people will need to access health and social care services to support them to continue leading a healthy and active life for as long as possible.

The care that we choose can be based on personal preference, health and social care needs, availability of funding, and availability of the resource. As for people of all ages, examples might include residential care, or domiciliary care.

Condition	What professional(s) would the older person need to see?
Cancer	
Osteoporosis	
Cardiovascular disease (heart)	
Arthritis (joints)	
Depression (mental health)	
Dementia (brain deterioration)	
Breathing problems eg.COPD	



**Case study – Marcia's choice**

Mary first noticed that there was something wrong when she started losing words. Very quickly she deteriorated, becoming anxious and paranoid. At one point she was convinced that there was a man looking in her bedroom window at night but in reality, there wasn't. Her daughter found her trying to defrost fish fingers on the living room gas fire, when she visited

It became clear that she could not be left on her own, she needed 24 hour care. Her daughter had two small children and did not feel that she could cope with having Mary live with her. Mary did not want this either, as she did not want to be a burden and felt that a daughter should not be looking after a mother.

Mary is deeply religious and specifically wanted to be in a Christian care home. They looked together and found a Methodist home that had space and suitable facilities to meet her holistic needs (PIES) and spiritual needs

Sandra, Marcia's daughter visits her in the home frequently, taking her out to see the family, or for lunch in a favourite café. Mary has been in the home for 7 years now, but she still feels like she is holiday, only visiting the 'hotel'. She is not at all aware that she is in a care home, nor how long it has been.

a) Marcia became a vulnerable person in a relatively short length of time, however, she still has rights. List down some of her rights below.

b) How might Marcia feel, if her daughter Sandra, insisted she have her mum move in so she could 'keep an eye on her'?

c) Why might Marcia's religious beliefs mean the nearest residential home to her daughter, is not suitable? What might her daughter feel about the extra 50 miles, she now has to travel, to visit?

**Marcia's needs and provision**

In the care home she has 24hour care. She is no longer isolated, she has lots of female friends whose names she can't remember, but whose faces are familiar.

When she first arrived, she was still very anxious and paranoid. The nursing staff worked with a GP and dementia specialist to find a suitable medication routine that reduced this. They put her on antidepressants which helped to calm her and have allowed her to settle into the routine of her life.

She particularly enjoys gardening and being outside, where she flirts with the male staff and gardeners. She loves to sing hymns and can often be heard humming to herself. Mary lives either in the moment – only being aware of what is right in front of her, or in her memories of the past and childhood.

Sandra believes that they made the right choice of care home for her, considering both her changing needs and her Christian faith.

d) What type of care is being provided here?

e) Why is allowing people choice in their care so important?

f) Do you think that this was the right choice for health and social care for Mary? Use examples from the case study to support your answer.

(adapted from - <https://www.scie.org.uk/dementia/supporting-people-with-dementia/living-care-homepositive-outcome.asp>, accessed 01/05/2020)

## Home learning 15 – Complete pages 54-58

### Informal care and charity support

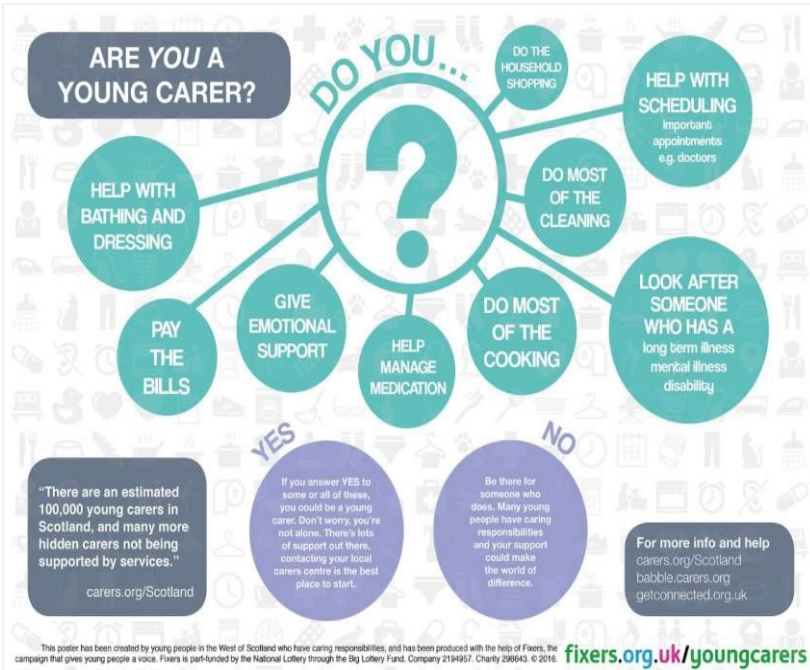
<b>Informal social care</b>	Care and support provided by people who are not paid to provide such support. They volunteer their time willingly and will not get paid Examples may include partners, neighbours, family, colleagues or friends.
<b>Voluntary social care</b>	Care and support provided by organisations funded by public donation, charity funded provision in the community Examples may include the Autistic Society, Age UK, St Barnaba's Hospice and Lincolnshire Dementia Action

