



# Case Studies with Activities

for BTEC (L1/2) Tech Award in Health and Social Care  
Component 1: Human Lifespan Development

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# Teacher's Introduction

This resource has been prepared to assist students and staff with Component 1 of the BTEC Tech Award Level 1/2 in Health and Social Care (first teaching September 2022). It comprises a collection of presentations by working practitioners, and case studies, set in the fictional town of Dunsbridge. These provide the basis for a range of tasks and activities for both classroom and homework use, to complement the teacher's input. It should not be considered a textbook but should instead be seen as a guide to help students with their own research. It also cannot replace the teacher; it is a supplementary source to facilitate teaching and learning and could form part of a departmental virtual library.

It contains a variety of student-centred activities, discussions, tasks and practical exercises based on health and social care situations. They are designed to encourage students to develop their knowledge and prepare them for their assignments. In Component 1, students are expected to demonstrate knowledge and understanding of how an individual's PIES (physical, intellectual, emotional and social) characteristics grow and develop through the life stages, and how specific factors and life events can affect PIES development, and how individuals cope and are supported through changes caused by life events.

Some students may find it easier to use some of this material as the basis for their actual assignment submissions, whereas others may prefer to take what they have learned here and apply it to examples they have a personal interest in; for example, a case study based on a service user they know from a placement or a family member.

All the worksheets are photocopiable and provide a valuable resource for the busy teacher. Learning takes place through practical tasks performed by the students themselves. Where relevant, suggested answers are given for the activities.

Many of the activities and case studies are based on interviews with actual practitioners to ensure that the information is as up-to-date and relevant as possible.

Organisations and settings may be different in different areas, and service provision may depend on practitioners' interpretation of local needs. I strongly recommend, therefore, that contact is made with local authorities and service providers to find out what the local situation is and how it differs from what is presented here and, if possible, to arrange visits or invite guest speakers in.

The information provided is correct at the time of writing, but legislation and circumstances change, so teachers should check the current situation for any changes.

*January 2023*



= Individual



= Pairs



= Small groups

## Teacher's Notes

Activity	Topics covered	Teaching notes
Introductory activity	<input checked="" type="checkbox"/> All	N/A
Activity A1	<input checked="" type="checkbox"/> A1: Infancy <input checked="" type="checkbox"/> A2: Lifestyle factors (nutrition, smoking and alcohol)	N/A
Activity A2	<input checked="" type="checkbox"/> A1: Early childhood <input checked="" type="checkbox"/> A2: Physical factors (disabilities), emotional factors (security), social factors (supportive and unsupportive relationships with others)	N/A
Activity A3	<input checked="" type="checkbox"/> A1: Adolescence <input checked="" type="checkbox"/> A2: All factors	N/A
Activity A4	<input checked="" type="checkbox"/> A1: Early, middle and later adulthood <input checked="" type="checkbox"/> B1: All types of life event	<ul style="list-style-type: none"> <li>• Copy one of each of the 'people' boards and a set of cards for each group.</li> <li>• Adapt the game to suit the number of students if using one 'person' board or by two students sharing a board.</li> </ul>
Activity A5	<input checked="" type="checkbox"/> A1: Later adulthood <input checked="" type="checkbox"/> A2: All factors <input checked="" type="checkbox"/> B1: All types of life event	Decide whether to do this as an individual or a paired activity.
Activity A6	<input checked="" type="checkbox"/> A2: All factors	N/A
Activity A7	<input checked="" type="checkbox"/> A2: Environmental factors (home environment) <input checked="" type="checkbox"/> B2: Types of support (information, advice, financial)	N/A
Activity A8	<input checked="" type="checkbox"/> A2: Physical factors (inherited and acquired)	Four groups will be needed for this activity (one for each factor). Depending on the size and make-up of the groups, it could be completed as a small-group activity.
Activity A9	<input checked="" type="checkbox"/> A1: All life stages <input checked="" type="checkbox"/> A2: Social and cultural factors <input checked="" type="checkbox"/> B1: All types of life event	N/A

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Activity	Topics covered	Teaching notes
Activity A10	<input checked="" type="checkbox"/> A2: Emotional factors (anxiety/worry) <input checked="" type="checkbox"/> B2: Sources of support (professional carers and services)	N/A
Activity B1	<input checked="" type="checkbox"/> B1: Life circumstances (exclusion from education)	N/A
Activity B2	<input checked="" type="checkbox"/> B1: All types of life event <input checked="" type="checkbox"/> B2: Character	N/A
Activity B3	<input checked="" type="checkbox"/> B1: All types of life event <input checked="" type="checkbox"/> B2: Sources and types of support	Adapt the activity to suit the number of students if not one 'person' board (and the relevant supporter and student sharing a board).
Activity B4	<input checked="" type="checkbox"/> B1: All types of life event <input checked="" type="checkbox"/> B2: Sources of support (multi-agency working)	N/A

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## The Dunsbridge Scenario

The presentations and case studies in this resource have been drawn from health and social care issues in a fictional market town of Dunsbridge. The town itself has a population of about 30,000, with another 20,000 from the surrounding area.

Overall it is a relatively prosperous area, but there are pockets of severe deprivation. One of the outskirts of town, for example, is among the four per cent most deprived areas in the country. There are few shops, but for most services residents have to go into the town centre – about 20 minutes walk – a problem for older people and the disabled, although bus services are generally good. There is also poverty in the nearby villages, and there public transport is an issue for those with limited funds. High costs have added to these problems.

The local health service providers have identified certain issues among children in the town, as well as other problems associated with poverty. Young people in the villages often feel isolated and have health issues. For the older population, hypertension, diabetes, stroke and heart disease are as particular concerns. These concerns are reflected in the services offered at the health centre, which in addition to physiotherapy and audiology departments and an out-of-hospital rehabilitation centre and a diabetes unit.

The town has been affected economically by the closure of a large engineering business, leading to increased unemployment. Many shops have also closed as people have switched to online shopping, leaving fewer facilities for those who cannot use the Internet.

The population is fairly diverse, both ethnically and culturally. Although the surrounding area is mostly white, with just a few Eastern European seasonal workers, Dunsbridge itself is home to a variety of backgrounds – black, white and Asian, including a few refugees from different parts of the world. There is also a small satellite campus of a major university in the town, with many local students.



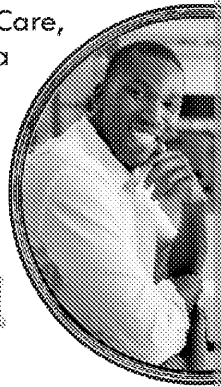
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## Presentation 1: The manager of a patient s

My name is Marcus and I am the manager of Dunsbridge Care, a voluntary organisation working in social care, based at a community centre in the centre of Dunsbridge. We offer a range of services to complement the work of the NHS and the local authority's Social Care Department in the Dunsbridge area, including:



- 'Coffee, chat and games' drop-in sessions, where people can come and play board games, or just sit and socialise
- A befriending service, in which volunteers visit housebound clients once or twice a week to provide some social contact
- Help and advice with official paperwork, especially benefit claims
- What we call a 'well-being' service for people over 50 who have severe health problems, to help them get back on track and develop other interests rather than feeling defined by their ailments
- Support for people with mental health problems, including an anti-suicide service
- The NHS's HOPE (Helping Overcome Problems Effectively) strategy, which encourages people to work through their health problems together
- Carers' groups, in which people with caring responsibilities can get together and share experiences of a similar situation
- A memory café, with activities for both clients with dementia and their carers
- A singing group
- A shopping service, including collecting prescriptions
- Advocacy – speaking on behalf of clients who do not have the confidence to speak to medical practitioners, social workers or government officials
- Transport, both to medical appointments and to social events (we have to be licensed for this)
- Visits to local areas of interest
- The loan of mobility and disability aids to anyone who needs this support. We can also provide it

It has been shown that physical exercise has enormous benefits to mental well-being, so we also run walking and swimming groups, and we have a small café. There is a charity shop, and although any profits from that go towards our running costs, the main aim is to help people who cannot afford normal shop prices, and also to provide a social outlet for clients who may not be able to access regular jobs.

We like to get to know our volunteers well before we take them on, to be sure they are suited to the roles they are undertaking and are not simply volunteering as a 'prop' for our publicity. The main attributes we look for are:

- Trustworthiness – our clients are often very vulnerable and must be able to rely on us when we say we will and doing what they have promised to do
- Empathy – this is vital in any caring role
- Honesty
- Confidentiality – volunteers will often be privy to very sensitive information about clients, and that they will respect clients' confidentiality

Many of our volunteers undergo special training in the fields in which they will be working. For example, those working with clients with mental health problems will be trained to do so (although they are not NHS staff, since their role is to complement the NHS work, not replace it), and those providing benefit advice will also attend the relevant courses.

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Much of our work involves helping people who have experienced life-changing bereavement or unemployment, sensory loss or dementia, or perhaps just a crisis. For example, it can be difficult for someone to come to terms with the fact that their husband or wife, child or parent, but have taken on a new role of carer. We offer support in these circumstances, but also information and advice, and perhaps the loan of equipment or help with transport.

