**A2: The responsibilities of people who work in the Health and Social Care sector Mark Scheme**

**Task**

Joan is 44 years old; she made an emergency appointment with the GP for her mother, Mary, who is 75 years old and lives with Joan. Mary has recently been diagnosed with dementia and, yesterday, placed her hand in very hot water causing it to become scalded. Joan said that her mother was unclear why she had put her hand in the water in order to ‘check it.’ Joan is very supportive and wants her mother to continue to live with her, however, she is struggling to ‘keep an eye on her’ all the time because she must go to work. The GP looked at Mary’s hand and covered it with a dressing; he advised Mary to take paracetamol or ibuprofen for the pain and then asked Joan if they had any at home. He advised Joan and Mary that some kind of home care may be needed; the GP offered to make a referral to social services to ask for a care needs assessment and Joan and Mary agreed.

**1. Identify** Joan and Mary’s needs

[State the key facts]

**Joan:**

* Respite care for Mary
* Can be physically and mentally exhausting
* Can feel guilty
* Can lead to isolation
* Carers support group
* Alzheimer’s support group

**Mary:**

* Dementia – memory difficulties, problems with thinking
* Difficulties with communicating, finding the right words or following a conversation
* Lose confidence
* Can’t make decisions
* Can trigger anxiety and depression
* Less control over emotions

Coping strategies may include:

* practical strategies – e.g. setting up reminders or prompts, preparing advance decisions or a Lasting Power of Attorney for the future
* social strategies – e.g. relying on family help, seeking spiritual support, joining new activity groups
* emotional strategies – e.g. using humour, focusing on short-term pleasure or living for the moment, focusing on positive aspects
* health improvement strategies – e.g. exercising more, adopting a healthier diet, cutting down on alcohol or smoking

2. Describe how the GP fulfilled his professional responsibilities? (including supporting treatment and recovery).

[Give a full explanation of all the information available, link the points together]

* GP dressing to enable healing and recovery
* Painkillers for the pain – at home or prescription?
* Advice regarding residential home option
* Referral to social services for a care needs assessment

3. Explain how the GP fulfilling his responsibilities could lead to improved health and wellbeing for both Joan and Mary.

[PEEL - use the word “because”.]

* Treated physical problem – avoid infection and more serious complications – time and stress for both
* Educated on options – open minds to possibility, relieve pressure on Joan
* Referral to social services – avoid similar or worse situation again, look at a range of support options not just residential home

**Exam questions:**

1. Heather is an elderly woman who lives alone and has not left her house since she had a burglary.

Which health and care professionals could support her in living a more fulfilling life? What strategies could they use?

* Counsellor – may need to talk about the trauma of the experience
* Support worker – may accompany her on trip out to build her confidence
* Care assistant – may need support with personal care or household tasks
* Social worker – may visit weekly and set targets for building up confidence, arrange other support

2. Noah is 8 years old; he was diagnosed with Type 1 diabetes after becoming temporarily blind and being admitted to hospital. Noah has now been discharged and requires daily insulin injections at home and at school; the temporary blindness, hospitalisation and the regular regime of injections has been very distressing for Noah and he is having nightmares about becoming blind again.

**Identify** one care worker that could support Noah in his rehabilitation and explain their role in promoting his health and wellbeing.

Counsellor – talk through his worries and build his confidence back up

Diabetes specialist nurse – monitor and manage his insulin injections – possibly suggest an insulin pump?

GP – monitor his condition and prescribe medication. Referral to specialist services as appropriate, liaise with other health and care professionals

**Task:** Investigate the range of adaptive equipment available to support someone with:

Arthritis in their hands and fingers

* Zipper pulls and buttoning aids
* Long handled shoe horn
* Electric can opener
* Rubber jar opener
* Handrail in bath / shower
* Tap turner
* Adjustable height desk and chair
* Phone with large push button
* Wide key holder for car key

Who uses a wheelchair

* Dressing sticks
* Bath tub chair
* Bed ladder
* Bedside commode
* Grab bars
* Long handled sponge
* Reachers

Has a degenerative eye condition and is partially-sighted

* Magnifiers - Including conventional handheld or mounted magnifiers & video magnifiers.
* Writing equipment - Including raised line paper and signature guides.
* Braille - machines to create Braille.
* Text to speech players & text to speech scanners
* Braille labelling systems.
* Telephones - Including large button phones or spoken announcement of numbers
* Clocks & watches - Including those with a tactile face or spoken output.
* Personal care - Including talking scales, thermometers & blood pressure monitors

**Exam Question:**

Caleb is a 14-year-old who attends his local residential special needs school; Caleb has a physical disability and requires a wheelchair, he also has autism and, as a result, writes very slowly and takes a long time to answer questions. Caleb sometimes becomes frustrated when people try to rush him. The special school employs an occupational therapist.

**Explain** the responsibilities the occupational therapist has towards Caleb (6 marks).

[PEEL - use the word “because”.]