**Age UK** is the country's largest charity dedicated to helping everyone make the most of later life. We provide companionship, advice and support for older people who need it most.

Age UK support example: Help to fill in forms, needed for benefits or support, Specialist Day Care Centre's to help older people socialise, using minibus collection, organised trips out to a garden centre or seaside etc

A hospice is 90% charity funded and provides dignified, end of life care for terminally ill people and their families. They are able to offer pain relief and areas to be with family to complete whatever they wish to; with the time they have left. This maybe spiritual, counselling, memory books or video's for family etc

Watch this video: 'A Day in the Life of a Young Carer' and make some notes about tasks they support with - [www.youtube.com/watch?v=ofFatYwBh-g](http://www.youtube.com/watch?v=ofFatYwBh-g)



Children often take on the role of carer in a family situation. It may be as simple as caring for a younger sibling whilst parents are working, or it could be providing all of their parents needs, personal and medical. Each individual will provide different care, in different ways, and will react differently to it. At the end video 'A Day in the Life of a Young Carer', there are some notes on possible issues that young carers may have. They are:

- Bullying
- Isolation
- Struggle at school
- Less likely to go on to higher education

**THINK** - How could you support a young carer with one of these issues? If you are a young carer, what one thing do you wish people understood about you?



The information on the next page, is taken from the Carers UK website ([https://www.carersuk.org/news-andcampaigns/press-releases/facts-and-figures - 22/04/2020](https://www.carersuk.org/news-andcampaigns/press-releases/facts-and-figures-22/04/2020)). The data is for the year 2019. One of things to notice is that they give a different figure for Carers Allowance. One of the issues when searching for advice and support as a carer is the conflicting information. In this case, the .GOV information is correct, and the Carers UK information hasn't been updated with an increase that has happened in the last few weeks.

## Facts & figures

### 1 in 8 adults (around 6.5 million people) are carers

- Every day another 6,000 people take on a caring responsibility – that equals over 2 million people each year.
- 58% of carers are women and 42% are men.
- 1.3 million people provide over 50 hours of care per week.
- Over 1 million people care for more than one person
- As of 2019 there could be as many as 8.8 million adult carers in the UK.

### Carers save the economy £132 billion per year, an average of £19,336 per carer

- 5 million people in the UK are juggling caring responsibilities with work - that's 1 in 7 of the workforce.
- However, the significant demands of caring mean that 600 people give up work every day to care for an older or disabled relative.
- **Carer's Allowance** is the main carer's benefit and is £66.15 for a minimum of 35 hours, the lowest benefit of its kind.



Help & advice  
You are not alone

The government get taxes from every single person who earns money in a full-time job. This money is then used to provide free services such as the NHS or social care services, however, there is only a certain amount of money to go round. Charity money provide services that are missing. Did you know, that air ambulance is 100% charity funded and saves.

Lincolnshire air ambulance attended 1730 critical missions the team were dispatched to, nearly one third of injuries were from stabbings and shootings (32%) or road traffic incidents (28%) and one fifth due to falls from height (22%).

### **Case study – Zuzanna's informal support**

Fusun is 83 and lives at home but needs some personal care each day. She prefers to have a shower in the morning rather than at night before bed. She discussed this with her new support worker who agreed to change her daily routine to accommodate Zuzanna's needs and preferences. She has been given 1 hour of domiciliary hour, per day.

