



Welcome to the T Level in Health and Science.

The Health and Social Care team would like to wish you a warm welcome to Bury College, we are here to support you to be successful and enjoy your studies.

You have joined us at an unprecedented time for the Health and Social Care industry, with more people needing to access Health and Social Care services due to the current pandemic. Due to this high demand more staff have been needed to support service users needs whether that is as a nurse in a hospital or a Health Care Assistant in a nursing home.

During your course, we will support you to develop the vital skills and qualities needed to assist you in getting a job in the health sector or progressing onto university.

You can be sure of a positive future with us, as you will develop your resilience, commitment, collaboration and communication skills to prepare you for industry.

This booklet has been designed to support your transition into college in readiness for a new exciting challenge. It includes lots of information about job roles in the Health and Social Care sector, recommended TV shows and films to watch, and some subject specific activities to give you an idea of what a T Level Health course will involve for you to complete. Please complete as much as you can, as you will be required to show this to your tutor during your induction.

We look forward to meeting you soon.

The Health and Social Care Team.

Programmes to watch linked to Health and Social Care

Films:

- **To the Bone** – (Age 15 Netflix) Eating disorders/anorexia *Diet and appearance*
- **Wonder** - (PG) Inspiring story of a boy with facial differences who enters the fifth grade, attending a mainstream elementary school for the first time. Coping with being different. *Coping with life/life events*
- **Hidden Figures** – (PG) Anti discrimination. *Care values*
- **Still Alice** – (12A) Story of a woman living with Alzheimer's disease. *Illness/Disorders*
- **My Sister's Keeper** – (12A) "The only way to save your daughter is to sacrifice her sister". Anna has never been given a choice: she was born to be her sister Kate's bone marrow donor and she has always given Kate everything she needs. *Relationships/family*
- **Three Identical Strangers** – (12A) Identical triplets become separated at birth and adopted by three different families. Years later, their amazing reunion becomes a global sensation. *Relationships/family*

TV programmes:

- **Babies: their wonderful world** – BBC. Explores how the first 2 years of life shapes the adults we become. *Infancy development/lifestages*
- **The secret life of 4 and 5 year olds** – Channel 4. Great for looking at *childhood development/lifestages* (especially socialisation skills)
- **Old people's home for 4 year olds** – Channel 4. How the company of 4 year olds helped to improve the mood, mobility and memory of the elderly. *Lifestages.*
- **Born to be different** – Channel 4. The pressures and joys of bringing up a disabled child - <https://www.channel4.com/programmes/born-to-be-different/> *Disability/infancy and childhood/life events.*
- **Harvey and me** – BBC One. Katie is helping Harvey find a suitable college for him to continue with his education.
- **Speech journey** – You Tube. <https://www.youtube.com/watch?v=jt7y1IM2jOM> How children learn to talk from birth to 5 years old. *Intellectual development*
- **Mum, Dad, Alzheimer's and Me** – You Tube. Real life story investigating the care of Alzheimers sufferers in the UK. <https://www.youtube.com/watch?v=LprTLaO1AF0>

Old age/disorders

- **The restaurant that makes mistakes** – Channel 4. Volunteers living with some form of dementia run a pop up restaurant in Bristol. *Middle - Old age/disorders*
- **The big hospital experiment** – BBC. A group of volunteers embark on a social experiment, with a shortage of staff, how can they help on the frontline of the NHS? *Care values/Health care services*
- **Britain's hidden hungry** – BBC. Investigates the growing importance of charity foodbanks to thousands of hungry people across the UK by following the stories of three users of a foodbank. *Diet and appearance.*
- **Supersize v Superskinny** – Channel 4. Dieting and extreme eating lifestyles. *Diet and appearance*
- **Rio Ferdinand: "Thinking Out Loud: Love, Grief and Being Mum and Dad"** Talks at Google.

<https://www.youtube.com/watch?v=qgoRcxm5BUk> *coping with life events*

- **Rio and Kate: becoming a step family.** Rio Ferdinand's wife Kate Wright integrates into the family as a step mum

<https://www.bbc.co.uk/programmes/m000f9sg> *Coping with life events/family units*

- **Driven: The Billy Monger Story.** The remarkable story of 18-year-old Billy Monger as he attempts to become the first ever amputee to race competitively in a single-seater racing car

<https://www.bbc.co.uk/programmes/p06qx4gt> *Life events (unexpected)*

- **24 hours in A & E** – Channel 4. Emergency cases entering A & E. *Life events*
- **Health before the NHS – The road to recovery_**
<https://www.youtube.com/watch?v=1y7zeZPfD8k> The shocking story of the health of Britain before the NHS. *Care values/health care services*
- **Care – BBC drama** <https://www.youtube.com/watch?v=1EJXDk-B8h0>
Discrimination/disability
- **DIY S.O.S.** <https://www.bbc.co.uk/programmes/b006pnjk> Friends, family and local trades help to transform the homes of families with special needs across Britain. *Barriers to accessing services/physical barriers*
- **Crisis in Care: BBC Panorama** <https://www.bbc.co.uk/programmes/m0005jpf>
Panorama reveals the failings of our social care system, as our population gets older and more of us need help with day to day living. *Old age/care services*
- **The Nine to Five with Stacey Dooley_**
<https://www.bbc.co.uk/iplayer/episode/p06zhfvw/the-nine-to-five-with-stacey-dooley-series-1-2-caring-and-sharing> Stacey Dooley takes five teenagers to a care home for work experience. *Types of support/voluntary support/old age*
- **Katie Piper: My beautiful face** – recovery after acid attack. *Self-esteem/self- confidence/ lifestyle*



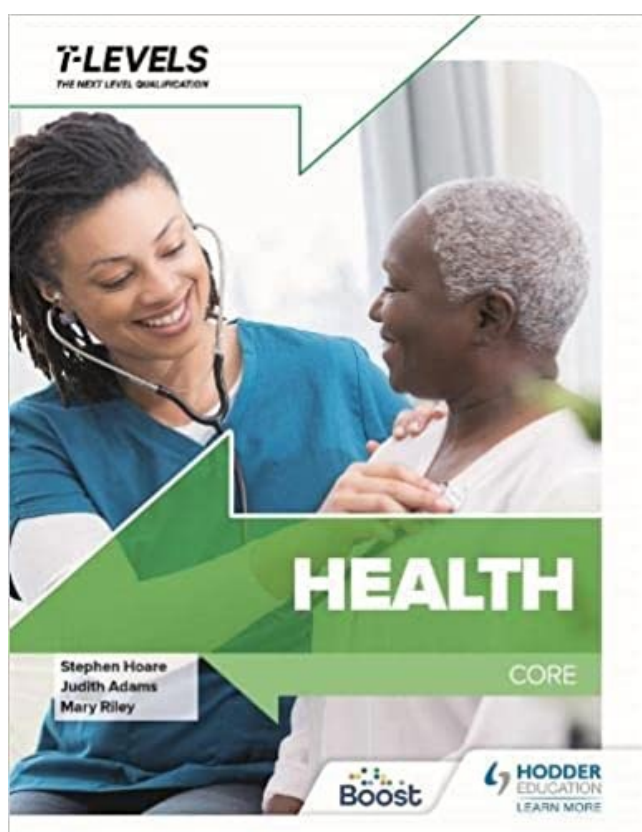
Recommended reading list

<https://rcni.com/journals>.

Journals | RCNi

rcni.com

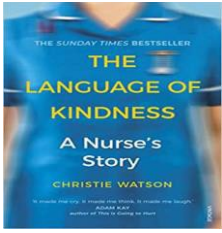
RCNi produces 11 journals for nurses in print and digital formats, to provide health professionals with the latest developments impacting nursing, including changes in policy, practice and research



Health T Level: Core Paperback – Amazon

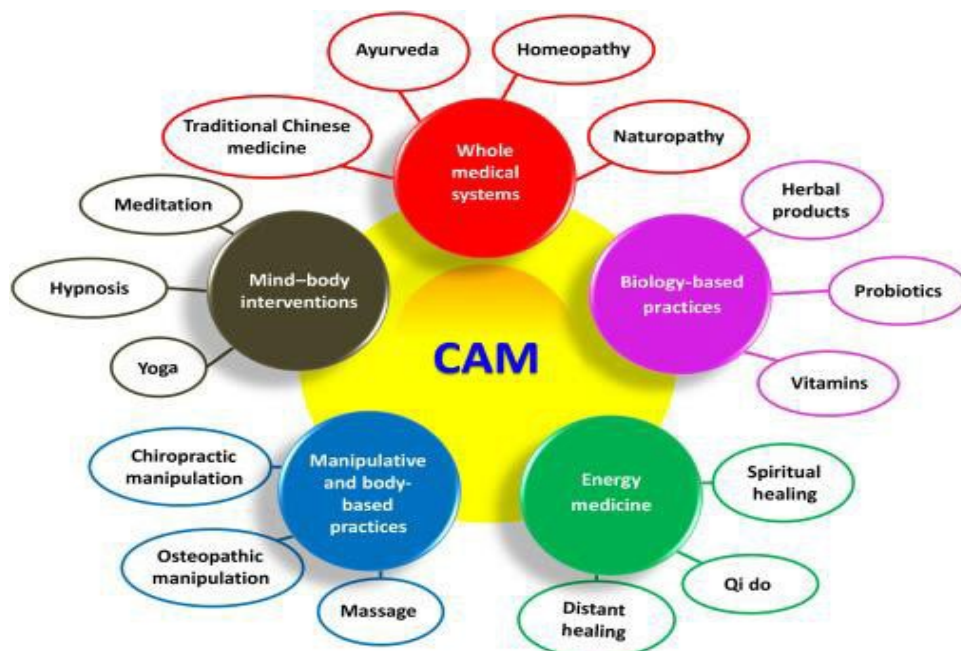


**I Wasn't Strong Like This When I Started Out: True Stories of
Becoming a Nurse Amazon UK**



The Language of Kindness: A Nurse's Story Amazon UK

Health and Wellbeing





Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through a gentle, nurturing lens. When we practice mindfulness, our thoughts tune into what we're sensing in the present moment rather than rehashing the past or imagining the future

This is a good warm-up for any session of mindfulness. All you need to do is sit still, listen, notice. You don't have to 'achieve' anything.

Practical Activity

Guidance Time: 5 Minutes. Close your eyes. Smile gently to loosen your facial muscles. Then let your face relax. Notice what it feels like to be sitting still, doing nothing. Bring your awareness to any sounds in the room or outside. Don't describe them – just notice them. You may notice such things as your tummy rumbling; cars approaching, passing, and moving away; voices outside, loud or quiet; the heating systems, air conditioning, floorboards or furniture creaking; footsteps passing; a door closing; birdsong; dogs barking; leaves rustling; distant music; shouts; etc. If you notice that your thoughts have drifted off, then gently return your attention to listening and noticing. When the timer sounds, or when you are ready, open your eyes. Consider how you feel, physically and emotionally. Stand up. Stretch.

Reflection:

Just noticing - If you keep a journal, you may like to jot down some initial thoughts. How long did you spend on the activity? What kinds of sounds did you notice? What changes did you notice, in your physical or mental state? What was the experience like, overall, for you? Any other thoughts or observations?

Mindful 'Warm up' To Study

Use a short pre-study meditation as a 'warm-up' for your mind, just as you would warm up before doing strenuous exercise. You can do this before any class or independent study session. It is especially useful if you have focused reading to do, or if you are writing an assignment, working on maths problems or doing creative work.

Guidance

Time: 5–10 minutes just before study

Choose your meditation. This could be Mindfulness of Breathing, Metta, a walking meditation, or other exercises. Decide which would most benefit your study in this moment.

Appreciate the meditation or exercise for its own value, as time set aside to prepare your mind for the study task ahead.

Focus on the meditation – your breath if you are doing a Mindfulness of Breathing, your walking if that is the focus. Your aim at this point is just to maintain that focus – not to think ahead about what you are going to do with the study task. There is time for that afterwards.

However, as this is a 'warm-up to study' meditation, if your mind wants to leap ahead and get on with study, great! Go with the energy to study. You can always take a few minutes later to 'warm up' again if needed.

Things to watch for ...

Whether you are trying to 'race through' the warm-up meditation in order to get on with study. It is good if you are now keen to get on with your study – although in general, be mindful of meditation when meditating, and studying when studying, rather than looking ahead.

Whether you found it easy or difficult to remain focused during the warm-up and what kinds of things distracted your attention.

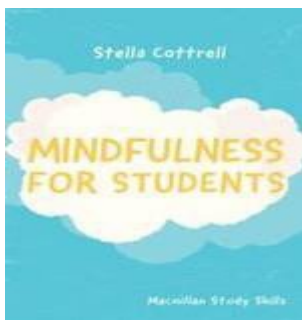
Considering whether you need to deal with whatever is preoccupying or distracting your mind before starting to study – sorting out an urgent task; eating if you are hungry; changing your clothes if they feel uncomfortable for study; getting a drink if you are thirsty, etc.

Doing some exercise, or even some housework if you live at home, to work off excess adrenaline

Tuning in to an aspect of your motivation for study, such as your curiosity about something you are about to read, or interest in what you might discover.

Dividing your study into shorter sections so that you can retain a better focus on each.

Mindfulness for Students



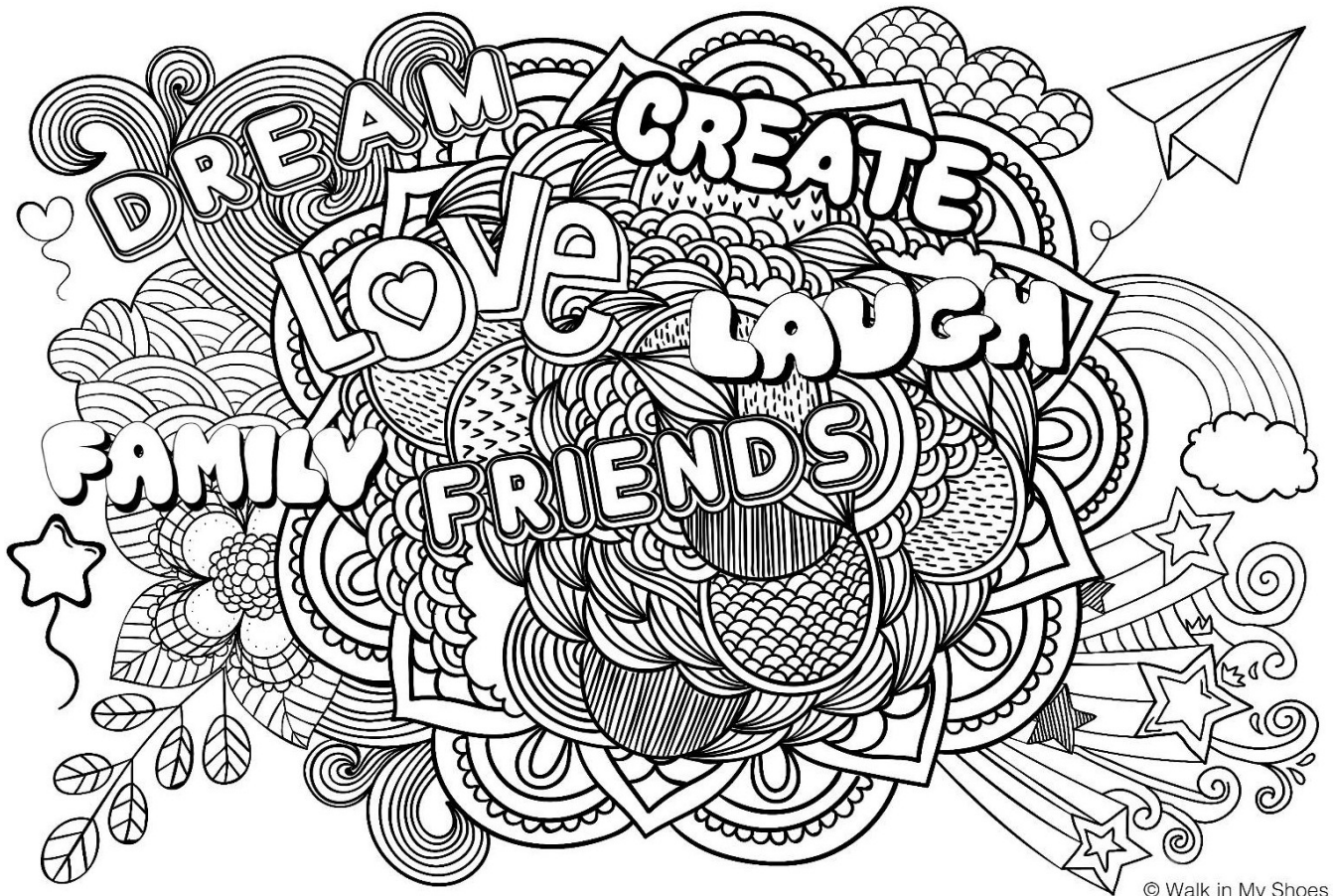
Author: Stella Cottrell Publisher: Macmillan Education UK

<https://www.ncfe.org.uk/covid-19-resources/schools-and-colleges>

Apps to Try



Mindfulness Colouring



10 feel-good songs about going your own way



When things get tough, music can have the incredible ability to pick us up again. Music has the ability to completely shift our mood and, honestly, is there much better than turning up the volume on a tune that you know is guaranteed to get you bopping along?

From new favourites to golden-oldies, here are some of the best feel-good songs all about the power of backing yourself and chasing your dreams.

1. For the First Time, Best Coast
2. Get Off My Cloud, The Rolling Stones
3. That Don't Impress Me Much (triple j Like A Version), HAIM
4. Better Things, The Kinks
5. Good as Hell, Lizzo
6. Go Your Own Way, Fleetwood Mac
7. Respect, Aretha Franklin
8. I Won't Back Down, Tom Petty
9. I Will Survive, Gloria Gaynor
10. Shake it Out, Florence + The Machine

Introduction to Safeguarding In Health and Social Care



Key Message: What makes people vulnerable?

Safeguarding means keeping people safe from harm. Health and social care professionals must work together to safeguard service users and members of the public. This can involve:

- Protecting people from mistreatment
- Promoting their health and wellbeing
- Providing safe and effective care.

Anyone can be vulnerable, however some groups are more likely to be vulnerable than others as they are more at risk of harm than others. Children, those who have mental or physical illness and the elderly are more vulnerable than others.

As Health and social care professionals you will have to safeguard vulnerable service users

Questions:

What is safeguarding?

Why do people need safeguarding?

Old People's Home for 4 Year Olds:

Watch a full episode on 4 OD or watch this clip
<https://www.youtube.com/watch?v=sB1ZJB6RPqo>

Why do we need safeguarding?

Elderly People



Children

Key Message: All service users need safeguarding

All services users may be vulnerable due to a number of factors including:

- Lack of understanding
 - Being too trusting
- Being physically weaker
- Being unable to defend self
- Being dependent on others
- Lack of physical coordination etc.

Before undertaking a social experiment like the people in the programme, the carers in the home and the nursery staff would work together to safeguard both groups. This would include ensuring all safety checks (DBS) were done on staff, assessments of the care home would be carried out as well as things like consulting with parents and other family members about the research project.

Questions: How did the staff safeguard the children and residents?

Key Message: How can you safeguard on your placement?

There are a number of laws in place which health and social care professionals will need to follow; as an aspiring professional you will need to follow these too as safeguarding is everyone's responsibility. Before you are allowed to work in a setting as a carer, the management will require you to undergo safeguarding training and also have a background check called a DBS clearance. On your placement you will need to follow these policies and legislation which will include procedures to maintain confidentiality as well as act to maintain a safe environment; this will include rules about social media activity about placement, and mobile phone use during placement.

Questions:

What is a DBS check?

Why were DBS checks introduced?

They used to be called CRB checks

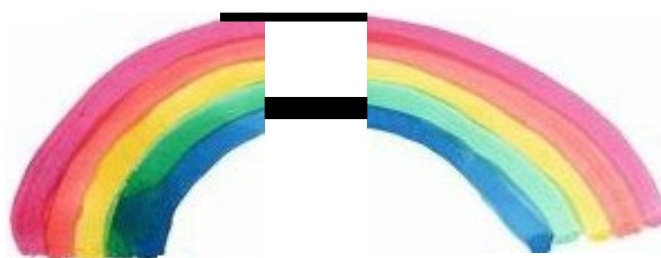
What do you need to provide to have a DBS check?

What is GDPR?

Why should you, as a health care professional, not share details about people you are caring for (even if you know them/their family) under GDPR rules?



Working in Health & Social Care



HEROES
THANKS A MILLION NHS.CO.UK



Roles within Health & Social Care

- This qualification can take you into a variety of different roles within the health and social care sectors.
- You may already have an idea of what you want to do as a career, or you may still be undecided.

You may want to go on to university and pursue a career such as nursing, mental health practitioner, social worker counsellor or paramedic.

You may want to work in the community specialising in a service such as elderly, dementia, learning disability, mental health, drugs & alcohol or domiciliary care.

Task 1

Research a job role that you are interested in and create a factsheet to include the following:

Position

Job Description

Responsibilities

Essential skills & qualities

Qualifications

Salary



Infection Prevention and Control In Health and Social Care



Key Message: What are micro-organisms?

Micro-organisms are very small living things, that can make you sick.

They are very small and can only be seen using a microscope. It is important to remember; even if you cannot see these micro-organisms, they are still present.

When they get in our bodies, we do not know that we have it until symptoms start to arise, because our cells are being attacked.

Questions:

Can we see micro-organisms?



What are the different types of micro-organisms?

Key Message: Micro-organisms are everywhere!

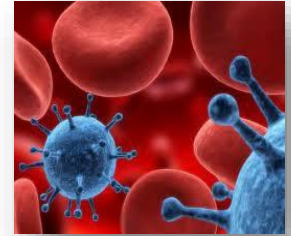
Microorganisms are everywhere. They are in the air we breathe, in the soil, on our desks, on the floor, on toys. They can sometimes be found in water and food but most importantly, micro-organisms are on our hands.

They get on our hands when we touch things that have germs on them; when we use the bathroom, go outside, touch animals. It's important to wash our hands often to remove micro-organisms from our hands.

Questions:

Where can we find micro-organisms?

Are micro-organisms on our hands?



Key Message: How do micro-organisms get on our hands?

There are two ways in which germs can get onto our hands. The first way is by coughing or sneezing into them, putting our fingers in our mouth or nose and even when we forget to wash our hands after using the bathroom.

The second way germs can get onto our hands is through objects. Germs can hide on objects because a person coughed or sneezed on them or if a person had germs on their hands and touched the objects. Germs can stay on objects for a very long time.

Questions:

How do micro-organisms get on our hands?

What are some things we can do to make sure we do not get micro-organisms on our hands?

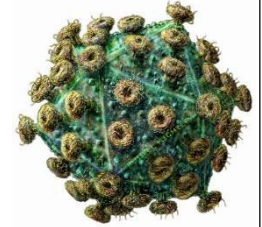


Key Message: How do micro-organisms get inside our bodies?

Micro-organisms get inside your body through the nose, mouth and eyes. If someone is coughing or sneezing, we can breathe them in. They can get inside your body if you have not washed your hands before eating your lunch.

Finally, micro-organisms could get inside your body by rubbing your eyes and not having washed your hands. Remember, if you have not washed your hands, you should not be touching your nose, mouth or eyes!

Questions:



Provide examples of how micro-organisms get inside your nose, mouth and eyes.

What can you do to prevent micro-organisms from getting inside your body?

Key Message: Micro-organisms make us sick.

When micro-organisms get inside the human body, they can make us unwell. Our body is equipped with white blood cells – whose job it is to fight off infection. Sometimes that can cause a fever (high temperature). When the infection starts to spread, we start feeling unwell.

Some micro-organisms cause stomach aches and vomiting, others cause a sore throat, runny nose and cough. When we are unwell, our body needs a lot of rest and fluids.

