

Health and Social Care: Year 11 into Year 12 Induction Programme

The programme of work is designed to give you a basic understanding of Health and Social Care and prepare you for studying some of these units. You **must** complete all sections of the programme to ensure that you are prepared for your studies starting officially in September.

If you are unsure about anything and would like further clarification, please feel free to email one of the Social Science team:

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Hand in: Electronic or hardcopy

	<u>Topic</u>	<u>Task Set</u>	<u>Complete?</u>
1	Human Lifespan Development – Theories of Development	<p>Psychologists have different theories (beliefs) about how children learn, grow and develop.</p> <p>Research the following theories and create a fact file on each one.</p> <ul style="list-style-type: none">• Chomskys theory of language• Piagets theory of cognitive development <p><u>Chomsky</u> Noam Chomsky on Language Aquisition - YouTube</p> <ol style="list-style-type: none">1. <u>What is meant by the critical period?</u>2. <u>What age does the critical period span from?</u>3. <u>What area of development does Chomsky's theory link to?</u>4. <u>Other key facts about the theory</u> <p><u>Piaget</u> Piaget's Theory of Cognitive Development - YouTube</p> <ol style="list-style-type: none">1. <u>What are the different stages of cognitive development?</u>2. <u>What age do the stages link to?</u>3. <u>Key facts about what is learnt during each stage</u>4. <u>What is a schema? How is this different to a stage?</u>	

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2	Meeting Individual Care and Support Needs	<ol style="list-style-type: none"> 1. Read through the case studies below. These will form the basis of your coursework, with examples linked to these individuals throughout. Identify the life stage of each individual. 2. Identify informal carers who are involved in providing support/care for the individuals (the three from the case studies). E.g. Family members, friends, neighbours etc 3. Identify the key professions who would be involved in providing care for each of the individuals (the three from the case studies). 4. Identify whether each professional is linked to Health, Social Care or Early Years Sectors 5. Provide a brief outline/description of what the job role is of the professionals identified. This may be a sentence or two. <p>You could print and annotate the case studies or create a fact file which includes:</p> <p>Name and life stage of individual – Case Study Individual</p> <p>Informal carers:</p> <p>Professionals involved:</p> <p>Sectors which are providing support:</p> <p>Job role of each professional:</p>	

Health and Social care: Unit 5 Case Studies

Section 1

Nusrat Patel

Nusrat Patel is 19 years of age and has learning disabilities and epilepsy. She has recently left her residential school and now lives full time with her mother. Nusrat's mother has recently given up work to care for her, but is finding this very stressful. Nusrat's father died when she

was five years old. Nusrat now attends the community centre on Tuesdays and Thursdays so her mother can take a break from caring for her.

Staff and volunteers at the community centre are aware of Nusrat's right to be involved in decisions about her own care. However, as she has learning disabilities, it was decided to also involve Nusrat's mother, as her main carer.

Nusrat sometimes has difficulty in expressing her own needs, wants and wishes and the team has included an advocate who has experience in working with individuals who have learning disabilities.

Nusrat has her own personal care plan at the centre, which has been formulated taking a person-centred approach. The plan focuses on Nusrat's abilities rather than her disabilities and is flexible to incorporate any necessary changes.

The plan includes the designation of a named person Nusrat can come to if she has concerns. Nusrat frequently becomes distressed and so the named person has completed a counselling skills training course, which incorporated positive communication skills, in order to support her.

The planning process for Nusrat included graphical facilitation so that a circle of support, which includes Nusrat, her mother and the named person, could be designed. Other individuals may be added as appropriate.

Nusrat enjoys dance and drama and has joined in with activities at the centre. The team who runs the activities has produced Makaton sheets for any scripts or routines to be followed, so that Nusrat can fully participate in activities and productions.

Nusrat's epilepsy is not, currently, well controlled and it has been agreed that a volunteer will accompany Nusrat to the bathroom to enable emergency action if this is needed. The volunteer is aware that she must be discreet in order not to compromise Nusrat's right to dignity.

With the agreement of Nusrat and her mother, the centre manager has arranged a meeting with Nusrat's G.P. to discuss improved management of Nusrat's epilepsy. The G.P. has now referred Nusrat to a specialist nurse practitioner, who is an expert in epilepsy.

Nusrat has a trusting nature and is likely to attach herself to anyone who appears friendly. This has raised safeguarding concerns and so a list of 'friends' using photographs and Makaton

symbols has been provided for Nusrat, to support her independence, whilst contributing to her safety.

Unit 5 Case Studies

Section 2

Brenda Grey

Brenda Grey is 58 years of age and lives alone in sheltered accommodation. Brenda has experienced mental ill health for much of her life and needs support from a variety of agencies. Brenda is also a severe asthmatic and often forgets to take her medication due to her mental ill health. Brenda attends a life skills class at the centre.

The manager of the sheltered accommodation has met with Brenda's G.P. to discuss her concerns. It has been agreed that Brenda would benefit from a care plan that incorporated several professionals, in order to improve her quality of life. The team will comprise the following:

- Brenda
- a health visitor
- a community psychiatric nurse
- a specialist nurse practitioner who is an asthma specialist
- the G.P.
- the manager of the sheltered accommodation
- an advocate to support Brenda in expressing her own views
- a named person at the community centre who will take responsibility for safeguarding Brenda whilst she is at the centre.

The care plan took a person-centred approach and was agreed by Brenda and the team as being able to improve her wellbeing. The advocate spent some time with Brenda at the centre to form a positive working relationship with her, and to take time in listening to Brenda's views and opinions.

Brenda expressed concern that 'so many' people were involved and would 'know her business'. She was assured that any issues would not be discussed without her being informed and that all records would be retained securely. However, the G.P. explained that, in order for care to be delivered effectively, professionals would need to communicate with each other. For example regarding her medication and any changes in her mental health status,

and that the named person at the centre would also need to coordinate with the team and with Brenda.

The asthma specialist arranged an initial consultation with Brenda in her home and tested her peak flow, before advising on the use of inhalers. This visit was followed up by the health visitor, who would be subsequently monitoring Brenda's physical health in conjunction with the asthma specialist and the G.P.

Brenda had asked for a weekly visit from the asthma specialist, but this was not feasible due to availability and cost of the service. It was agreed that the asthma specialist would visit once a month and more often if Brenda's condition deteriorated and she required further support.

Brenda had requested that the advocate be present at all revisions of the plan and this was agreed. However, her request to have the advocate attend all visits by health professionals was deemed an inappropriate use of resources.

Brenda had been abused by a male relative in her youth and was anxious not to have a male community psychiatric nurse to visit in her home. It was explained to Brenda that female nurses were not always available, however the manager at the sheltered accommodation has agreed to be present at all visits.