1) Imagine a perfect world where Zuzanna has informal care provided, what might this look like?



**Case Study - Andrew's story**

Andrew have been caring for my wife, Sue, for 20 years. She is in the final stage secondary progressive Multiple Sclerosis.

Sue's blood pressure goes up and down like a yo-yo and he uses a blood pressure monitor to keep track of this, and get her treatment when she needs it.

He started using the blood pressure monitor a few years ago when she was given a trial for a blood pressure medication. He wanted to monitor whether it was working and after the trial started to prove it was or wasn't making a difference, so using the monitor has helped reduce the amount of medication Sue takes.

Using technology to keep track of her health means that we can manage Sue's condition at home, and get her treated more quickly without necessarily having to visit a GP. Without this option, she would be an inpatient, in hospital

(<https://www.carersuk.org/help-and-advice/technology-and-equipment/carers-stories#sec0> – 22/05/2020)

## Multiple Sclerosis



- I. What type of carer is Andrew?
  
- II. Which charity has helped Andrew with getting the technology that is making his and his wife's life easier? (research MS Society)
  
- III. Andrew cares for Sue 24hours a day. What negative affects may this have on his PIES?
  
- V. What positives are there for both Andrew and Sue because he is providing her care?

### Summarising Informal Care

For many people their family and friends are an important source of informal support and encouragement. It can be a positive experience for both individuals.

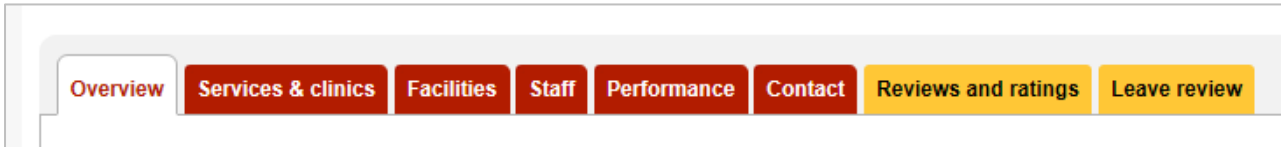
Fill in the table below with your ideas on how you could support someone to make the lifestyle changes listed. Add suggestions about where you could support with this. Support could come from a specific charity, or from another health or care provider.

Lifestyle change	Friends or family could... They could be supported by...
Lose weight	
Improve financial management	
Do more exercise	
Stop smoking	
Stop using drugs	
Reduce alcohol to recommended intake	
Become less isolated	

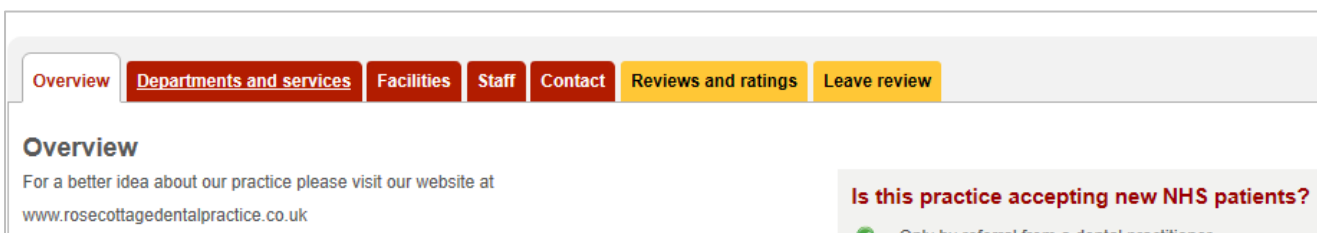
## Home learning 16 – Complete pages 59-62

### Practice researching <https://www.nhs.uk/service-search>

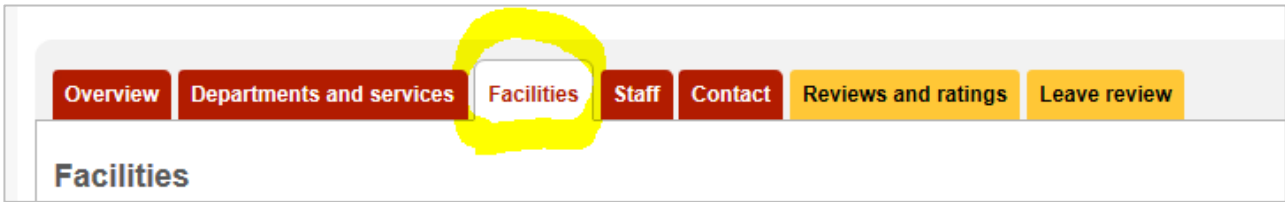
**Task:** Find the nearest GP's surgery to your house (postcode) and write down all the information about it below, such as how far away it is from you (miles), etc



**Task:** Find the nearest Dentist surgery to your house (postcode) and write down all the information about it below, such as opening times and accepting NHS patients), etc

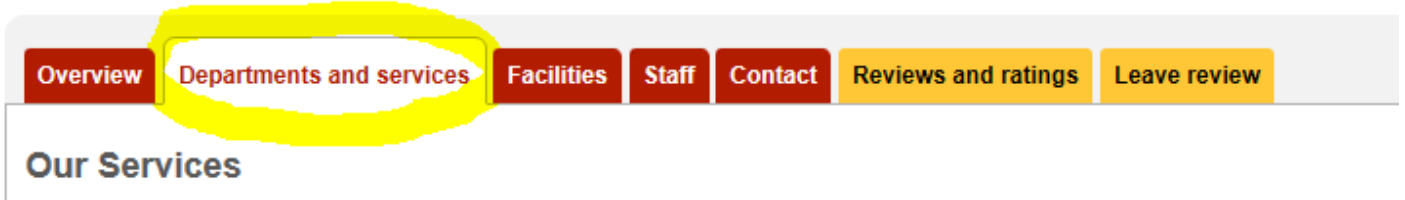


**Task:** Find the nearest opticians to your house (postcode) and write down all the information about the facilities they offer



**Task:** Find the nearest pharmacy to your house (postcode) and write down all the information about the department and services they offer

website address not added



# Find services near you

[GP](#)

[Dentist](#)

[Pharmacy](#)

[Optician](#)

[Hospital](#)

[Urgent care services](#)

[Sexual health services](#)

[Pregnancy services](#)

[Mental health services](#)

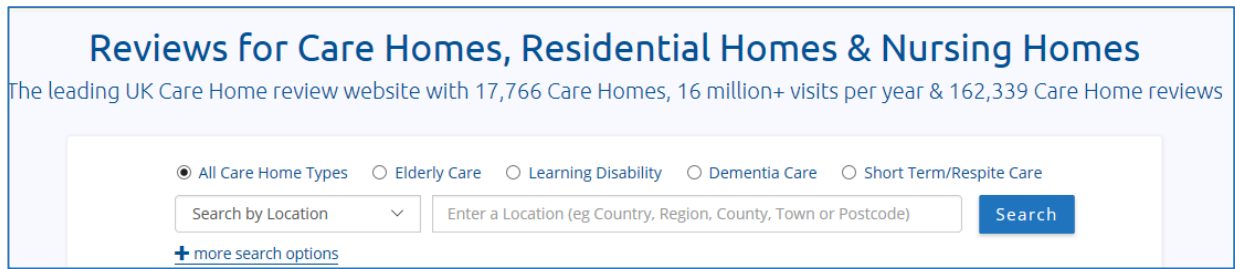
[Find other NHS services](#)

<https://www.nhs.uk/service-search>

**Task:** Click on Mental health services and list down, what different areas of support they offer. Make a note of these below

**Task:** Find the nearest residential care home to you (postcode) and carry out some research about the care home you choose. Click on “View more detail”

<https://www.carehome.co.uk/>



**Fill the page below** with all the information you can find out, about the residential care home

## Home learning 17 – Complete pages 63-65 Barriers to accessing services - Physical

**Task:** Explain what it means by a barrier to accessing services, this can then be used as an introduction to this second part, of your Component 2 Assignment 2.

**Task:** Revisit page 5 of this booklet and mind-map below, all the different barriers that you could choose to write about.