**Autism:** people with autism are slower to integrate inputs coming in from their senses, making their processing speed much slower. “I cannot keep reading because my eyes are full up at the moment”

Skills for handwriting, fine motor skills and daily living skills.

* alerting activities (e.g. spinning, bouncing on a gym ball, skipping, star jumps) to stimulate the body's central nervous system in preparation for learning

• organising activities (e.g. balancing on a wobble board, log rolling, juggling etc.) which demand brain and body to work together

• calming activities (heavy muscle work and deep pressure e.g. wall pushes, push ups, using weights) to give an awareness of their body in space and increases the ability to self-regulate sensory input.

**Use a wheelchair** - mainly to help the patient learn new skills, as well as how to apply those skills in their activities. Formerly simple tasks like dressing, eating, bathing and going to the bathroom are just not like they used to be, and there will be a learning curve. OT can help the patient re-learn how to do these fundamental tasks. He must learn to get around his home. It may be necessary to adapt the house by widening the doors, he may also need to look at ways of improving the strength in his upper arms.

**Discuss** the role of the occupational therapist in the special school? (6 marks)

[Write a balanced argument – both positives and negatives]

Occupational therapist - how people function in everyday life. Promote skill development and independence in daily ‘occupations’. For a child, this may include playing, accessing learning and being able to eat their meals.

Think of the child learning to write. To learn this task, the child must have:

 good sitting posture and balance,

 adequate joint stability and muscle strength,

 good body awareness and motor planning,

 good hand skills,

 mature visual perceptual and visual motor skills,

 good attention and concentration skills …

 and the cognitive ability to learn this skill!

We can support children to develop their daily living skills, for example, dressing, washing, eating, drinking, preparing snacks, personal hygiene, accessing the curriculum including recording work, accessing school outings, participation and access to play and leisure activities.

Negatives – cost of employing an OT and lack of resources – can the school provide them if requested? National shortage of OTs so would anyone apply?

**Task:**

**Explain** how a service users’ religious and cultural identity might affect the way personal care is provided?

[PEEL - use the word “because”.]

Never assume a person’s wishes based on their religious group or beliefs – it is always individual

* Diet: Jewish person may not mix meat and dairy (e.g. chicken and mayonnaise sandwich)
* Modesty of dress and requirement to be treated by a doctor or nurse of the same sex – may not always be possible in practice
* Contraception, abortion, pre-natal care and childbirth may all require specific practices
* Religious attitudes and practices towards disease, suffering, dying and death must be understood
* Preparation of the body
* Pork based / alcohol based drugs or injections
* Organ / tissue donation
* Faith leader visits

**Case study:**

Danny is 19 years old and has a learning disability. He lives in supported housing with 3 other young adults (all with varying needs) care is provided by support workers who work on a shift rotation. Danny has expressed a wish to get a job and his support workers have discussed with him some potential options; they have encouraged Danny to email a local employability scheme and have a look at some college courses nearby. Danny was accepted on a BTEC accountancy course and the support workers planned some practice bus trips to and from the college in the week leading up to his start date. They also used lots of encouragement to reassure Danny and build his confidence; they also contacted the educational psychologist associated with the college and ensured that Danny had a support plan in place with his tutors. The educational psychologist also recommended that Danny do some social skills work before the course start date so the support workers used the communication support sheets provided by the psychologist to practice some typical conversations and social situations.

Support workers also prompted Danny to mention his new course to his parents when they visited and chatted about their plans to ensure Danny has a safe transition into his college course; Danny’s mum said she’d like to meet him after his first day and the support worker made a note to wait at the bus stop outside of college to make sure Danny remembers.

**Task:**

**Explain** how the support workers have supported Danny’s routines?

[PEEL - use the word “because”.]

* Encouragement to contact employability scheme and college courses locally
* Practice bus trips to and from college
* Lots of encouragement and confidence building
* Used communication support sheets – multi-disciplinary working
* Practiced conversations and typical social situations
* Keep parents involved – will meet him after college on his first day
* Made notes as reminders

**Explain** what would be the consequences of the support workers not supporting Danny in his search for a job?

[PEEL - use the word “because”.]

Financial – he cannot support himself – will rely on family, friends and benefits

Becomes more and more difficult over time to get work

No savings for ill health or retirement

Stress levels trying to meet the bills

Home maintenance suffers

Added “extras” such as clothing, transport etc.

Can’t do social outings or leisure activities

Falling into debt

Loss of self-esteem and confidence

Loneliness and isolation

Marginalisation from society

Stress on family relationships – support him

Strongly linked to increased poor health – nutritious food, housing conditions and coping strategies e.g. alcohol abuse

What is an informal carer? (key exam terminology)

An informal carer includes any person, such as a family member, friend or neighbour, who is giving regular, ongoing assistance to another person without payment for the care given.

**Task:**

Explain what kind of support could be put into place (and by whom) for each of these situations?

[PEEL - use the word “because”.]

Remember to consider all of the professional care workers as well as those providing informal care (this is care and support provided by relatives and friends, normally unpaid, and in addition to the care provided by professional health and care workers).

Katherine lives in a residential care home for elderly people; she is Catholic and would like to attend mass on Sunday mornings.

* Transport to Mass
* Support worker to accompany
* Wash, dress, etc. before she goes
* Possibly arrange visit from Priest instead
* Could family / friends come and collect her?

Stephen attends a local special needs school. He is struggling with anger management issues and the educational psychologist has suggested that he may benefit from taking part in sporting activities.

* Teaching assistant – accompany him to after-school and lunchtime sports sessions
* Sit down and research local groups in Tai chi or mindfulness etc.
* Anger management course?
* Gym membership?

Max has become partially deaf due to an infection. He has expressed to his audiologist that he’s worried about getting to and from work now that he can’t hear clearly when he crosses the road or gets the train.

* Can someone accompany him?
* Can he be given strategies to cope better? Hearing dog?
* Tactile surfaces on tram and underground
* Hearing aid induction loops
* All pedestrian crossings in London are fitted with tactile cones and/or audible signals

**Exam Practice question:**

**Discuss** what is meant by and give examples of holistic health and well-being? [8 marks]

[Write a balanced argument – both positives and negatives, a range of factors, with specific examples]

Example answer – discuss all aspects of P.I.E.S.

Holistic health and wellbeing means addressing the needs of the whole person, their physical health, their intellectual health, their emotional health and their social health. Physical health means supporting the full functioning of the body. This can mean managing disease, and disorders to give a person the fullest possible life. It can also relate to healthier lifestyles such as exercise, healthy eating, stopping smoking, reducing alcohol consumption etc.

Intellectual health is the full functioning of the mind, including memory, language, moral thinking, abstract thinking and decision making as well as problem solving. In some conditions, such as Parkinson’s disease, and also in later life, these abilities deteriorate. A person would need special support, equipment and adjustments to enable them to lead a full and active life.

Emotional health involves how a person feels about themselves and how they fit into the world around them. This can involve emotional support such as counselling and mental health support. It can also involve support groups for people who have been through a particular situation such as divorce or bereavement.

<https://www.nhs.uk/conditions/stress-anxiety-depression/moodzone-mental-wellbeing-audio-guides/>

Social health refers to how independent a person is and also how much social contact and support they have. People should always be supported to remain as independent as possible and do as much for themselves as they can. This might involve building confidence as well as looking at alternative ways of doing everyday tasks. Improving a person’s social health involves supporting a person to get to events with friends and family. Also getting into a regular routine of groups and hobbies with like-minded people. This could be a chess cub or an aqua aerobics class.

By looking at a person’s needs holistically, their wellbeing can be improved and they can have the best possible chance of living a full and healthy life.

**Exam Link:**

**Describe** two responsibilities of care assistants who work in residential homes for older people (4 marks)

The job involves helping clients with their immediate needs such as washing, dressing and maintaining their hygiene, as well as helping them with basic day-to-day or administrative tasks like paying bills. Household tasks such as washing up, laundry and hoovering. However, the care assistant role also includes getting to know clients personally and providing them with emotional support and company, which contributes positively to their wellbeing. Observing and assessing their needs and liaising with other health and care professionals.

The duties of a care assistant can also extend to helping clients to take part in leisure activities, such as going on day trips.

Carol is 74 years old and lives in a residential care home for older people; the care manager has met with Carol and her family to agree upon a care plan that staff can follow while Carol is at the home.

**Discuss** the effectiveness of using a care plan to ensure that Carol has the care she needs from the care practitioners who support her (8 marks)

[Write a balanced argument – both positives and negatives, a range of factors, with specific examples]

Care plans ensure that services are meeting local and national standards of care. They clearly outline the aims, actions and responsibilities of the care a person receives. It should be accessible to everyone who is a part of the person’s care and support. It should be agreed with the person and their family and friends if they are involved in their care. Other health and care professionals should also be involved in the planning process to ensure they can meet the agreed actions in reality. It can minimise risk as other health professionals such as locum doctors can follow the plan and this enables continuity of care. It should reduce the number of times a person has to repeat their information and explain their situation as it is detailed in the care plan.

It should enable a thorough assessment of need to take place. This can be linked to the eligibility criteria which states what support a person is entitled to be funded by their Local Authority.

On the other hand, there are problems with the care planning system. Sometimes a service user can have more than one care plan due to a range of issues and different professionals involved in their care. The process is very time consuming and can need a number of sessions, which in reality is very difficult for a busy GP or social worker.

There are issues regarding confidentiality and consent – a person much feel happy that their information is being shared.

Sometimes the care plan can be written by a professional using confusing terms and abbreviations and the patient doesn’t understand what it all means.

Sometimes an assessment may highlight a number of needs, but setting up the care and services required is very difficult due to financial constraints and waiting lists.

The danger is that the care plan becomes a tick box exercise, takes up a lot of time and does not in practice enable continuity of care to take place.