Since much of our work complements that of other agencies such as the NHS, we work closely with those organisations. For example, GPs and social workers, and the services we offer, such as benefit advice or emotional and social support, are often linked. We might benefit from some of our activities, like the walking and swimming groups, which brings us into contact with other agencies. In addition to these 'ad hoc' contacts, we have formal links. We are involved in the local intermediate care group, comprised of medical professionals, physiotherapists, occupational therapists and GPs and social workers, to discuss and coordinate care during the intermediate stage between hospital care and independent living. This is also funded by the NHS to provide support for clients on their discharge from hospital. We also involve helping them with benefit claims, shopping or arranging short-term care if they need mobility aids or any other need.

There are obviously limits to what we can do. Like all voluntary organisations, we have limited resources, and we therefore have to prioritise the range of services we offer. The amount of time they are able to give is another limiting factor. And we need the expertise to deal with all the concerns that clients present. When this happens, we are able to signpost them to agencies that can help.



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## Presentation 2: The GP

My name is Susan and I am one of 25 doctors working on two different sites in the Dunsbridge area, with 30,000 patients between us. Twenty-four of us are part-time. We have a number of other professionals who work with us, including midwives, health visitors, reception staff and a practice nurse. We all play a different role and although we doctors are paid by the surgery, some of the other professionals, such as the midwives and the health visitors, are paid by the local NHS primary care trust. In addition to their medical responsibilities, doctors and other health professionals need to be very aware of issues such as trauma, domestic violence and mental health problems.



Once a month we have a child safeguarding meeting involving the team of doctors, health visitors and social workers. We discuss problems relating to the safety of children in our care and help the children and their family. These children are often referred to us by social workers or social prescribers attached to the surgeries, and they take a holistic approach. We will then see the client a number of times to identify what agencies can best help. We may refer to Age UK, walking groups, mental health charities or respite care, as well as mental health services. Doctors might also refer a client to a social prescriber if they think that is the best option. Professionals who work with the surgeries include two physiotherapists, three nurses (two may deal with patients suffering from mental health problems) and a dietitian.

From birth to old age, the doctor plays a significant role in a patient's health. When a woman becomes pregnant she may need to be screened if there is a family history of genetic problems. However, if it is a normal pregnancy she will be seen by an allocated midwife. A few days after the birth, the new mother and her baby will be in the hands of the health visitor. Eight weeks after the birth the doctor will check the baby and give the mother a check-up. The baby will also be immunised for the first time.

When the child starts nursery or attends school, problems such as ADHD (attention deficit hyperactivity disorder) may be picked up and the child may be referred to the doctor by the school. Assessments undertaken at school may help to point the child in the right direction. However, some children may often be missed.

Another regular meeting that we are involved with is MASH (multi-agency safeguarding hub). This involves the police, social care, the child's school and healthcare professionals. We discuss safeguarding issues and see what help can be given to families and individuals. Early intervention and prevention is particularly important for the children and their parents. Long-term care in the rental and social sector may result in families living away from the support of their extended family. During the COVID-19 pandemic we saw a rise in parental carers. Mental health issues have also risen, with social media having exacerbated issues with gender identity and bullying, leading to anxiety and stress, especially among young people.

Recently there have been changes in the way we work, which has led to greater collaboration between health and social care professionals and local authorities to enhance provision for our patients.

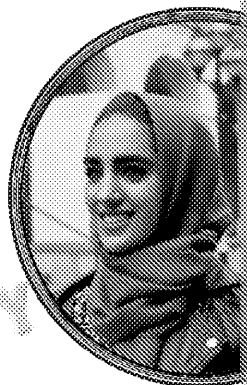
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## Presentation 3: The health visitor

My name is Jamila and I am a health visitor attached to the Queen's Square Health Centre in Dunsbridge. I trained as a nurse and worked for a while in the local hospital. After a few years, however, I decided that I wanted to work with families in the community, so I undertook further training to become a specialist community public health nurse.



My main role is to lead the Healthy Child Programme which covers children from birth to five years old. I support new parents and families in many ways, taking over where the community health service has left off.

This support includes:

- Supporting parents as they become used to parenthood
- Providing advice on feeding and weaning, and on sleeping
- Promoting healthy eating
- Providing advice on minor ailments
- Helping parents ensure their homes are safe
- Assessing the child's development needs
- Conducting a health review at the age of two
- Ensuring that the child has a good start in speech and communication, at an appropriate time

It is very much a partnership with the parents. I adopt a holistic approach in the mental health and overall well-being of the parents and the child, not just the child. This means providing particular support if there are special needs, such as social isolation or depression. I also run parenting groups at the local children's centre, and the 'drop-in' clinics. A lot of my work is on the Parkland Estate, where there are many issues affecting people on low incomes.

I also work closely with other health professionals. Because we have a number of services under one roof at the health centre, it is easy to liaise on issues that span more than one service. For example, we have regular child safeguarding meetings attended by GPs, nurses, and social workers. And as part of our local health plan I am involved in partnerships of GPs, dentists, school nurses and housing officers to help particular groups in our community that no one agency can provide.

Although local authorities are now responsible for public health, I also visit primary schools to provide a community service in health promotion, giving talks and distributing promotional material.

Apart from a professional knowledge of health, I would say health visitors need to be good listeners, working with people from all backgrounds, working as part of a team and organising their own records. It is very important to support and motivate people to make changes.

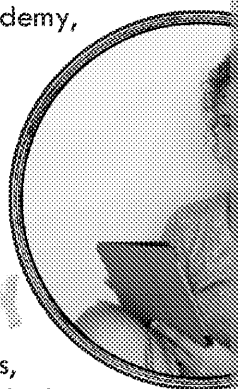
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## Presentation 4: The secondary school

My name is Carla and I am a teacher at Dunsbridge Academy, where I am Head of the English Department, teaching groups ranging in age from 11 to 18. Since the COVID pandemic, many of my students have been suffering from anxiety and mental health problems. Those young people who already have a predisposition to worry have suffered from panic attacks and outbursts of anger and frustration, which may be brought on by grief, their home circumstances or difficulties in their relationships with their peers. We have a number of strategies to help these students, involving pastoral services, their head of year and the student's behavior. Students who have such problems are given a 'pass card', which entitles them to withdraw from find stressful situations, assemblies and even classes when they attack come on. Staff are alerted to individuals who may be subject to the and advised on strategies to deal with them.



Many students with problems take part in the THRIVE Programme which will ensure children's emotional well-being and development. We can offer extra homework and after-school clubs, and visits, including to a forest school or to enjoy experiences they may have missed out on. Therapy activities also include therapy for those who need to work through their problems. These interventions help them having problems at home.

TAF (Team Around the Family) meetings may be held when social care, the class teacher, someone from the THRIVE team and the student's parents discuss an action plan for the student in place. Early help with problems at home means school to social care if action needs to be taken. A number of our children are in care or have been adopted.

One young person who was having problems is a 14-year-old girl called Jess. She was lethargic and was confused about her gender identity. She was referred to work through her problems. She made the decision to cut her hair very short and change her name to James. Her parents found this very difficult to accept at school and from her peers, school has become a 'safe' place for her. She can now identify herself and is now much happier.

PHSE lessons are given to all students, and the topics of diversity and race are in the curriculum. We bring in outside speakers and through projects and events learn about different cultures. For example, we create a special space for pupils who are fat to allow them to opt out of PE due to the high calorie intake during the day.

Serious behavioural problems may initially result in a detention, and if the pupil is still not compliant they may be excluded and placed in another room with work set. This is always done as a last resort, and a Behaviour Support Plan may be put in place. Permanent exclusion is a last resort as it can have an extremely detrimental effect on a child's well-being.

Adolescence is a time of great change and all members of staff need to be aware of the physical, emotional and intellectual needs of the young person. We are lucky to have a safe school environment for them to grow up in.

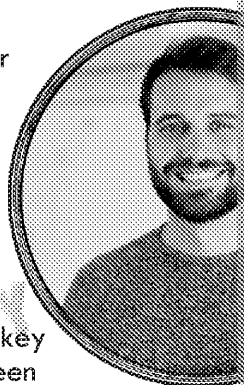
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## Presentation 5: The primary school

My name is Dan and I have been teaching at Parkland Primary School in Dunsbridge for 15 years. As a teacher of this age group one teaches a variety of subjects ranging from Maths, Science, English and Technology to Art, History and PE.



During this stage of children's development, rapid physical growth is matched by intellectual, social and emotional development. Their home environment and social and emotional experiences can affect all of the key characteristics. I have a class of 28 children, aged between seven and eight; some need more support academically than others. I am fortunate to have two teaching assistants who can give individual attention to those who are having problems. A teacher needs to be aware of a child's life outside the classroom, as learning can be very difficult for a child who is not getting enough food or sleep, or is having problems at home, or is perhaps being bullied.

We also have children of varying academic ability in the class and we need to cater for all. For example, one member of my class, a boy called Mark, has learning problems as well as social and behavioural needs. He is eight and needs help with tasks (e.g. carrying a bag). He uses a walker to move around the school and has help in class from a teaching assistant. We have set him targets to help him read and with developing his fine and gross motor skills. We have set him targets to help him experience frustration when he cannot do what the rest of the class is doing. We encourage him to participate physically as much as possible in class activities and in the playground. The school has a lift, so he can access all areas of the school.

Problems at home can really have an effect at school. If we believe that a child is experiencing abuse, the classroom teacher is expected to report their concerns using the COPS system, where a trail of evidence and patterns of behaviour can be logged. This is then passed on to the head teacher, the deputy head and the SENDCO (special educational coordinator) to decide what action should be taken. Where appropriate, police will be informed. In the event of a child experiencing a death in the family, the SENDCO will talk to them about the problem. We also use a local charity who specialise in dealing with grief.

During childhood, children have an ever-widening range of relationships and experiences. Young children are often egocentric (selfish) and it is the teacher's role to develop their understanding of taking and team playing. As a child develops, they will become more independent and more involved in the organisation. Their language skills will also develop with the use of an extended vocabulary. Children will be taught about empathy with their classmates. Themes such as bullying will be included in lessons and the day-to-day curriculum. A constant contact with the school and parents and hold regular parents' evenings.

Every day is different in the classroom and every child has their own requirements. Children develop physically, intellectually, emotionally and socially, which is what makes teaching a challenging job.

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## William, Miriam and family

William and Miriam have recently arrived in Dunsbridge with their children, Adam (9) and Frances (12), having fled persecution in their own country, where William worked as a lawyer; he was briefly imprisoned for his political views. Having been granted asylum in the UK, William is able to work, but he is not qualified to practise law in this country, and is currently working as a clerk at a food processing company.



The children go to local schools – Adam to Parkland Primary School and Frances to Dunsbridge Academy. Frances is settled in well and already has a group of firm friends, but Adam is being teased at school because his English is not fluent. His parents believe he may not be receiving enough support from teachers. He is also anaemic and sometimes suffers acute unexplained pain; in her own country, suspects he may have sickle cell disease. Although neither condition, William's father suffered from it, and she thinks Adam may have inherited it, but she is hoping to be able to have him tested in their own country, but she is hoping to be able to do so in Dunsbridge. Because of these problems, Adam cannot always join in physical education and is often excluded.

The whole family is finding it difficult to adapt to their reduced financial circumstances and standard of living in their own country, but now they are reliant on William's income; previously they had a large house with an extensive garden, now they are living in a small flat on a main road in Parkland, and the pollution is beginning to affect them. Miriam has to supplement William's income, but William thinks it is important that the children have a supportive home life after the traumas of their flight, and believes that it is important to maintain their cultural identity.

Although the children are still occasionally fearful that the security services have followed them and that they will be abducted and taken back to their own country, to a large extent abated. William and Miriam are determined that the terror of their flight is behind them now that they have escaped, and do everything they can to make their new life as secure as they can. They both have a strong Christian faith, which gives them strength and comfort.

### Topics covered by this case study:

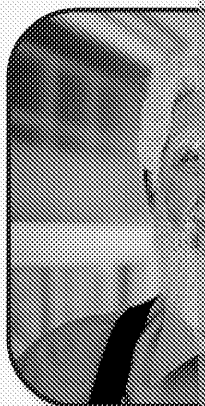
- A1: Life stages: adolescence, early adulthood
- A2: Physical factors: inherited conditions (sickle cell disease)
- A2: Physical factors: mental ill health (anxiety)
- A2: Social factors: supportive and unsupportive relationships, social exclusion and inclusion
- A2: Cultural factors: gender roles and expectations, race
- A2: Environmental factors: pollution, exposure to pollution
- A2: Economic factors: financial resources
- A2: Emotional factors: fear
- B1: Life events: life circumstances (changes to standards of living)
- B2: Coping with changes: resilience, emotional intelligence, disposition (character traits)

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## James

James is a 75-year-old retired civil servant. His son and daughter have both moved away and his wife died about nine months ago after a long illness, so he decided to move from his large family home into a small bungalow in the Mardle Hill area of Dunsbridge. He is overweight and had a minor heart attack a few years ago. He is also a heavy smoker. Although he has recovered from his heart attack, he was diagnosed with type 2 diabetes a year ago and has been warned that unless he changes his lifestyle and loses weight, he risks further complications. He has therefore joined Dunsbridge Care's walking group and adjusted his diet according to the diabetes recommendations.



He still misses his wife; he was her carer for some time before she died and joined Dunsbridge Care's carers' group. He had to put his social life on hold while now becoming more active. He is a member of a local book group, although periods tiring as he has a visual impairment. In fact socialising generally is because of hearing problems; he has hearing aids, but he finds them uncomfortable all the time. But he is determined to persevere, and has joined a number secretary of the local history society and has just joined the Dunsbridge Bow

Despite his health problems and the loss of his wife, James feels that he is lucky to be mobile, and is financially well off, as he has a good pension and he made a profit from his previous house to his bungalow. This gives him the freedom to take up activities he wants, and to visit his family from time to time.

### Topics covered by this case study:

- A1: Life stages: later adulthood
- A2: Physical factors: physical ill health (cardiovascular disease, obesity, type 2 diabetes)
- A2: Physical factors: sensory impairment
- A2: Lifestyle factors: smoking, nutrition, physical activity
- A2: Economic factors: financial resources (income, savings)
- B1: Relationship changes: bereavement
- B1: Life events: life circumstances (retirement)
- B2: Coping with changes: resilience, emotional intelligence



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## The Maitland family

Tom and Rachel Maitland live in a large house in Merton, a village on the outskirts of Dunsbridge. Tom is 42 and Rachel is 47. They have two children: George, aged eight, and Kerry, aged 13. George goes to Merton Primary School, and Kerry is at Eastvale College, an independent school about six miles away. Tom has a family history of Duchenne muscular dystrophy, and although he does not have the condition himself, they were concerned that George might have inherited it. However, he has not developed any symptoms and recent tests have been negative.



Tom was made redundant from his well-paid job as regional manager of a company a few months ago. This has affected his self-esteem, particularly as he has so far to go to work. He has started drinking and has let himself go physically. He has become aggressive towards the children, and she is concerned that under the influence of alcohol this will become physical.

Rachel has her own issues. She was a keen rugby player when she was young and was even a leading referee. An accident a year ago, however, left her with a slight limp which prevents her from running around. She finds her job as a teaching assistant very stressful, and her rugby provided a release. She therefore finds it hard to cope with Tom's refusal to engage in any physical exercise.

Because of Tom's redundancy they have fallen behind with their mortgage payments. The main financial worry is that Rachel's mother has Huntington's disease, and although the condition deteriorates she will need full-time nursing care.

Faced with the constant arguments over money and Tom's aggression, George has become withdrawn. Their school work has suffered, and they spend most of their time in their room. Kerry seldom comes to meals, and seems to rely on a diet of snacks and chocolate. As public transport is limited in Merton, they cannot easily socialise with school friends.

### Topics covered by this case study:

- A1: Life stages: early childhood, adolescence, middle adulthood
- A2: Physical factors: inherited conditions (muscular dystrophy, Huntington's disease)
- A2: Lifestyle factors: nutrition, physical activity, alcohol
- A2: Social factors: supportive and unsupportive relationships (family)
- A2: Environmental factors: home environment – living with a high level of parental conflict
- A2: Economic factors: unemployment situation
- B1: Life events: health and well-being (accident/injury, mental and emotional health)
- B1: Life circumstances: life circumstances (redundancy)

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## Adya

Adya is a 20-year-old student at the local university campus. It is the first time she has lived independently, having moved from Halford, some 50 miles away where she lived with her parents. In her first year she was in one of the university's halls of residence. Now in her second year, she is sharing a flat with five other students, friends she made in her first year. Last year her accommodation and meals were all provided and paid for in a lump sum. This year she and her friends have had to think carefully about their budget, which has had to cover rent, heating, broadband, food and council tax. Living independently has meant she has had much more control over her own life, but budgeting has been a major issue.

Her studies have been quite demanding and she has had to organise her time to fit in her social activities in addition to her studies, not to mention shopping, cooking, washing and cleaning her room.

She recently experienced a death in her family, and this resulted in her not being able to sleep. The resultant tiredness affected her ability to study, which in turn led to her falling behind with her work. She felt out of control and suffered panic attacks. Her flatmates were very supportive and suggested that she discuss her problems with her personal tutor, who in turn referred her to the student support services. She saw a doctor who gave her medical advice and suggested that she had some counselling. Talking through her feelings with her flatmates and the professionals meant that Adya was able to get her life back on track.

Because of the support of her peers, Adya could discuss her anxiety in an accepting environment, which made her feel more secure, despite being away from home. Her experience of bullying and prejudice at school left her with low self-esteem, but at university she and her friends have developed the ability to think creatively, and have long discussions about discrimination and inappropriate concepts and ideas she had not previously considered about sex and gender. This has led her to question her own sexuality, and the intimate and long-lasting relationships are typical of this stage of early adulthood.

### Topics covered by this case study:

- A1: Life stages: early adulthood
- A2: Physical factors: mental health (anxiety, stress)
- A2: Emotional factors: anxiety, grief/bereavement, security
- A2: Social factors: supportive and unsupportive relationships, bullying, discrimination
- A2: Cultural factors: gender identity
- A2: Economic factors: financial resources
- B1: Life events: health and well-being (mental and emotional well-being)
- B1: Life events: non-accidental death
- B2: Coping strategies: resilience, self-esteem, emotional intelligence

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## Anita and Fiona

At the age of 35, Anita and her partner decided to try for their first child. Prior to this they both had full-time jobs and were struggling to find enough money to put down a deposit on a mortgage for a house. However, having tested positive, Anita experienced an ectopic pregnancy at 10 weeks and had to have one of her fallopian tubes removed. Six months later she miscarried again. Dealing with these events took a toll on both her and her partner, although family and friends were very supportive. However, to their delight, three months later Anita tested positive again. Because of her past history she was given an early scan at seven weeks. The midwife discussed aspects of diet, alcohol, smoking and both Anita's and her partner's prior medical histories; because Anita suffers from osteoarthritis she had a scan every four weeks from 20 weeks and had a midwife appointment to check on the baby every eight weeks.

Baby Fiona was born without complications. At five days old she had a heel prick test to screen for cystic fibrosis and other rare diseases, and over the next two days the midwife made two home visits to see how she and Anita were doing. When Fiona was two weeks old Anita saw that she was feeding well, and at four weeks she had a scan to check her development.

At six weeks Anita took Fiona to the doctor for a developmental check. She was well so it was not until eight weeks after she was born that she saw the health visitor. Over the following weeks, including polio, DTP (diphtheria, tetanus and pertussis (whooping cough)) and meningitis. She is now almost six months old, and her next check-up will be when she is one year old.

Anita is keen to encourage Fiona's physical, intellectual, emotional and social development in a number of activities. They go swimming every week, and she has 'bounce' sessions at the local library. She and her partner read to Fiona every day, and have conversations with her, to which she responds by making her own sounds. Fiona is on a diet of pureed food, and will be starting to eat solids soon. She is keen to feed her with a variety of new tastes and textures.

Anita's maternity leave ends soon, and Fiona will go to the crèche at her work. Anita and her partner are fortunate in being able to work flexibly, so they will be able to look after Fiona for the other two days; they are keen to maintain the bond they have built since her birth.

### Topics covered by this case study

- A1: Life stages: infancy
- A2: Physical factors: inherited conditions (cystic fibrosis)
- A2: Physical factors: experience of illness and disease
- A2: Lifestyle factors: smoking, alcohol
- A2: Emotional factors: happiness, security, attachment, anxiety/worry
- A2: Social factors: supportive relationships
- A2: Cultural factors: community participation
- B1: Life events: relationship changes (parenthood)
- B2: Coping with change: resilience, disposition (character traits)

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## Activities

### Activities based on the Dunsbridge scenario

For most of these activities, you will need the case studies and presentations from

The specific materials required for each activity are clearly displayed in the accompan

In addition to the activities designed specifically to cover the learning outcomes of activity to accustom students to the vocabulary used by health and care professions extension activity. As this unit requires a lot of individual research by students, it is important that they understand the terms they may come across when reading around this topic. Students could use this exercise as a starting point for creating a glossary of terms, which they can

Some activities are designed to be done as group or paired work, but there is a lot of flexibility in the way they can be tailored to the size and make-up of the group. Teachers could also vary the way they are presented. A possible way to use this resource would be to create a photocopied book of case studies for each student to refer to while they are working on the activities.

Some of the worksheets and activities can be printed on A3 or larger to allow for whole-class feedback.

Once the students have completed all the activities, they will have practised the assignments required to complete the unit.

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## Introductory activity: The vocabulary of health and social care

<b>Learning outcomes:</b>	<input checked="" type="checkbox"/> All learning outcomes A–B
<b>Topics covered:</b>	<b>You will need:</b>
★ All topics	<ul style="list-style-type: none"> <li>✓ All presentations</li> <li>✓ All case studies</li> <li>✓ Scissors and paste</li> </ul>

The terms, overleaf, are commonly used when talking about growth and development, but they are not in the right order.

Cut out each definition and paste it in the correct place, against the term it refers to, to show that you understand the meaning.



The time in a person's life when their body begins to change from a child to an adult.	The firmness of muscles in a constant state of power.
Skills that use large muscles, like the whole arm or leg, or the whole body.	A condition that is inherited from forebears.
Learning to behave in a way that is acceptable to society.	How one values oneself.
Mental capability; the skills needed to learn.	Characteristics that may be inherited but are not directly related to the body.
The loss or impairment of one or more of the five senses.	Skills that use small muscles, like those in the hands.
Gaining more skills so that one can undertake more complex physical and intellectual activities.	The time in a woman's life when she has periods.
Getting a baby used to food other than the mother's milk.	Whether one considers a condition as a disease or not, or neither.
The gender or genders to which one is sexually attracted.	Characteristics that are passed on through reproduction.
A lasting and enduring bond between a child and a parent or carer.	An increase in size.

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Term	Definition	
Self-esteem		
Sensory loss		
Puberty		
Weaning		
Gross motor skills		
Fine motor skills		
Socialisation		
Attachment		
Menopause		
Muscle tone		
Cognitive ability		
Gender identity		
Sexual orientation		
Inherited condition		
Growth		
Development		
Secondary sexual characteristics		
Primary sexual characteristics		

Consider adding any other key terms to your glossary.

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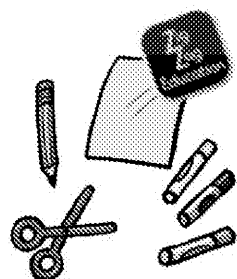
## Activity A1: Growth and development

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development and the factors that affect it
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: Infancy	✓ Presentation 3
★ A2: Lifestyle factors (nutrition, smoking and alcohol)	✓ Case study 5
	✓ Paper and coloured pens

Read *Presentation 3* by the health visitor and *Case study 5* about Anita and Fiona.

**Task A:** Fiona is almost six months old. Describe the physical, intellectual, emotional and social developmental milestones that the visitor would expect her to have reached by that age.

<b>Physical:</b>
<b>Intellectual:</b>
<b>Emotional:</b>
<b>Social:</b>



**Task B:** During Anita's pregnancy, the midwife discussed with her the effects of diet, smoking and drinking during pregnancy, and design a leaflet for pregnant women.

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## Activity A2: Early childhood

### Learning outcome:

- ☒ A: Understand human growth and development stage and the factors that affect it

### Topics covered:

- ★ A1: Early childhood
- ★ A2: Physical factors (disabilities), emotional factors (security), social factors (supportive and unsupportive relationships with others)

Yes

✓

✓

**Task A:** Read *Presentation 5* by the primary school teacher.

In small groups, imagine that you are members of staff involved with Mark: teachers, assistants, meal-time supervisors, the SENCO. Discuss how you would meet Mark at the school. Some of the strategies are mentioned in the presentation, but you may think of others. Write your conclusions below.

Need	Strategies for meeting it
Toileting	
Mobility	
Reading	
Motor skills	
Play	
Social interaction	

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**Task B:** Read *Case study 3* about the Maitland family.

Because of the problems at home, George has become withdrawn and is having problems in school. In your groups, discuss what in particular his teacher might notice about George that would affect his intellectual, emotional and social health and well-being). Write your conclusions in the box below.

Causes of concern

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## Activity A3: Adolescence and p

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development stage and the factors that affect it
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: Adolescence ★ A2: All factors	✓ Computer for research

**Task A:** In pairs, research and discuss the physical changes that take place in boys. Use the answer sheets provided for your conclusions.

**Task B:** Still in pairs, discuss the aspects of intellectual, emotional and social growth during adolescence (9–18 years).

**Intellectual:**



**Emotional:**

**Social:**



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## Activity A4: Stages of adulthood

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development and the factors that affect it
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: Early, middle and later adulthood	✓ Case studies 2, 3 and 4
★ B1: All types of life event	

Read:

- Case study 2 about James
- Case study 3 about the Maitland family
- Case study 4 about Adya

James, Rachel and Adya have each reached a different stage of adulthood: Adya is in early adulthood (18–30), Rachel middle adulthood (31–65) and James later adulthood (over 65). In groups of three, discuss the characteristics of each stage of adulthood.

### Instructions

1. Get into groups of three (or three equal groups). Each player should take one of the cards provided – *Adya*, *Rachel* or *James*.
2. Cut out and shuffle the 'characteristics' cards provided and place them face down.
3. Each player in turn should turn over a card. If the characteristic applies to the case study, they should place it on their board. If not, they should turn it over and place it back in the pile. Students should justify the development of any card they place on their board.
4. The player who fills their board first is the winner.



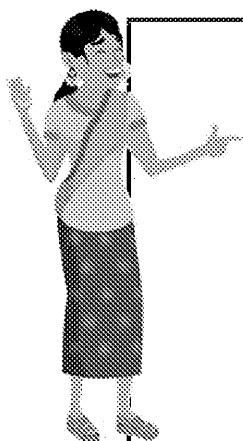
Once all cards have been used, see whether students can identify any other PIES life stages.

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'Person' board 1 for activity A4: Adya




Can you identify any other PICO development?

Physical	
Intellectual	
Emotional	
Social	

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'Person' board 2 for activity A4: Rachel


Can you identify any other PICO development?

Physical	
Intellectual	
Emotional	
Social	

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'Person' board 3 for activity A4: James


Can you identify any other PICO development?



Physical	
Intellectual	
Emotional	
Social	

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'Characteristics' cards for activity A4

Reaches peak fitness	Ageing process
 is likely to start living independently	Knowledge and skills to allow for continued learning
May suffer loss of memory or recall	Self-image may change after retirement
 Is most fertile	May become more active on retirement

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Is likely to develop more intimate and long-lasting relationships	Produces less leading to t men
 Becomes less mobile	Muscle ton
Strength declines	Can enjoy mor children be indepe
Sight and hearing might begin to decline	Has mastered creative
 Skin loses elasticity and wrinkles may appear	Career choi impo

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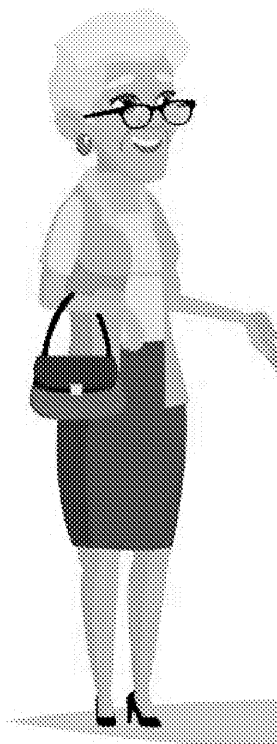
## Activity A5: The effects of later adult

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development stage and the factors that affect it
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: Early, middle and later adulthood	✓ Presentation 1
★ B1: All types of life event	✓ Case study 2

Read *Presentation 1* by the manager of the patient support group, and *Case study 2*.

Below is a list of some of the possible features of later adulthood, some of which are from *Presentation 1* and some from *Case study 2*. Either individually or in pairs, consider which of these features are positive and which have a negative effect. Write your conclusions on the worksheet (you may also want to suggest how each would impact someone in later adulthood for you).

- Unreliable memory
- No need to work
- Financial problems
- Impaired hearing and sight
- More time for hobbies
- Weaker muscles
- Opportunities for voluntary work
- Free bus travel
- Brittle bones
- More time with family
- Susceptibility to cold
- Stiff joints
- Social support
- Less efficient heart
- Pension and other benefits
- Greater experience to pass on to others
- Impaired mobility
- Gentler pace of life
- Poor general health
- Improved healthcare





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## Answer sheet 1 for activity A5 – negative effects

<p><b>Unreliable memory</b></p> <p><i>As individuals get older a decline in memory performance can mean they may forget simple things, such as where they put their glasses, or more severe things, such as forgetting to turn off the oven after cooking. Individuals may not be able to recall information such as names, dates and events. This can also hinder their ability to acquire and retain new information.</i></p>	
	<p><b>Negative effects</b></p>
	

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	<b>Positive effects</b>	
		

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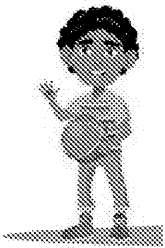

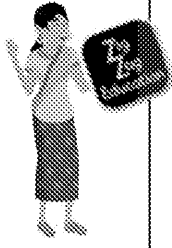


## Activity A6: Factors affecting growth and

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development in early adulthood life stages and the factors that affect it
<b>Topics covered:</b>	<b>You will need:</b>
★ A2: All factors	✓ Case studies 1, 3 and 4

Read *Case study 1* about William, Miriam and family, *Case study 3* about the Maitland family, and *Case study 4* about Adya.

Discuss the different factors that might affect the lives of Adam, Kerry and Adya. Consider whether they are physical, emotional, social, environmental or economic in nature, and what impact they might have.

Person	Factor(s)	Physical, emotional, social, environmental or economic	
Adam 			
Kerry 			
Adya 			

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## Activity A7: The impact of the home environment

### Learning outcomes:

- ☒ A: Understand human growth and development and how the home environment affects it
- ☒ B: Understand how individuals cope with life events

### Topics covered:

- ★ A2: Environmental factors (home environment)
- ★ B2: Types of support (information, advice)

### You will need:

- ✓ Case study 3
- ✓ Examples of letters or advice pages

Read *Case study 3* about the Maitland family, the tips on writing an email below and examples of emails taken from magazine advice pages. Imagine that you are Kerry, and write an email explaining about your home environment, asking for advice on how to handle the nature of Kerry's problems: her father's drinking; his verbal and emotional abuse; his physical abuse; the constant arguing between her parents; her isolation; and her feelings of hopelessness.

### Tips on writing an email

A formal email is very similar to a formal letter, and should be laid out as follows:

1. A salutation (Dear...). If you know the person's name, use it. If not, use 'Dear Sir/Madam'.
2. The body of the email after a line space. Within the body of the email, new paragraphs should be separated by a line space, leaving a line space.
3. After another line space, the complimentary close ('Yours sincerely' if you have used a name, 'Yours faithfully' if your salutation is 'Dear Sir/Madam').
4. After another line space, your name.
5. Your address and phone number. Most magazines insist that you provide your address so that the email is genuine, and a telephone number is useful if they have any queries.

You can use the template on the next page to plan your email.



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## Template for activity A7

To:

From:

Subject line:



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***My contact details:***

*Address:*

*Phone number:*

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## Activity A8: Inherited conditions

### Learning outcome:

- ☒ A: Understand human growth and development and the physical factors that affect it

### Topics covered:

★ A2: Physical factors (inherited conditions)

### You will need:

✓ Case studies 1, 3 and 5

Read *Case study 1* about William, Miriam and family, *Case study 3* about the Marfan family about Anita and Fiona.

- William and Miriam (*Case study 1*) are keen to have Adam tested for sickle cell anaemia in their own country.
- Tom and Rachel (*Case study 3*) have had Adam checked for Duchenne muscular dystrophy.
- Rachel's mother (*Case study 3*) has Huntington's disease.
- Fiona (*Case study 5*) had a heel prick test soon after birth to check for cystic fibrosis.

All four of the conditions are genetic – in other words they are inherited from one or both parents. The only one is Marfan syndrome.

In pairs or small groups, do your own research on one of these five conditions (sickle cell anaemia, Duchenne muscular dystrophy, Huntington's disease, cystic fibrosis and Marfan syndrome) and present it to the rest of the group. Look in particular at:

- Whether it affects particular groups of people
- What the symptoms are and when they may become apparent
- How the condition is diagnosed or detected
- What the treatment is



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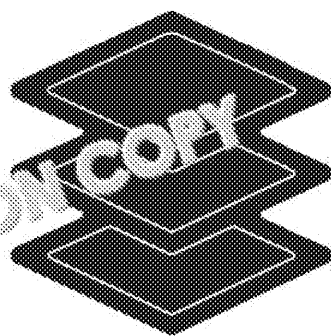
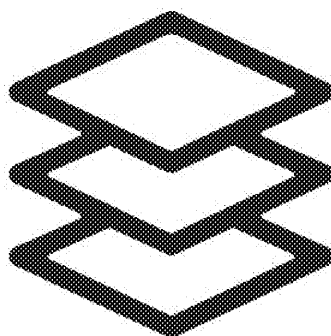
## Activity A9: The effects of social and cultural factors and events

<b>Learning outcomes:</b>	<input checked="" type="checkbox"/> A: Understand human growth and development and cultural factors that affect it
	<input checked="" type="checkbox"/> B: Understand how individuals deal with life events
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: All life stages	✓ Presentations 1 and 4
★ A2: Social and cultural factors	✓ Case studies 1, 3, 4 and 5
★ B1: All types of life event	

Read:

- *Presentation 1* by the manager of a patient support group, in particular the part that comes to terms with changing roles
- *Presentation 4* by the secondary school teacher, in particular the paragraph about the impact of social and cultural factors
- *Case study 1* about William, Miriam and family
- *Case study 3* about the Maitland family
- *Case study 4* about Adya
- *Case study 5* about Anita and Fiona

Shuffle the 'Factors and events' cards provided and put them in a pile face down. Draw a card and read it out. The group should then discuss that factor or event and assess the impact on the people concerned, and whether the impact is physical (P), intellectual (I), emotional (E) or a combination. Record conclusions on the answer sheets provided.



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## Answer sheet for activity A9

Factor/event no.	Effect(s)

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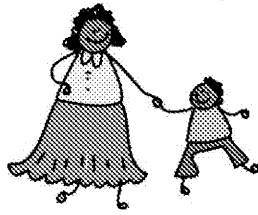
Factor/event no.	Effect(s)

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## 'Factors and events' cards for activity A9

1. William believes it is Miriam's role to stay at home and look after the children. (Case study 1)



2. Jenny wants to be with James and be treated as a man. (Presentation 1)

3. Adam is being teased at school because of his colour and his imperfect English. (Case study 1)



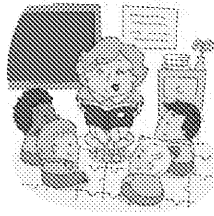
4. Marcus is supporting his client as he comes to terms with the fact that he is gay. (Presentation 1)

5. Tom has been made redundant. (Case study 3)



6. Tom and Rachel's relationship has deteriorated to the extent that they are contemplating divorce. (Case study 3)

7. Anita is taking part in a wide variety of community-based activities with Fiona. (Case study 5)



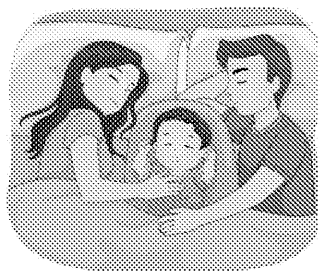
8. William and Miriam have a strong Christian faith. (Case study 1)

9. William and Miriam, and Anita and her partner, are all in long-term relationships. (Case studies 1 and 5)



10. Adya has left home and is now living more independently. (Case study 4)

11. Anita and her partner have recently become parents. (Case study 5)



12. William was impacted by his political beliefs. (Case study 1)

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## Activity A10: Anxiety

### Learning outcomes:

- ☒ A: Understand human growth and development and how anxiety affects it
- ☒ B: Understand how individuals deal with life events

### Topics covered:

- ★ A2: Emotional factors (anxiety/worry)
- ★ B2: Sources of support (professional carers and services)

### You will need:

- ✓ Case study 4

Read *Case study 4* about Adya. Do your own research into coping with anxiety. Then take part in a conversation between Adya and the university's student counsellor. The person taking the part of the counsellor should consider her concerns and discuss them with the 'counsellor':

- Anxiety about getting behind with her studies
- Uncertainty about her future

The person taking the part of the counsellor should respond to these concerns and discuss ways for coping with them.



Use the planning sheets provided to plan your part of the conversation.



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## Planning sheet 1 for activity A10 – Adya



Concern	How you plan to express
<p>Anxiety</p> 	
<p>Sexuality</p> 	

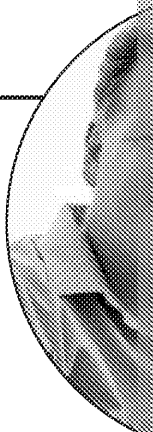
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## Planning sheet 2 for activity A10 – student counselling

Concern	How you plan to respond to
<p>Anxiety</p> 	
<p>Sexuality</p> 	



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## Activity B1: Exclusion from education

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand how individuals deal with life events
<b>Topics covered:</b>	<b>You will need:</b>
★ B1: Life circumstances (exclusion from education)	✓ Presentations 2 and 3

Read *Presentation 1* by the GP, particularly the paragraph about the Multi-Agency Safeguarding Hub (MASH), and *Presentation 2* by the secondary school teacher, particularly the paragraphs about Team Around the Family (TAF) and exclusion from education. In small groups, imagine that you are the head teacher and deputy head teacher of Dunsbridge Academy and have met to consider whether Liam, a 14-year-old student at the school, should be permanently excluded.

The facts of the case are as follows:

- He has been reported for swearing at a teacher during a lesson and refusing to follow instructions.
- He has been in trouble several times already, and has been internally excluded for swearing at staff members and violence towards other students.
- A TAF meeting was held some weeks ago, involving his mother (a single parent), the educational psychologist and a THRIVE worker, at which:
  - Liam's mother said that although she had been finding him difficult to deal with, his behaviour towards her seems to have improved slightly recently.
  - The educational psychologist reported that Liam clearly has anger management issues exacerbated by the COVID lockdowns.
  - The social worker reported that she is working to support the whole family, including his brother, aged 15 and 12. They live in private rented accommodation, as the flat is very crowded. This overcrowding caused a lot of friction during the lockdowns, but the situation was better the last time she visited. Liam is close to his sister, who is trying to persuade him to seek help for his issues.
  - The THRIVE worker reported that Liam refuses to engage with the programme.

As a result of this meeting, a Behaviour Support Plan was put in place, but to date it has had no impact on Liam's behaviour.

- There has also been a MASH meeting, attended by a police representative, the school's head of student services and Liam's GP, at which:
  - The police representative reported that Liam is known to have been involved in antisocial activities, but that none of these has been serious enough to result in a criminal record.
  - The social worker presented a similar report to that given at the TAF meeting.
  - The GP said that she has diagnosed Liam with ADHD and prescribed medication, but that it will take a while for it to take effect, especially in light of the medication he is also having to contend with.
  - The head of student services said that the school continues to work with the family to support the father, but that it also has to take into account the interests of the rest of the staff.

Discuss whether Liam should be permanently excluded. Write the arguments for and against your decision, below.

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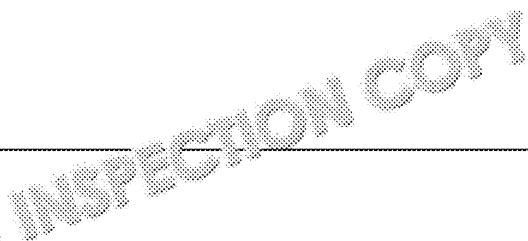
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Reasons for exclusion



Reasons against exclusion



Decision





## Activity B2: Character traits and coping

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand how individuals deal with life events
<b>Topics covered:</b>	<b>You will need:</b>
★ B1: All types of life event ★ B2: Character traits	✓ All five case studies

Different people will react differently to changes in their lives and have different strategies for coping with them, depending on their individual characters. The character traits that are most likely to help them cope are:

- Resilience
- Self-esteem
- Emotional intelligence
- A positive disposition

**Task A:** Do your own research and explain what each of these terms means.

**Resilience:**

**Self-esteem:**

**Emotional intelligence:**

**A positive disposition:**

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**Task B:** Read *Case study 1* about William, Miriam and family, *Case study 2* about Maitland family, *Case study 4* about Adya, and *Case study 5* about Anita and Fiona. Which character traits you think would best help each of the following cope with explain why:

- William
- James
- Tom
- Adya
- Anita

Person	Character trait	Reason
William		
James		
Tom		
Adya		
Anita		

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## Activity B3: Sources and types of

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand how individuals deal with life events
<b>Topics covered:</b>	<b>You will need:</b>
★ B1: All types of life event	✓ Case studies 1, 2 and 5
★ B2: Sources and types of support	

Read *Case study 1* about William, Miriam and family, *Case study 2* about James, and Fiona.

Work in groups of three.

1. Each member of the group should take one of the 'Person' boards provided.
2. Spread out the 'Supporters' and 'Support' cards provided face up.
3. Each member of the group should decide which three supporters would be on their board, and place the appropriate cards in the 'Supporter' squares on their board.
4. Each member of the group should then decide what support each of the supporters offer, and place the appropriate cards in the 'Support' squares on their board, whether the supporter is a professional (e.g. a medical worker, a professional helper, church member).
5. Each 'Supporter' and 'Support' card can only be used once. If two people want the same card they will have to negotiate to agree which board is most appropriate.



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'Person' board 1 for activity B3: William

Supporter 1	Support offer
Supporter 2	Support offer
Supporter 3	Support offer

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'Person' board 2 for activity B3: James

Supporter 1	Support offer
Supporter 2	Support offer
Supporter 3	Support offer

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<p>Supporter 1</p> 	<p>Support offer</p>
<p>Supporter 2</p>	<p>Support offer</p>
<p>Supporter 3</p> 	<p>Support offer</p>

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'Supporter' cards for activity B3

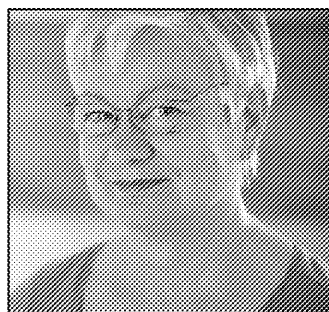
Midwife



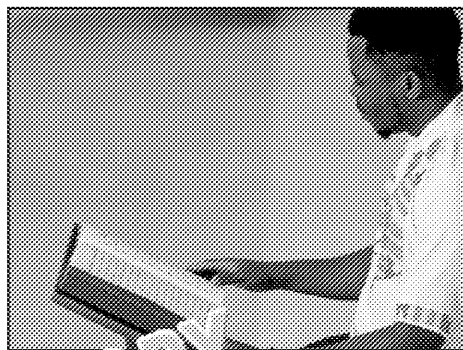
Diabetes nurse



Dunsbridge Care bereavement  
volunteer



Pastor



Partner



Walking group friends





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**'Support' cards for activity B3**

<p>Advice on diet, exercise and lifestyle to control diabetes</p> 	<p>Advice on how to qualify to practice in the UK</p>
<p>Support to help him stick to his diet and exercise regime</p>	<p>Support, information and advice during pregnancy</p>
<p>Emotional support after marriage and during pregnancy and practical help with the baby</p> 	<p>Advice and practical help in dealing with the Home Office and other official organisations</p>

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## Activity B4: Multidisciplinary and multi-agency

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand how individuals deal with life events
<b>Topics covered:</b>	<b>You will need:</b>
★ B1: All types of life event	✓ All five presentations
★ B2: Sources of support (multi-agency working)	

In order to support their clients, health and care practitioners often work closely in their own organisation (multidisciplinary working) or in other organisations (multi-agency working).

**Task A:** Read *Presentation 1* by the manager of the primary support group, *Presentation 2* by the health visitor, *Presentation 3* by the health visitor, *Presentation 4* by the secondary school teacher, and *Presentation 5* by the primary school teacher.

All five presentations give examples of ways in which they work in partnership. On the back of each presentation, write down the different agencies mentioned in the presentations, and briefly explain how they support the people in their care.



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Answer sheet for activity B4, task A

[illegible]

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**Task B:** Give three other examples of multidisciplinary and multi-agency working support clients.

Example 1

Example 2

Example 3

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# Answers

## Introduction activity

Term	Definition	
Self-esteem	How one values oneself; whether one likes oneself.	One thinks of oneself; one's opinion of oneself.
Sensory loss	The loss or impairment of one or more of the five senses.	Going blind or deaf; losing the other senses.
Puberty	The time in a person's life when their body begins to change from a child to an adult.	Growth of secondary sexual characteristics and development of reproductive system; breaking into adolescence.
Weaning	Getting a baby to eat food other than the mother's milk.	Gradually introducing solid food.
Gross motor skills	Skills that use large muscles, like the whole arm or leg, or the whole body.	Rolling, sitting, standing, walking, running, jumping, throwing, catching, kicking, etc.
Fine motor skills	Skills that use small muscles, usually involving just the hands.	Threading a needle, writing, drawing, etc.
Socialisation	Learning to behave in a way that is acceptable to society.	Playing with other children; following rules; etc.
Attachment	A lasting and enduring bond between a child and a parent or carer.	Parental love; bonding.
Menopause	The time in a woman's life when she stops having periods.	Can result in hot flashes, mood changes, etc.
Muscle tone	The firmness of muscles and their ability to remain in a constant state of partial contraction.	Physical fitness; posture; etc.
Cognitive ability	Mental capability; the skills needed to learn.	Reasoning; understanding; etc.
Gender identity	Whether one considers oneself to be male or female, or neither.	Transgender; etc.
Sexual orientation	The gender or genders to which one is sexually attracted.	Homosexual; bisexual; etc.
Inherited condition	A condition that is inherited from one's parents or forebears.	Sickle cell anaemia; Huntington's disease; cystic fibrosis; etc.
Growth	An increase in size.	Putting on weight; etc.
Development	Gaining more skills so that one can undertake more complex physical and intellectual activities.	Learning to walk; etc.
Secondary sexual characteristics	Characteristics that make the two sexes different but are not directly related to the reproductive system.	Breasts in women; facial hair in men; etc.
Primary sexual characteristics	Characteristics that are necessary for reproduction.	The penis in men; the vagina in women; etc.

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## Activity A1

### Task A

#### Physical

- Fine motor skills
  - Puts objects in her mouth
- Gross motor skills
  - Can turn her head
  - Can hold her feet
  - Can bear her own weight when held upright
  - Can support her head and chest with her arms when lying on her front
  - Can sit upright with support
- Weighs 5.5–10 kg
- Is 59–72 cm long

#### Intellectual

This is difficult to measure in terms of due to milestones, but she will probably respond to being moved to different positions to see this.

#### Emotional

- Will smile, laugh and kick to show pleasure (contentment)
- May appear shy
- May become upset if she can't see one of her parents (bonding/attachment)

#### Social

- Enjoys the company of others
- 'Talks' to others by making noises
- Waves her arms and legs
- Can be shy with strangers
- Uses her fingers to feed herself
- Reacts differently to cross and happy voices

(Accept other suitable answers)

### Task B

Your leaflet might include the following (accept other suitable answers):

#### Smoking

- Could lead to a premature birth, which could result in the baby having breathing and
- Could result in a low birth weight, which could mean that the baby has difficulty keeping warm and develop infections
- Could cause the baby to develop asthma

#### Alcohol

- Could affect the baby's liver
- Could cause foetal alcohol spectrum disorder (FASD), which causes:
  - learning and behaviour problems
  - problems with joints, muscles and internal organs
  - difficulty managing emotions and developing social skills
  - communication problems
- Could lead to preterm birth and low birth weight

#### Poor diet

- A diet that does not include important nutrients in pregnancy can lead to:
  - stillbirth
  - low birth weight
  - delays in the baby's development

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## Activity A2

### Task A

You will have discussed a range of strategies, some of which will depend on the circumstances below therefore just gives a few examples; it is not comprehensive.

#### Toileting

- Ensure that there are members of staff who know how to change his bag if necessary, and that all staff know who they are.
- Devise a way for him to signal when his bag needs replacing, or when he has had an accident, without being embarrassed by having to call out.

#### Mobility

- Ensure that all areas of the school are accessible. This may include providing a lift, and also ramps where there are steps.
- Make allowances for the extra time he needs to move to assemblies, lunches, etc.
- Ensure that the classroom is organised in such a way that his walker is handy when he needs it.
- Ensure that a meal-time assistant is available to help him cut up his food at lunchtime.

#### Reading

- Provide books that are suitable for his level of intellectual development, even if they are below the rest of the class.
- Allocate a teaching assistant to help him with his reading.

#### Motor skills

- Give him tasks and activities that challenge him but at which he can succeed.
- As above, allocate a teaching assistant to help him with these tasks and activities.

#### Play

- Try to ensure that there are some playground games he can join in with, including some that are challenging so that he has a sense of achievement.
- Encourage other children to include him in their games.

#### Social interaction

- Encourage other children to befriend him to develop a wider range of relationships.
- Encourage social play with other peers.
- Encourage him to talk openly about his disabilities, and even allow other children to ask him what it is like.

### Task B

Although his home problems may not affect George's physical growth much, his teacher has noticed that his intellectual, emotional and social development has slowed. For example:

- (Intellectual) His vocabulary is limited for his age, whereas most eight-year-olds learn a lot of new words.
- (Intellectual) His reading is poor, and he cannot concentrate on what he is reading.
- (Social/emotional) At a time when most children are strengthening existing friendships, he has lost interest in his friends.
- (Social/emotional) Most eight-year-olds are enjoying being part of a group or team, but George is not.
- (Emotional) He has difficulty controlling his emotions, and has angry outbursts.

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## Activity A3

### Task A

#### Boys

- Primary characteristics
  - Penile erections start
  - Sperm production starts
- Secondary characteristics
  - The voice breaks
  - Body size and shape change
  - Chest hair appears
  - Pubic hair appears
  - The body perspires
  - Oil glands become more active

#### Girls

- Primary characteristics
  - Menstruation starts
- Secondary characteristics
  - Breasts develop
  - Body size and shape change
  - Pubic hair appears
  - The body perspires
  - Oil glands become more active

### Task B

#### Intellectual

- Ability to understand more abstract ideas
- Development of logical thinking

#### Emotional

- Increased independence
- Greater independent decision-making
- Increased awareness of self-image and self-esteem

#### Social

- Wider range of relationships (formal and informal)
- Development of intimate relationships
- Increase in the importance of relationships

## Activity A4

### Adya (early adulthood)

- Reaches peak fitness (physical)
- Is likely to start living independently (emotional)
- Is most fertile (physical)
- Is likely to develop more intimate and long-lasting relationships (social)
- Has mastered abstract and creative thinking (intellectual)
- Career choices become important (intellectual)
- Others: *full height reached (physical), sexual maturity reached (physical), may return to education (intellectual)*

### Rachel (middle adulthood)

- Ageing process begins (physical)
- Knowledge and expertise allow for complex decision-making (intellectual)
- Self-image may change as retirement approaches (emotional)
- Produces less oestrogen, leading to the onset of menopause (physical)
- Can enjoy more social life as children become more independent (social)
- Sight and hearing might begin to decline (physical)
- Accept other suitable examples

### James (later adulthood)

- May suffer loss of memory or recall (intellectual)
- May become dependent on others (emotional)
- Becomes less mobile (physical)
- Muscle tone slackens (physical)
- Strength declines (physical)
- Skin loses elasticity and wrinkles may appear (physical)
- Accept other suitable examples

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## Activity A5

*Negative (accept other suitable explanations)*

- **Unreliable memory** – As individuals get older a decline in memory performance can happen, such as where they put their glasses, or more severe things, such as forgetting names. Individuals may not be able to recall information such as names, dates and events. They may also find it difficult to acquire and retain new information.
- **Financial problems** – When people retire, their income may drop, which can mean they can't afford some of the things and activities they previously enjoyed. An increased need for medical care can also reduce their income.
- **Impaired hearing and sight** – With age, hearing and sight often deteriorate, which can make reading and watching television difficult.
- **Weaker muscles** – Muscle tone deteriorates with age, so older people will find that they can't do the physical activities they used to or even ordinary tasks such as lifting.
- **Brittle bones** – As one ages, one's bones become more brittle, which can mean that they are more likely to result in a fracture. It can also make movement more difficult.
- **Susceptibility to cold** – As one ages, one becomes less able to cope with cold temperatures and the consequences of being ill. It can also cause financial problems, as the cost of treatment can be high.
- **Stiff joints** – With muscles and bones, an individual's joints deteriorate as they get older, which can be a painful problem. It also affects one's manipulation and mobility.
- **Less efficient heart** – The efficiency of someone's cardiovascular system deteriorates with age, so they can become breathless and tired with a lot of activity. It can also lead to different forms of heart disease.
- **Impaired mobility** – Because of the general deterioration of bodily functions (muscles, bones, joints, etc.) it can become difficult for an older person to move around, and they very often need help.
- **Poor general health** – All of these factors can impact the individual's general health and lead to illness. They can also mean that even usually fairly minor illnesses such as colds and flu can have a significant impact on an older person's health.

*Positive (accept other suitable explanations)*

- **No need to work** – Many people enjoy having the freedom and time to do the things they want to, without having to work in order to earn a living.
- **More time for hobbies** – Many pensioners find that they can develop hobbies that they didn't have time for while working, and learn new ones.
- **Opportunities for voluntary work** – Because many people live healthy lives for some time after retirement, they are able to use the skills they developed when they were working to give back to others or by becoming involved in community projects.
- **Free bus travel** – Because older people qualify for bus passes, they can afford to travel more easily and see friends without worrying about the expense.
- **More time with family** – Not having to work can mean that someone is able to spend more time with family and looking after grandchildren.
- **Social support** – There are many organisations that provide social support for older people, such as volunteers to walking groups, social clubs and organisations such as the University of the Third Age.
- **Pension and other benefits** – Although retirement can bring financial problems for some, the pension and other benefits often outweigh the disadvantages – things like bus passes, senior discounts and special deals for older people.
- **Greater experience to pass on to others** – Many older people find it very rewarding to be able to share their knowledge and experience of life to others, either informally within their family or through an organised course or tuition.
- **Gentler pace of life** – Without the need to go to work every day and the pressures of a fast-paced lifestyle, many older people are able to live more easily, doing things more slowly and with less stress.
- **Improved healthcare** – Although age can bring health problems, many older people benefit from the ability to be more flexible in the timing of appointments, and through schemes tailored to their needs.

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## Activity A6

There can be different interpretations of the factors and their impact, but these are my suggestions.

### Adam

#### Factors

- Anaemia: physical/social (because he feels excluded from physical activity)
- Bullying: social
- Cramped living conditions: environmental/physical/economic
- Pollution: environmental

#### Impact

- Anaemia: physical weakness; poor social skills owing to his feeling excluded
- Bullying: low self-esteem
- Cramped living conditions: conflict with the rest of his family; poor physical development; space; poor intellectual development because of a lack of private space for homework
- Pollution: illness, including bronchitis and allergies, which could further affect his physical development

### Kerry

#### Factors

- Abuse: emotional/environmental (home environment)
- Fear: emotional (fear of her father)
- Isolation/exclusion: social
- Withdrawal: physical/emotional/social

#### Impact

- Abuse: retarded emotional development; an unsupportive environment of conflict; retarded intellectual development
- Fear: poor relations with her parents; a reluctance to turn to them for support
- Isolation: inability to draw on the support of friends to compensate for her poor relations; accessing social opportunities available to others of her age
- Withdrawal: poor diet, leading to physical problems; worsening of her emotional and intellectual development

### Adya

#### Factors

- Prejudice: social
- Bereavement: emotional
- Anxiety: emotional
- Financial concerns: economic

#### Impact

- Prejudice: low self-esteem because of the way she was treated at school
- Bereavement: disturbed sleep, leading to her getting behind with her work
- Anxiety: panic attacks; probably a worsening of her inability to keep up with her work
- Financial concerns: increased anxiety; increased feeling of being out of control

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## Activity A7

Your email will obviously reflect your own style and priorities, but it might look something like this:

Dear Ms Casey

I am 13 years old and I hope you can give me some advice about how to deal with the situation. My father has recently made redundant. He has started drinking, and when he is drunk he shouts at me and makes threats for the slightest thing – playing music too loudly, taking too long to do any homework, watching television, etc. He hasn't hit any of us yet, but I am worried that one day he will go too far.

He and my mother are always arguing, either about things he thinks she hasn't done or has done, or even when he isn't drunk, the atmosphere in the house is very unpleasant. He was always a good worker, but when he lost his job it seems that nothing I do is right. I'm afraid to leave my room, and mealtimes are a disaster. This makes my father angry, but I can't face the shouting and locking. I usually buy my lunch on the way home from school and eat it in my room. I know this isn't healthy, but it's better than what's at home.

My mother tries to support me and shields us from the worst of my father's abuse, but I don't want to burden her.

We live in a village with a poor bus service, so I can't get out to see my friends, which makes me feel even more isolated. I feel there's no one I can turn to for advice or help.

Is there any advice you can give me?

Yours sincerely

Kerry Maitland  
3 Hollow Lane  
Merton  
Dunsford  
DU15 6KJ

Tel. 07890 123456

## Activity A8

There are many different ways you could do your presentations, but they will probably include the following:

### *Sickle cell disease*

- Affects the red blood cells
- Is most common in people of African or Caribbean heritage
- Symptoms include:
  - painful episodes
  - greater risk of infection
  - anaemia – tiredness, shortness of breath
  - possibly delayed growth
- Detected in pregnancy or via the heel prick test soon after birth, but can be detected later
- Only cure is stem cell or bone marrow transplant, which is risky
- Treatment includes:
  - drink a lot of fluids
  - painkillers to relieve the painful episodes
  - antibiotics to control infections
  - blood transfusions

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*Duchenne muscular dystrophy*

- Mainly affects boys
- Symptoms include:
  - difficulty walking and standing; may need a wheelchair by the age of 12
  - late speech development
  - possibly learning difficulties
  - possibly breathing problems in the early 20s
- Patients often die at around 30
- Detected by blood tests, physical examination or a muscle biopsy (when a sample of muscle is taken)
- No cure
- Treatment includes:
  - exercise and physiotherapy
  - steroids, which can slow the weakening of the muscles

*Huntington's disease*

- Symptoms do not usually appear until 30–40 years of age
- Symptoms include:
  - difficulty concentrating
  - depression
  - memory problems
  - mood swings
  - difficulty swallowing
- Detected by a blood test
- Many people with a family history of the condition choose not to have a test, prefer to wait until symptoms develop
- No cure
- Treatment includes:
  - medication for depression and mood swings
  - occupational therapy to help concentration
  - speech therapy to help with swallowing problems

*Cystic fibrosis*

- Produces sticky mucus in the lungs and digestive system
- Can lead to other conditions such as osteoporosis and diabetes
- Symptoms include:
  - chest infections
  - shortness of breath
  - problems digesting food
  - possibly growth problems
  - possibly diarrhoea or constipation
- Detected soon after birth by the heel prick test, which may be followed by a sweat test to check for salt in the perspiration
- No cure
- Treatment includes:
  - medication for lung problems
  - physical exercises
  - breathing exercises
  - a high-calorie diet to help compensate for digestive problems

*Marfan syndrome*

- Caused by abnormal production of a protein called fibrillin
- Symptoms include:
  - an abnormally tall body and long limbs
  - heart problems
  - dislocated lens of the eye
- Difficult to detect as symptoms vary from person to person
- Usually not detected until teenage years
- Diagnosis usually by physical examination; a genetic test is available but it is expensive
- No cure
- Treatment involves managing the symptoms and may involve a number of specialists

Accept other suitable answers.

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## Activity A9

You will have discussed a wide range of effects. Here are some that you might have included:

### Card 1

- Low self-esteem (E)
- Limited mental stimulus (I)
- Limited social contact (S)

### Card 2

- Possible bullying and social exclusion (S)
- Anxiety and insecurity (E)
- Possible effect on schoolwork (I)

### Card 3

- Low self-esteem (E)
- Social exclusion (S)
- Possible effect on schoolwork (I)
- Limited social contact (S)

### Card 4

- Worry (E)
- Change from being an equal partner in the relationship to being responsible for his wife (E)
- Limited social interaction with others (S)
- Possible health effects of having to do all the cooking, etc. (P)

### Card 5

- Low self-esteem (E)
- Loss of contact with colleagues (S)
- Possible health effects of drinking (P)
- Deterioration of his relationship with his family (E/S)

### Card 6

- Breakdown of their relationship (E/S)
- Emotional effect on children (E)
- Possible breakdown of joint friendships (S)

### Card 7

- Larger social circle (S)
- Intellectual stimulation (I)
- Socialisation of his children (S)
- Joint activities in the home (P)

### