



**CCEA Revised GCSE Health and Social Care
(For first teaching from September 2017)**

Exemplar Controlled Assessment Task

(based on the Specimen Assessment Materials task)

**Unit 2: Working in the Health, Social Care and
Early Years Sectors**

Part A

(i) Choose an adult (real or fictional) with a physical disability and describe how the disability impacts on the physical, intellectual, emotional and social needs of the chosen individual.

This task is based on Jack, aged 47, who has a physical disability following a stroke. He is a patient in the stroke unit of a local hospital. As a result of the stroke Jack has mobility and speech and language problems.

One of Jack's physical needs is medical care. He requires medication for pain control and to prevent and dissolve blood clots, reduce his cholesterol levels and lower his blood pressure. (NHS 2017). He also requires treatment from a range of health and social care practitioners such as doctors, nurses, speech and language therapists, physiotherapists, occupational therapists and dieticians to help manage the disability and aid his recovery.

Another physical need is mobility. Jack is unable to lift his right arm and he has very limited movement in his right leg. As a result, he is unable to walk and is confined to a wheelchair. He is unable to carry out many everyday activities such as getting in and out of bed or going to the bathroom. Jack's lack of mobility has also impacted on his need for personal hygiene as he is unable to shave, shower or have a bath or shower without assistance.

Jack's physical need for nutrition has been affected by the physical disability resulting from the stroke. Jack has difficulty swallowing as the stroke affected part of his brain so he is unable to eat a diet consisting of foods which require chewing. In addition, his muscles are weak so he is unable to lift or hold a cup or cutlery using his right hand (Stroke Association 2015).

The disability has also impacted on Jack's intellectual needs in particular his need for knowledge of the effects of the stroke and his physical disability. Jack was unaware of any of the symptoms or effects of a stroke. He needs to develop his knowledge of the effects of the stroke and the treatment options available. Jack also needs to gain knowledge and understanding of how he can reduce his risk of suffering another stroke. In addition, he needs to gain knowledge of the effects of the physical disability, how it will affect his ability to carry out everyday living activities and the treatments available. He will also need to gain knowledge of the support available when he leaves hospital, for example, the social care available and the benefits to which he is entitled (CCEA Fact File).

Another intellectual need is stimulation. Before Jack became physically disabled he enjoyed completing the crossword in the daily newspaper and was a member of a local quiz team. He enjoyed reading crime novels and spending time 'surfing the net'. Due to his limited mobility, speech and language problems and the time spent in hospital Jack will find it difficult to continue these activities and may lack stimulation.

Jack also has emotional needs and one of these is the sense of autonomy. Before Jack became disabled he was very independent. He is a bachelor and was able to care for his apartment and carry out all household tasks independently. He also enjoyed cooking and trying out new recipes. Jack's lack of mobility means that he feels he has lost independence as he is unable to take care of his personal hygiene, wash and dress, go to the bathroom or feed himself. As a result, Jack feels he has no control of his life and he is becoming frustrated and angry as he is dependent on others to carry out basic day to day tasks for him.

Jack also needs to feel cared for. It is important that this emotional need is met as Jack feels frightened and anxious. He is worried about his recovery and feels very uncertain about the future. He is very apprehensive as he does not know if he will regain movement in his right arm and leg and be able to walk again or to swallow and eat solid food in the future. Jack does not know if he will be able to return to his job as the manager of a DIY store or continue his hobby of mountain biking. He is also frustrated and frightened as he has difficulty reading, speaking and understanding what others are saying. Jack is unable to express how he feels and this makes him feel down and increases his frustration and anxiety (Stroke Association 2015).

The physical disability has also had a major impact on Jack's social needs in particular communication. Jack finds it very difficult to understand what staff and visitors are saying to him. He often feels that they are speaking a foreign language and finds it very difficult to understand when they speak in long sentences. His speech is very poor and he communicates mainly by making sounds. Jack can read the headlines of a newspaper but cannot understand the rest of the text. (Stroke Association 2015).

Interaction with others is another important social need. Before Jack became disabled he enjoyed going to quizzes, football and mountain biking with his friends. He is part of a large extended family and enjoyed Sunday lunch with one of his brothers or sisters and their family. Jack is a very popular uncle and

enjoyed taking his nieces and nephews to the cinema and on other outings. Jack chatted with colleagues and customers in the DIY store. At present Jack will have difficulty meeting this need due to the speech and language problems. In addition, he may be embarrassed and not want family and friends to visit him. Family and friends may be reluctant to visit Jack as they feel they may not know how to communicate with him and do not want to embarrass him or make him feel frustrated. Jack may have to learn alternative ways of communicating and find alternative hobbies and employment to help meet his need for interaction with others depending on the long-term effects of the disability.

980 words

(ii) Analyse how integrated health and social care services meet the needs of the chosen individual.

Jack's immediate physical need for medical care was met by services from the statutory sector. The ambulance staff assessed Jack and transported him to the nearest accident and emergency department. On arrival at hospital a number of tests including blood tests and a swallow test were carried out. Jack's blood pressure and pulse rate were monitored and within an hour he had a brain scan to determine the type of stroke and the damage caused to the brain (NHS Choices 2017). Following the results of the brain scan Jack was given "clot-busting" medication known as thrombolysis to dissolve the clot and restore blood flow to the brain, but unfortunately damage had already been done. (NHS Choices 2017). Jack was transferred to the stroke unit in the hospital where he was cared for by a multi-disciplinary team.

The physiotherapists helped meet Jack's need for mobility. Initially he was assessed by a physiotherapist who helped draw up his plan of care. The physiotherapist gave advice on how Jack should be positioned in bed to avoid injury or pain and gave him some chest physiotherapy to help prevent infection. When Jack's condition stabilised the physiotherapist drew up a programme of exercises to help strengthen the muscles in Jack's right arm and leg. The aim of these exercises is to build up stamina, prevent joint stiffness and improve Jack's mobility. The physiotherapist also recommended that a hoist be used to help Jack get in and out of bed. As Jack recovers the physiotherapist may recommend further equipment such as a walking frame or rollator to help meet Jack's need for mobility (Stroke Association 2017).

Jack's need for nutrition was met by the speech and language therapist and the dietician. The speech and language therapist carried out an assessment of Jack's ability to swallow through a physical examination and by asking him to swallow foods and drinks of different consistencies. Following the assessment, he recommended that any thin liquids or water that Jack was given should be thickened and that he should eat only soft and pureed foods. When writing up Jack's notes the speech and language therapist also requested that Jack's food be cooled as hot foods are more difficult to swallow as they cannot be held in the mouth for a long period of time. Health care assistants and Jack's family also help meet his need for nutrition as they feed him. The speech and language therapist showed Jack exercises to do to strengthen the muscles in his face, lips and mouth which will improve his ability to swallow. As his

condition improves his plan of care will be amended. A dietician may also contribute to Jack's care by helping ensure he gets the nutrients and fluids he requires (Stroke Association 2015).

Another physical need which Jack requires assistance to meet is personal hygiene. When first admitted to the ward this need was met by health care assistants who washed and shaved Jack and helped him to the toilet. Sometimes his family members assist Jack with his personal hygiene. When his condition stabilised Jack was assessed by an occupational therapist. This involved assessing Jack's strengths, difficulties and his ability to carry out everyday living activities like washing, shaving and toileting. Following the assessment, she drew up a plan of care which involved Jack practising carrying out everyday living activities such as showering and shaving. She altered the ways in which Jack carried out these activities, for example having a shower using a shower seat and grab rails and using a commode and then as he improved a raised toilet seat and frame. Jack was also provided with aids such as a modified toothbrush with a thicker handle, a long-handled comb and an extra handle for his razor making it easier to grip.

Staff try to meet Jack's intellectual need for knowledge of his disability by taking time to explain his condition and the treatments available to him. They are very patient and use simple language that Jack can understand. Jack has also been given information leaflets but at present he finds them very difficult to read. Some staff have used diagrams to try and explain Jack's condition to him. Jack's niece contacted Northern Ireland Chest Heart and Stroke, a voluntary organisation, and accessed a range of information which she has used to try and explain to him the treatments available and the expected recovery. As Jack improves he may be able to read the information himself which is clearly laid out, using simple language and illustrations. Jack's brother accessed a range of video clips on You Tube explaining the effects of his condition which he hopes will be helpful as Jack has communication difficulties.

Jack's family and friends try and meet his need for stimulation but it difficult as Jack is unable to read and take part in his usual activities. They visit him on a regular basis and chat to him about what is happening in the local area and on the news. Jack finds it difficult to follow the conversations but his family always make sure that he is able to see and hear the television. The occupational

therapist is working with Jack to try and find other activities to meet his need for stimulation.

A range of staff and Jack's family and friends try to meet his need for a sense of autonomy. The plan of care drawn up by the physiotherapist will help Jack regain his mobility and increase his independence. He hopefully will be able to carry out everyday living activities independently after completing the programme of activities using the aids given by the occupational therapist. The treatment given by the speech and language therapist will help Jack gain a sense of control as he will be able to feed himself and as his language skills improve, he will be able to ask questions and take part in discussions about his care. He will be able to put forward his point of view and be more fully involved in decisions about his care. Jack's family also help meet this need by advocating for him and the practitioners involved in his care listen patiently as he tries to put forward his opinion and they take into account his wishes as much as possible.

Jack also needs to feel cared for and this emotional need is met by his family and friends who have drawn up a rota to make sure that he has visitors every day. They spend time with him chatting to him about everyday things or simply sitting with him and holding his hand if he is tired or anxious. Friends and colleagues have sent him cards and good wishes. When caring for him staff treat Jack with respect and dignity and never make him feel he is a burden.

The speech and language therapist helps to meet Jack's social need for communication not only through the programme of exercises drawn up, which through time may restore his speech, but also by advising staff, family and friends on how to communicate with Jack in different ways. These include using picture cards and drawings, writing down information, speaking more slowly, not shouting and using short simple sentences (Care assistant).

Jack's social need for interaction with others is met mainly by family, friends and work colleagues who visit him and the staff who care for him. As he recovers and takes part in his rehabilitation programme he will meet other patients and be encouraged by the occupational therapist to take part in activities and interact with others.

1260 words

Part B

(i) Explain, using examples, four ways children may access health and social care services.

Self-referral is when a child refers him/herself to a health or social care service. An older child may call into a dental surgery and make an appointment for a check-up. A child who is being abused may phone Childline for help and guidance.

Professional referral when a child is referred to another service by a professional such as a GP or social worker for further treatment or support. Examples include a dentist referring a child whose teeth are not developing as expected to an orthodontist for more specialised treatment or a GP referring a child with stomach pains to the hospital for an x-ray.

Third party referral is when an individual contacts a health or social care service for a child. Examples include a parent phoning the GP to make an appointment for their child who is complaining of earache or a neighbour phoning social services as they are concerned that the child next door is often left home alone.

Recall is when a child is called back by a service for further appointments to check progress or for additional treatment. Examples include a child who has a fractured arm being given further appointments at the fracture clinic to check the bone is healing.

207 words

(ii) Assess the potential barriers children may face when accessing health and social care services and analyse how these may be overcome.

Lack of resources in the service is a major barrier to children accessing health and social care services. Recent media articles have highlighted this barrier where a shortage of nurses and doctors and a lack of funding has resulted in children being unable to access the services they require or experiencing long waiting times for treatment. A report produced by the Department of Health revealed that by the end of September 2017, 863 children were waiting for surgery and 154 of these children had been waiting more than 52 weeks (DOH 2017). The main way in which this barrier could be overcome is by the government providing more funding to make more hospital beds available and to enable more nurses and doctors to be trained. Another way in which this barrier may be overcome is by parents paying privately for their child to have surgery. This is only an option for parents who are able to afford the surgery or who have private health insurance.

Children needing orthodontic treatment often face this barrier. At present some children have to wait considerable time for an initial assessment. The main way in which this barrier may be overcome is by increased government funding to allow more orthodontists to be trained which will reduce waiting lists and increase the number of orthodontic practices. This barrier has been overcome for some children as parents may pay for private treatment which avoids lengthy waiting lists.

This barrier is also experienced by children who need to see a mental health professional. The current target of a nine week wait for an appointment with the Child and Adolescent Mental Health Service (CAMHS) was missed 130 times in 2016. This is a 62% increase from 2015 (Irish News 23/12/16). As in the previous example the main way in which this barrier may be overcome is by increased funding allowing more mental health professionals to be trained increasing the availability of the service.

Psychological difficulties are also a barrier that children may experience when accessing services. For example, some children are very frightened of visiting the dentist as the surroundings are unfamiliar and the sounds and smell are strange. They may also be frightened by the large chair and the uniforms of the staff. This barrier may be overcome by both the parents of the child and the staff in the surgery. It is recommended that children visit the dentist from a

young age and it may be beneficial for a child to accompany their parent to the dentist so that they become familiar with the setting. Parents may also role play going to the dentist with their child, for example getting them to lie and open their mouth and explain in simple terms what is involved when visiting the dentist. Cartoons and short stories are available to help children understand what visiting the dentist involves, for example, Show Me Your Smile! (Dora The Explorer). The dentist can also help children overcome their fear by being friendly and welcoming, having posters and cartoon characters on the walls and toys and games in the waiting room (Smile and Implant Centre 2015).

Many children become distressed when they have to go into the hospital for treatment as they are surrounded by strange sights, sounds and smells. Craigavon Area Hospital helps children overcome this barrier through play. When children attend the hospital for day procedures they are given crayons and pictures to colour in while they are waiting and a wide range of jigsaws, toys and games are available to distract and amuse the children while they wait. The Royal Belfast Hospital for Sick Children has introduced play therapy sessions for children who will be in hospital for a long period of time receiving treatment. These sessions help prepare children for the treatment and alleviate anxiety. Role play, toys and other activities are also used to help overcome this barrier. Many nurses and doctors in the hospital carry a bottle of bubbles in their pocket. Blowing bubbles helps control the child's breathing and regulates their heart beat which is raised by anxiety. Blowing bubbles is also a fun distraction (Irish News 21/11/2017).

Lack of knowledge may also be a potential barrier to children accessing a health and social care service. A child cannot contact a service if they do not know the service exists. One of the main ways this barrier may be overcome is through advertising. Services can advertise what they offer in settings used by children such as schools or youth clubs, during commercial breaks on children's television programmes and on buses and hoardings. Childline advertises its services through posters displayed in schools, advertisements on television and on bill boards.

Geographical location is another barrier children may face when accessing services. This means the health or social care service is not available in the area where they live or they are not referred to it. An example of this is CAMHS which has been previously mentioned. According to the Children's

Commissioner for the UK access to CAMHS is a postcode lottery with variations in the number and proportion of children being referred to CAMHS across the different regions. In other words it depends on where the child lives- children in some areas are referred and children in other areas are not. It has been suggested that one way in which this barrier may be overcome is by CAMHS providing online counselling which would improve access to the service. Children are very familiar with this form of communication. Another way the barrier of geographical location may be overcome is through the provision of outreach services. This involves the service being available perhaps one day a week or month in the local area. This already happens in some areas where specialists from the large Belfast hospitals hold clinics one day a week in smaller hospitals or health centres outside the city. This helps reduce the barrier as the service is available in local areas.

991 words

Part C

(i) Carry out an investigation and describe the job roles of three practitioners who work with older people.

Social Worker

Older people experience a range of issues as a result of ageing and are more vulnerable and prone to illnesses and conditions which affect their ability to care for themselves and lead independent lives. The main aim of the social worker is to help ensure older people have the necessary support to remain as independent as possible and have a good quality of life. The job role involves

- assessing the needs of the older person (physical, intellectual, emotional and social) and drawing up a care plan or package which meets these needs. This may involve the older person receiving care and support in their own home or moving to residential care.

- monitoring and reviewing the care plan to ensure it is meeting the needs of the older person

- giving advice and information on entitlement or how to access benefits

- referring the older person to other services, for example Age Concern, occupational therapy or a day centre

- liaising with the older person's family about informal care

- advocating on behalf of the older person helping to make sure their opinions about their care are clear

- providing emotional support and counselling

- organising a case conference with perhaps the older person, their family and other practitioners to organise and review the care and support needed (Prospects, scie, Clare, a social worker)

Physiotherapist

Older people may require physiotherapy for a number of reasons. They may have a condition such as Parkinson's disease, osteoporosis or arthritis which has reduced their mobility. They may be recovering from an accident, fall, fracture or a stroke which has also reduced their mobility, or they may be frail, have poor balance or in hospital receiving treatment. The main aim of physiotherapy is to improve the mobility of older people, maintain their

muscle strength and overall help them lead an independent and a good quality of life (Physio.co.uk). The job role involves

- assessing the older person including aspects such as mobility, balance, coordination, muscle weakness, examining joints and discussing the problems the person is experiencing
- drawing up a treatment plan to address the issues identified and this may include a programme of exercises, massage, heat or cold treatments, TENS machines or hydrotherapy in a pool
- giving advice on perhaps doing everyday things in a different way or using a walking stick for support
- providing aids such as walking sticks, rollators, walking frames or crutches
- referring older people to other practitioners, for example, an occupational therapist or social worker
- giving treatment using manual techniques such as massage to loosen joints or enable an older person with a chest infection to cough up mucus
- writing up notes and keeping accurate records of the treatment given and the progress made (local physio.co.uk).

Care assistant in a care home

Many older people have complex needs and health problems and as a result are unable to live in their home and therefore move to a care home where they can receive 24 hour care. Care assistants are part of the team which provides care and support for these older people and their job role involves

- assisting residents with personal care including toileting, cleaning, bathing, dressing and undressing
- assisting residents with limited mobility to move to communal areas or to return to their bedrooms as requested
- attending residents with reduced continence control, toileting, cleaning and changing continence pads and removing wet or soiled clothing
- ensuring bedrooms areas are kept clean tidy and pleasant by undertaking tasks such as making beds, changing bed linen and emptying commodes

- cleaning equipment such as wheelchairs or commodes used for the personal care of residents
- assisting to serve meals and encouraging residents who require additional support at meal times
- turning and moving residents who have poor mobility or are confined to bed on a regular basis as recorded in their care plan to prevent the resident developing pressure sores (Job advertisement for care assistant in a care home and Nikki a care assistant in a care home).

668 words

(ii) Analyse how one of these practitioners may apply the values of care in his/her day to day work with service users.

In order to complete this task I spoke to Nikki a care assistant in a care home.

Individual rights

Residents in the care home have rights and the care assistant must respect these. Residents have the right to independence and in her work Nikki encourages them to dress and wash by themselves, only giving assistance when necessary. She also encourages them to make decisions about their care and support and does not make decisions for them.

Residents also have the right to choices. Activities are organised for the residents every afternoon and Nikki encourages each resident to choose the activity they wish to take part in. If residents choose not to take part in any activities, she respects this decision.

Safety and security is an important right for the residents as many are frail and vulnerable. Nikki follows the actions in the care plan, for example, assisting residents to shower to avoid slips and ensuring laces are tied to avoid trips. She also makes sure that residents who require walking sticks or frames have them within reach.

Nikki applies the right to confidentiality by sharing residents' information only with those who need to know; she does not chat informally with colleagues about residents or with friends or family members.

Anti-discriminatory practice

Nikki treats all residents fairly and as an individual regardless of their race, beliefs, gender, disability, cognitive ability, mental health or sexuality. When baking or gardening activities are on offer she offers them to both male and female residents. Some of the residents are able like to attend religious services in the community and Nikki accompanies them to the church of their choice. She respects religious objects residents may have in their bedroom and makes sure that on Ash Wednesday and Good Friday Roman Catholic residents are offered fish as an alternative to meat. Some of the residents have disabilities like poor mobility and others have mental health needs and can become confused especially at night when they are tired, but Nikki is always patient and never makes these residents feel they are a nuisance or a burden.

Respect and dignity

Nikki shows respect by addressing the residents by their preferred title, for example, some prefer to be called their first name whereas others want to be addressed as Mr, Miss or Mrs. She never uses terms such as 'dear' or 'pet'. Nikki ensures that residents are dressed appropriately, for example, that zips are pulled up and buttons closed. If residents have soiled clothing she changes them and makes sure that the residents are clean and have their hair brushed. When carrying out personal care such as dressing a resident she makes sure the curtains are closed and the door shut. Nikki covers the resident with a towel when giving a bed bath to avoid the resident being left with no clothing. When taking a resident to the toilet she makes sure the bathroom door is locked. Nikki always knocks on the residents' bedroom doors before entering to ensure their privacy. When speaking to residents Nikki uses an appropriate tone of voice and listens carefully to their concerns and worries and responds appropriately. She is never rude but is always polite to residents.

Effective communication

Nikki applies this value in a range of ways. She ensures that residents who require a hearing aid are wearing it at the correct setting and that the batteries are functioning. She also makes sure that residents who have glasses are wearing them and that the lenses are clean. When speaking to residents Nikki uses an appropriate tone of voice and gets down to their level often crouching on the floor beside them or sitting on the arm of their chair but she also makes sure she does not invade their personal space. She uses an appropriate level of language and speaks at a suitable volume and pace to help ensure the residents understand what she is saying. Nikki listens carefully to what the residents say and often reflects or paraphrases what they have said. She does not rush residents but is patient and allows them time to reply. She tries to use empathy to help her understand how the residents are feeling. Nikki always tries to maintain eye contact with the resident she is speaking to and if the room is too noisy to allow her to speak to a resident she may turn down the radio or television, close the door or move to a quieter area.

745 words

(iii) Evaluate your sources of evidence for Part C.

I used three sources of evidence to investigate the job role of a social worker. The least useful source was the website Prospects.co.uk as the information on the job role of a social worker was general and I found it difficult to apply it to older people. Clare the social worker was an excellent source as she works with older people and provided me with valuable information but I sometimes did not fully understand what she meant. The video clip from scie was very helpful as I was able to watch social workers who work with older people carry out their day to day work.

I used two websites to investigate the job role of a physiotherapist and both were useful. Local- physio.co.uk website had a section on 'Physiotherapy for the Elderly' which explained how a physiotherapist can help older people. The section on the Elderly Rehabilitation on the website Physio. co.uk helped me understand why older people may require physiotherapy.

I also used two sources to investigate the job role of a care assistant in a care home. The advertisement for a care assistant gave me a detailed outline of the duties involved. These were clearly listed making them easy to read but I found some of the duties difficult to understand. Nikki, the primary source provided me with very useful information as she has been doing the job for three years. She was able to explain clearly to me what she did in her work with the residents and I was able to ask her to explain anything I did not understand.

Nikki was also a very useful source for part (ii) as she actually works with older people and was able to explain to me how she applies the values of care in her day to day to work. The CCEA fact file helped me understand the values of care and I found the examples very useful.

320 words

End References

Blood-Smyth, J., 2016, Physiotherapy for the Elderly available on <https://www.local-physio.co.uk/articles/physiotherapy-for-elderly>

accessed on 10/1/2018

CCEA Fact Files: Meeting the Needs of Service Users with Physical Disabilities and Values of Care

DOH, 2017, 'Northern Ireland Waiting Times Statistics: Inpatient and Day Care Waiting Times Quarter Ending September 2017' available on

<https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-inpatient-and-day-case-waiting-times-september-2017> accessed on 7/1/2018

Irish News, 21st November 2017, 'Making Hospital Child's Play'

Irish News, 23rd December 2016 'Child and Adolescent mental health service waiting times rise' available on

<https://www.irishnews.com/news/2016/12/23/news/child-and-adolescent-mental-health-service-waiting-times-rise-84875> accessed on 9/1/2018

NHS Choices, 2017, 'Treating a Stroke' available on

<https://www.nhs.uk/conditions/stroke/recovery/> accessed on 3/1/ 2018

NHS Choices, 2017, Stroke Diagnosis available on

<https://www.nhs.uk/conditions/stroke/diagnosis/> accessed on 6/1/2018

Physio.co.uk 'Elderly rehabilitation' available on

<http://www.physio.co.uk/treatments/physiotherapy/elderly-rehabilitation.php> accessed on 10/1/2018

Prospects, 2017, 'Job Role of A social Worker' available on <https://www.prospects.ac.uk/job-profiles/social-worker> accessed on [10/1/2018](#)

SCIE (Social Care Institute for excellence), 2015, 'What is social work? Services for older people' available on <https://www.scie.org.uk/socialcaretv/video-player.asp?guid=86402c7c-97f0-41> accessed on 10/1/2018

Smile and Implant Centre: Help Your Children Overcome a Fear of Dentists available on <http://www.smileandimplantcentre.co.uk/help-children-overcome-fear-dentist/> accessed on 7/1/2018

Stroke Association, 2017, 'Life after A Stroke: Dealing with Swallowing Problems' available on https://www.stroke.org.uk/sites/default/files/dealing_with_swallowing_problems_0.pdf accessed on 3/1/2018

Stroke Association, 2017, 'Physiotherapy after a Stroke' available on <https://www.stroke.org.uk/resources/physiotherapy-after-stroke> accessed on [6/1/2018](#)