Questions:

Have you ever been sick? How did you feel?

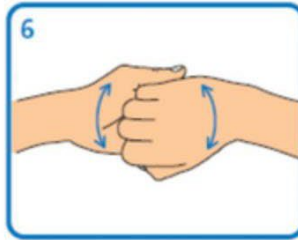


What are things you can do when you are unwell?

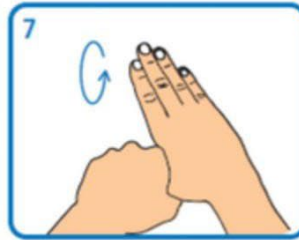
Handwash to Bohemian Rhapsody!!!



5
Because I'm easy come,
easy go, little high, little
low



6
Any way the wind blows
doesn't really matter to
me, to me



7
Mama, just killed a man



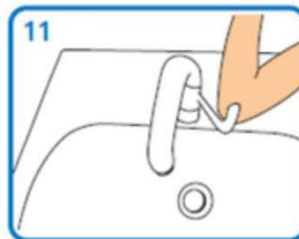
8
Put a gun against his
head, pulled my trigger,
now he's dead



9
Mama, life had just begun



10
But now I've gone and
thrown it all away



11
Mama, ooh, didn't mean
to make you cry



12
If I'm not back again this
time tomorrow

For those who prefer OASIS check out Liam handwashing!!

<https://www.youtube.com/watch?v=JQsKZfsp5y8>

Producing Care Plans in the Health Sector



Care Pathways & Plans

Care pathways

This is the way in which services are brought together in order to meet an individual's needs over a period of time.

'Integrated care pathways are structured multi-disciplinary care plans which detail essential steps in the care of patients with a specific clinical problem and describe the expected progress of the patient.'

Purpose of care pathways

Care pathways offer many benefits. Using a care pathway:

- Ensures a consistent standard of care in the same department
- Empowers patients and staff
- Reduces duplication of roles
- Identifies costs and resources
- Ensures that everyone involved, including the patient, knows what care will be received
- Eliminates increased or repetitive documentation

Care plans

A care plan is drawn up to detail who is going to what and when, together with the details of all agencies involved, such as telephone numbers. The individual is central to the care planning process. Care plans will include health & social care needs

Web link for NHS information on care and support plans

<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-and-support-plans/>

Services in Health & Social Care



Primary care

Primary care is based on caring for the person rather than specific conditions, so professionals who work in primary care are generalists rather than specialists in any particular disease area. Primary care involves treating common illnesses, managing long term conditions and preventing future ill health through advice, immunisation and screening programmes. Primary care practitioners can also refer you on to more specialist services if needed.

Primary care occurs in the community, outside hospitals. It usually involves the GP and other staff connected to the practice, like the practice nurse. Dentists, opticians and pharmacists also carry out primary care in the community, although they are not attached to a health centre. Services like these, provided in the community, are called primary care services. Health centres are now offering many more services than the old doctor's surgeries which relieves some of the pressure on hospitals. Primary care centres now also offer a range of services that used to be dealt with by hospitals, like treatment for minor injuries etc.

Health centres – these will have a range of primary care services. Most usually contain GP's, primary care nurses and some other health care professionals e.g. dietitians. They may also have clinics for conditions such as asthma, stroke and diabetes. They may also have ante-natal clinics.

Secondary care

If you have a condition that a primary care professional cannot resolve for you, they will refer you to a secondary care service. Secondary care refers to services provided by health professionals who generally do not have the first contact with a patient

This is the care carried out in a general hospital, usually after referral by the GP, a primary carer. General hospitals provide emergency services, medical and surgical beds, laboratory testing, scans, gynaecological and obstetrics, physiotherapy, occupational therapy and radiology services etc. out-patient and in-patient care is also provided by hospitals.

Tertiary Care

Tertiary care: for people who have been referred by primary or secondary care professionals. For example, dementia day care settings.

Tertiary care is healthcare provided in specialist centres. Once a patient is hospitalized and needs a higher level of specialty care within the hospital, he/she may be referred to tertiary care. 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 the service user's GP or the care professionals at their local hospital.

- At this level, procedures such as [coronary artery bypass surgery](#), renal or haemodialysis, and some plastic surgeries or neurosurgeries are carried out. It also includes severe burn treatments and any other very complex treatments or procedures.
- A small, local hospital may not be able to provide these services, so the service user may need to be transferred to a medical centre that provides highly specialized tertiary level services.

Service users may find they have to travel some distance to reach a tertiary care centre e.g.

- The National Hospital for Neurology and Neurosurgery in London is an example of a tertiary care centre.

Social care

<https://www.mind.org.uk/information-support/legal-rights/health-and-social-care-rights/about-social-care/>

Professionals at primary and secondary care involved in CARE PLANNING

Primary care

- Occurs in community outside hospitals
- Usually involves GP and other health centre staff
- Provide emergency services, medical and surgical beds, laboratory testing, scans, gynaecological and obstetrics, physiotherapy, occupational therapy and radiology services etc. out-patient and in-patient care is also provided by hospitals provide emergency services, medical and surgical beds, laboratory testing, scans, gynaecological and obstetrics, physiotherapy, occupational therapy and radiology services etc. out-patient and in-patient care is also provided by hospitals.
- Dentists, opticians and pharmacists also carry out primary care in the community
- Services provided in the community are known as primary care services
- Health centres are now providing more services than doctors surgeries used to, taking some pressure off hospitals

Secondary care

- Usually carried out in a general hospital
- Usually after referral from GP – a primary carer
- General hospitals provide emergency services, medical and surgical beds, laboratory testing, scans, gynaecological and obstetrics, physiotherapy, occupational therapy and radiology services etc
- Out-patient and in-patient care is also provided by hospitals

Practitioners involved in delivery of care pathways

- Formal carers – professional carers, trained and qualified in their role, follow professional codes of conduct
- Informal carers – family carers, support individuals both physically and emotionally
- Estimates put the number of informal carers in the UK at over 6 million – they save the government billions of pounds
- Other agencies – local authorities often contract out services now rather than supplying the services directly
- Charities serving older people such as Age UK may offer day care centres where meals, activities and companionship are provided
- Some provide services at home like cleaning, bathing etc

Formal carers

Clinical specialists – consultants

- They have taken further qualifications in their particular field to become experts e.g. orthopaedic surgeon (Arthur)
- Clinical specialists cannot see every individual personally, so often see the patient for the initial consultation to make a diagnosis and order investigations
- Further appointments will often be seen by members of the consultants team including registrars and senior house officers

Practice/community nurses

- Work in primary care
- Provide screening, treatment and care
- Provide education to persons of all ages regarding their conditions/illnesses, monitoring and treatments
- Provide advice, consultation and information about a range of health conditions and minor ailments
- Perform investigatory procedures and minor operations
- Advise patients in respect of their continuing medical and nursing needs
- Liaise with other health & social care professionals about ongoing care

Nurses

- Expert professionals in individualised client/patient care
- Specialise in different areas – mental health, children, health visiting, midwifery etc

- Taking on more and more traditional roles of doctors, such as prescribing medicines
- Nearly every individual receiving care will have contact with nurses at most levels.
- Patients rely on nurses to meet their everyday caring needs as they tend to see doctors infrequently

Professions allied to medicine

- Occupational therapists – rehabilitation experts, they can help people get back to work, their work is also vital in ensuring that people have the ability to manage at home. They will assess the person and if necessary visit the home to see which mobility aids will assist them in everyday living
- Physiotherapists – concerned with the treatment and rehabilitation of movement, mainly muscles by the use of heat, massage, remedial exercises, manipulation etc
- Radiographers – work in x-ray and radiography departments also do ultrasounds
- Chiropodists – care for feet and diseases of feet – particularly important in people with diabetes
- Care managers – professional carer who carries out an initial assessment of care needs and then commissions a package of care for those needs. Person-centred planning is now widely used where the individual is the centre of the plan and the focus is always positive. The plan is to look at what the individual is able to do for themselves and to provide extra support where needed
- Social workers – qualified, registered professionals who provide social work services. They help people to overcome barriers and become full citizens with equal rights.
- Pharmacists – work both in hospitals and in the community dispensing medicines. Can provide advice and some forms of treatment. Many offer extra services like blood pressure and blood glucose checks. Hospital pharmacists will advise doctors on inappropriate combinations of drugs and side effects. Often confer at case conferences where multi-disciplinary health professionals the best form of care for a particular individual.
- Phlebotomists – person skilled in taking blood samples. Most work in hospital settings where the number of blood samples taken would take too much nurses time so specialist care workers are employed
- Care assistants – undertake care associated with daily living. HCA – in hospitals are the carers most involved in meeting the needs of the patients. They are also employed to carry out similar tasks in social care settings and people's homes.

Informal carers

- Have no formal care qualifications but carry the main burden of looking after and supporting family members, relatives or friends who are not fully independent.
- They are family members, friends, relatives, neighbours, members of faith-based organisations.
- They do a fantastic job and put many hours of unpaid work with little support.
- They offer practical, social and emotional support.

- This is an important source of care for individuals with physiological disorders

Multi-disciplinary teams

A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient. The team members independently treat various issues a patient may have, focusing on the issues in which they specialise. The activities of the team are brought together using a [care plan](#). This co-ordinates their services and gets the team working together towards a specific set of goals. Sometimes the person has a [key worker](#), who becomes the main point of contact for the person.

Multidisciplinary Team Care

Multidisciplinary team care is a key feature of the service model of care. Care is provided by general practitioners and community health and other health and community care professionals.

The following definition outlines the objectives as well as some of the challenges involved in the provision of multidisciplinary team care:

Multidisciplinary care - when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's needs as possible. This can be delivered by a range of professionals functioning as a team under one organisational umbrella or by professionals from a range of organisations, including private practice, brought together as a unique team. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient.

A multidisciplinary team involves a range of health professionals, from one or more organisations, working together to deliver comprehensive patient care. The ideal multidisciplinary team for the delivery of care might include:

- general practitioners;
- practice nurses;
- community health nurses;
- allied health professionals (may be a mix of government and non-government community health professionals) such as physiotherapists, occupational therapists, dieticians, psychologists, social workers, podiatrists
- health educators - such as diabetes educators - providing promotion and prevention clinics and other activities.

Multidisciplinary teams convey many benefits to both the patients and the health professionals working on the team. These include improved health outcomes and enhanced satisfaction for clients, and the more efficient use of resources and enhanced job satisfaction for team members.

To ensure optimum functioning of the team and effective patient outcomes, the roles of the multidisciplinary team members in care planning and delivery must be clearly negotiated and defined.

This requires:

- respect and trust between team members;
- the best use of the skill mix within the team;
- agreed clinical governance structures;
- agreed systems and protocols for communication and interaction between team members. These issues are complex and achievement of them can involve significant change to work practices and organisational arrangements, as well as multifaceted implementation strategies.

EXAMPLE OF MULTI DISCIPLINARY TEAM for a child with mental health issues who has a history of minor criminal activity

Multi agency team:

Community psychiatric nurse

Housing worker

District nurse

Probation officer

Child psychologist

General practitioner

Social worker

Education welfare officer

Task

Read the case study below and answer the following questions:

- 1. Care needs** – Identify the basic care needs for Sarah relating to physical, intellectual, emotional and social needs. Only give the NEEDS and not how they may be met.
- 2. Care professionals responsibilities** – You must describe the responsibilities of each care professional towards the individual in the case study. Think about what the professional needs to do in order to meet the service users needs.
- 3. Teamwork** - Briefly identify how each care professional links with others in the team. This can be done by a spider diagram.

DIABETES TYPE 1 CASE STUDY:

Sarah is a 17-year-old girl who was diagnosed with Type 1 Diabetes 4 years ago at the age of 13 years. When Sarah was 13 years old her mum noticed Sarah started to go to the toilet a lot. When her mum questioned her Sarah said that she keeps wanting to wee and gets thirsty all the time. Her mum noticed that Sarah seemed like she had lost weight as well so she made an appointment with the GP who carried out various tests and observation before diagnosing type 1 diabetes. She and her mother were shocked and upset by the diagnosis, and both felt its management would be too great a task to take on by themselves.

Sarah is an only child and lives with her mother, a single parent. She attends college and is popular with her peer group. Sarah's peer relationships have had a counterproductive effect on her, and she feels she is different from her friends as the only one who has diabetes. This at times affects her self-esteem and impacts her diabetes control.

Her mother is very involved in her care and diabetes management from the onset. Despite this, her diabetes control deteriorated over time. She has found it difficult to count the carbohydrate portions in her food. She finds her injections hurt much more these days, than when she was first diagnosed. She is also fearful of having a hypoglycaemic attack and "looking stupid" in front of her friends.

At her subsequent diabetes clinic appointments, she reported that "nothing had really changed," except she "didn't have time to think about her diabetes," although she felt guilty because she knew she could make herself ill and her mum would get upset.

Sarah and her multi-disciplinary team discussed treatment options to improve her glycaemic control. She has refused insulin pump therapy but agreed to a blood glucose monitor.

WORK EXPERIENCE

Work experience is an integral part of your course. To support with this process when we see you in the summer for your induction day we will need you to bring some of the information below to support your DBS.

ID Documents required for DBS Certificate

You will need to provide a minimum of 3 documents. The more documents you provide the easier it will be to complete the form. You must provide at least 1 from the 4 listed here:

- ◆ Birth Certificate
- ◆ Any current and valid passport
- ◆ Biometric Residence Permit
- ◆ Driving Licence (Photo card and counterpart) full or provisional

If you provide 2 from the above list you will need to provide 1 from the list below (which must be dated within the last 3 months). If you only have 1 from the above list you will need to provide 2 from the list below:

- ◆ Adoption Certificate
- ◆ Bank or Building Society Statement (issued within 3 months)
- ◆ Credit Card Statement (issued within 3 months)
- ◆ Utility Bill (issued within 3 months)
- ◆ Benefit Statement eg Child Benefit, Housing benefit etc.
- ◆ EU National ID card
- ◆ Cards Carrying the PASS accreditation log
- ◆ Letter from Head teacher—UK used for 16-19 yr olds in full time education.

If you have a National Insurance number you will need to put this on your DBS application also.
If you require additional information please call Debbie Fitton on 0161 280 8427.

There is also a uniform for placement that you will need to order but we can go through this at induction. Details below are for your information.

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