Barriers

Look at the below mobility equipment and imagine someone that needs to use all of them, to get about. They have good days and bad days



**Question:** what do we do, to ensure people using these mobility aids can get into a GP's, speak to the receptionist, wait in the waiting room, get into the doctors room and talk to the GP....

**Question:** What are the difficulties in getting from the patients home; from their settee to the GP's surgery?



There are different volunteer schemes, in your local community, which support people getting to appointments, who find public transport too challenging and taxi's too expensive.

**Research task**, find out what a RSVP scheme is and make notes below

<https://volunteermatters.org.uk/project/rsvp-driving-schemes/>

### **If you can't travel because of your medical condition**

Ask your GP or the person who referred you to hospital whether [Patient Transport Services](#) run in your area. These services provide free transport to and from hospital for:

- People whose condition means they need additional medical support during their journey
- People who find it difficult to walk
- Parents or carers of children who are being transported

### **If you're travelling on public transport**

If you do not receive benefits, but you are having to make frequent trips by public transport, there may be weekly or monthly season tickets that can reduce costs, or options such as booking tickets online, which may work out cheaper than the full cost of one ticket.

For students, people with disabilities and those over 60 there are often options for reduced or free travel passes.

- In some areas, people can apply for a bus pass that allows you to [travel free](#) of charge if you're over 60 or above pensionable age (depending on the area).
- National Rail offers a range of [discounts and concessions](#) for children, people over 60, and people with disabilities.
- Local Authority websites will have details on how to apply for disabled bus travel passes. These can sometimes be also to include a companion traveller, depending on disability and mental capacity for independent travel.

### **If you're visiting hospital regularly**

**Research further to** find out other options for transport to appointments, see above

<https://www.healthwatch.co.uk/advice-and-information/2019-09-26/do-you-need-help-travelling-nhs-services>

## Home learning 18 – Complete pages 66-68 Barriers to accessing services - Sensory



Some people have problems with hearing, hearing impaired or are completely deaf. Other people are visually impaired or are completely blind and there are a few people who are visually and hearing impaired, this group of people are referred to as, the deafblind.

**Question:** What difficulties may a person who is visually or hearing impaired have, when making an appointment? Describe what issues they may have and how you would feel about these? Be detailed and consider all the feelings you may experience.

**Question:** What does the blue badge mean, at the top of the page? Have you ever seen one?

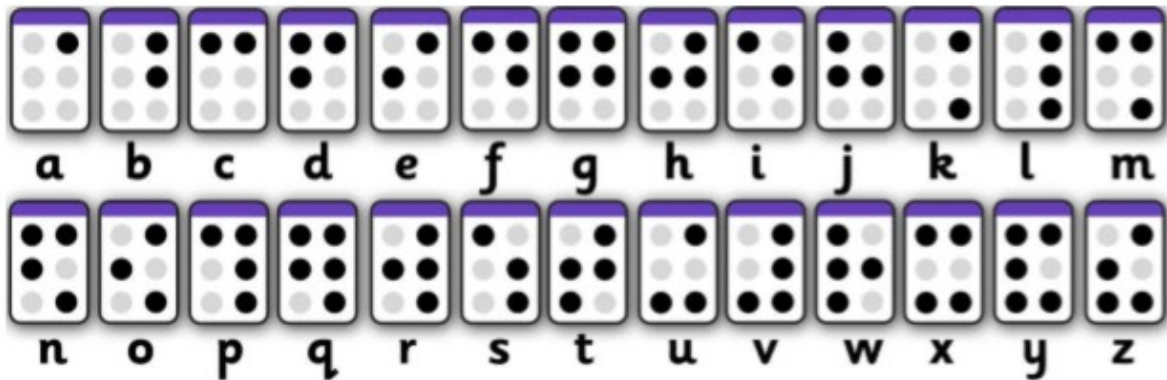
**Question:** What is British Sign Language and who would use this? What would need to happen, if no one used BSL at the doctors surgery, except the patient?

Visit the finger spelling word generator and see how you would spell your name, then practice it so you can show a member of your family

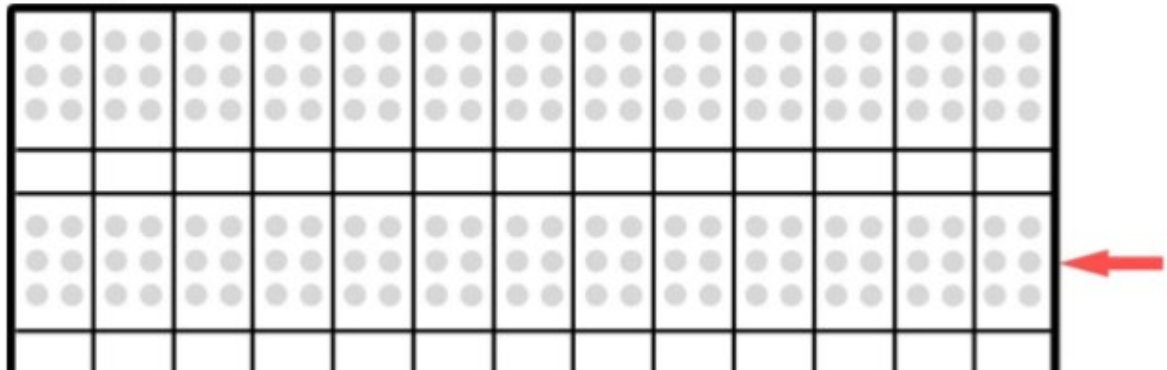
**Question:** What is Braille and who would use this?

Have you ever seen Braille on the side of a medicine packet?

# Braille Worksheet



- Using your pen or pencil press hard on each of the dots above.
- Use a note book to rest on while you do this. Write your own message below!



## Home learning 19 – Complete pages 69-70 Social, cultural and psychological

**Research Task:** What is agoraphobia?

**Task:** What difficulties would a person with agoraphobia have, in attending a doctor's appointment?

People who are Muslim have beliefs that may be different to yours. People who follow the faith Jehovah's Witness again, may have different views about health, than your own. For fairness and equality, health professionals and services need to be educated about these and ensure their provision meets the needs of people from all religions. If this is not so, then there is a cultural barrier, some of these are listed below:-

- Muslim females should be seen by a female doctor, if at all possible
- Muslim males need to attend Friday prayers and should not be given an appointment for lunchtime on a Friday
- Some vaccinations contain food products certain religions abstain from
- Jehovah's Witness's do not accept blood transfusions, or organ donations

All staff working in health and social care should be trained in all religions and ensure they accept and support people's individual's beliefs. There is a law, The Equality Act 2010 which means that everyone has the right to access services, free from barriers, including their faith, culture and religion.

**Research task:** Find out the NINE protected characteristics, of the Equality Act and write them below

If a person has recently arrived in the UK, as they are seeking refuge from their own country, that is at war, they will probably be unaware of the NHS and all the primary, secondary and tertiary care services that a free to access for them. They will not know about the UK's vaccination programme and they wouldn't know about breast screening, contraception service and maternity services. They may also face a language barrier as they have not had the time to learn English, which must be very frightening. All these problems mean they can be very vulnerable and not all people are kind and understanding, making life more difficult and they may fear being judged or discriminated against. Although we don't understand why, some people carry out hate crimes which means the particular person or group may be fearful of asking for help.

**Question:** How can we help people overcome such difficulties, when their child needs medical attention?

## Home learning 20 – Complete pages 71-72

### Geographical barriers



Some people live in cities where they are close to all services, such as hospitals, dentists, day care centre etc so getting to them, is not a difficulty or barrier.

However, there are the others that live in the countryside, in rural areas, such as small villages and farms that are some distance from services. If lucky, there may be a bus route near to the service, but this is not always the case, meaning they are facing geographical barriers.

Below are some pictures of services who are 'mobile' and visit more rural areas to get the service out to the people, instead of the other way round.



<http://www.silverstaruk.org/about-us/>



<https://www.royalberkshire.nhs.uk/wards-and-services/breast-screening.htm>





Non-emergency ambulance minibus and Age UK minibus

**Question:** How might someone who lives rurally feel when they have been sent an appointment, through the post, to attend a 9am appointment in a hospital clinic, which is 30 miles away?

**Question:** Why is the Equality Act really important to people who live in the countryside?



## Home learning 21 – Complete pages 73-74

### Intellectual barriers



Some people are born with additional challenges, including a learning disability, this means they need support with everyday things such as budgeting money and cooking using a complex recipe. Other people may develop a health condition later on in life, such as dementia, that means they are facing new challenges and some people who have had an accident, where their brain has been injured, also may now have a learning disability.

As with every health condition, there is lots of variation, so some people need a lot of support to live independently, whereas others need a lot of support and a carer with them, every minute of the day and night.

These problem solving difficulties may mean they:-

- χ Not able to accurately count money out to pay for an item
- χ Not able to understand about paying a bill, like the gas bill
- χ Not able to understand a bus timetable or where to get on and off
- χ Not able to put washing in a machine and hang it up after
- χ Not able to iron
- χ Not able to safely cook food on the heated gas rings
- χ Not able to work a complex TV remote control
- χ Not able to fill in a form or write a letter
- χ Not able to live independently by themselves
- χ Not able to remember a dentist appointment or where to go

**Intellectual barrier questions;**

How can the person with such learning difficulties, know they need to book an appointment? Explain the challenge they face  
How can this barrier be overcome?

How can the person with such learning difficulties, book an appointment? Explain the challenge.  
How can this barrier be overcome?

How can the person with such learning difficulties, get to their booked appointment, on time? Explain the challenge.  
How can this barrier be overcome?

How can the person with such learning difficulties, explain their health need to a professional? Explain the challenge.  
How can this barrier be overcome?

## Home learning 22 – Complete pages 75-76

### Resource barriers

Facilities, equipment not suitable	Trained staff not available
<p>Ramps, rails, electric doors missing from the building access and no disability access.</p> <p>A service closes down as not enough service users use it (maybe in a rural area)</p> <p>A service, like a residential home, doesn't have a prayer room or facilities for service user's usual worship.</p> <p>No male staff to carry out male service users personal care or no female staff to do personal care for a female service user.</p> <p>No translators or provision to support someone with a communication barrier</p>	<p>Staff not trained in Moving and Handling so they can't use a hoist for patients who need help getting from their bed to a wheelchair</p> <p>Staff who have not been trained in supporting people with autism or any learning difficulty</p> <p>Not enough staff ratio to service users, which means that are simply not enough staff to care for the amount of service users they have.</p> <p>Staff aren't able to have up-dated training as there is not other staff to carry out their caring role, whilst they attend such training.</p>
<p>Not enough money to pay for a facility, equipment or trained staff so a provision is either shut down or never opened.</p>	

**Question;** Why is it important to have a staff to service user ratio limit? What would happen, if this was not the case?

**Question;** Why is it important to have a staff that are trained in specific care for individuals, like an adult with autism in residential care? What might happen if untrained staff are asked to support individuals with autism?

**Question;** Why is it important to have a male and female staff in a service such as a GP practice or a residential home? Explain what difficulties this may cause.

**Think about it....**

How can these resource barriers be overcome?

## Home learning 23 – Complete pages 77-78

### Financial barriers



There are people in the UK that don't earn any money, some of which are below..

- o Physical disability
- o Learning disability
- o Mental Health problems
- o Children under 18 years-old
- o Older people in later adulthood
- o People who have recently arrived in the country, seeking asylum
- o Unemployed
- o Drug or alcohol addicts
- o Single parent with young children

They are in receipt of benefits, that is money from the government, each week to pay for rent, bills, clothes and food but there is very little left after all that.

**Question:** How much is a GP's prescription for someone who is working? And how much is it for someone on benefits?

**Question:** How much is an eye check-up and glasses for someone who is working? And how much is it for someone on benefits?

**Question:** How much is a dental check-up and a filling for someone who is working? And how much is it for someone on benefits?

**Question:** How much is meals on wheels for someone with savings (even though they are in later adulthood) and how much is it for an older person, with no savings?

**Question:** How much would it cost a disabled or elderly person who needs collecting and taking to a hospital appointment, in a non-emergency ambulance minibus?

## Home learning 25 – Complete pages 79-80

### Skills and attributes in Health care

**Task:** Choose one primary health care professional and complete the table to explain how they will demonstrate the skills, attributes and care values needed in health and social care.

**Job title:**

	Explanation of how they demonstrate each
<b>Skills:</b> <ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Observation</li> <li>• Dealing with difficult situations</li> <li>• Organisation</li> </ul>	
<b>Attributes:</b> <ul style="list-style-type: none"> <li>• Empathy</li> <li>• Patience</li> <li>• Trustworthiness</li> <li>• Honesty</li> </ul>	
<b>Values:</b> <ul style="list-style-type: none"> <li>• Care</li> <li>• Compassion</li> <li>• Competence</li> <li>• Communication</li> <li>• Courage</li> <li>• Commitment</li> </ul>	

**Task:** Choose one secondary health care professional and complete the table to explain how they will demonstrate the skills, attributes and care values needed in health and social care.

**Job title:**

	Explanation of how they demonstrate each
<p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Observation</li> <li>• Dealing with difficult situations</li> <li>• Organisation</li> </ul>	
<p><b>Attributes:</b></p> <ul style="list-style-type: none"> <li>• Empathy</li> <li>• Patience</li> <li>• Trustworthiness</li> <li>• Honesty</li> </ul>	
<p><b>Values:</b></p> <ul style="list-style-type: none"> <li>• Care</li> <li>• Compassion</li> <li>• Competence</li> <li>• Communication</li> <li>• Courage</li> <li>• Commitment</li> </ul>	



## Home learning 26 – Complete pages 81-82

### Skills and attributes in Social care

**Task:** Choose one social care professional who works with children and young people and complete the table to explain how they will demonstrate the skills, attributes and care values needed in health and social care.

**Job title:**

	Explanation of how they demonstrate each
<p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Observation</li> <li>• Dealing with difficult situations</li> <li>• Organisation</li> </ul>	
<p><b>Attributes:</b></p> <ul style="list-style-type: none"> <li>• Empathy</li> <li>• Patience</li> <li>• Trustworthiness</li> <li>• Honesty</li> </ul>	
<p><b>Values:</b></p> <ul style="list-style-type: none"> <li>• Care</li> <li>• Compassion</li> <li>• Competence</li> <li>• Communication</li> <li>• Courage</li> <li>• Commitment</li> </ul>	

**Task:** Choose one social care professional who works with older adults and complete the table to explain how they will demonstrate the skills, attributes and care values needed in health and social care.

**Job title:**

	Explanation of how they demonstrate each
<p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Observation</li> <li>• Dealing with difficult situations</li> <li>• Organisation</li> </ul>	
<p><b>Attributes:</b></p> <ul style="list-style-type: none"> <li>• Empathy</li> <li>• Patience</li> <li>• Trustworthiness</li> <li>• Honesty</li> </ul>	
<p><b>Values:</b></p> <ul style="list-style-type: none"> <li>• Care</li> <li>• Compassion</li> <li>• Competence</li> <li>• Communication</li> <li>• Courage</li> <li>• Commitment</li> </ul>	

## Home learning 27 – Complete pages 83-84

### Obstacles individuals face

**Obstacles:** Something personal to an individual that blocks that person from moving forward or when action is prevented or made difficult.

**Task:** Complete the questions in full sentences.

1. Define what is meant by an **emotional / psychological** obstacle, with examples.
2. How would this obstacle impact the service user?
3. Define what is meant by **time constraints** as an obstacle, with examples.
4. How would this obstacle impact the service user?
5. Define what is meant by **availability of resources** as an obstacle, with examples.
6. How would this obstacle impact the service user?
7. Define what is meant by an **unachievable targets** as an obstacle, with examples.
8. How would this obstacle impact the service user?

9. Define what is meant by **lack of support** as an obstacle, with examples.

10. How would this obstacle impact the service user?

11. How can **disability** be an obstacle, with examples?

12. How would this obstacle impact the service user?

13. How can having a **health condition** be an obstacle, with examples?

14. How would this obstacle impact the service user?

15. How can having an **addiction** be an obstacle, with examples?

16. How would this obstacle impact the service user?

## Home learning 28 – Complete page 85

### Benefits to individuals

**Task:** Create a poster to display in a health and social care setting of how skills, attributes and values benefit individuals when receiving care.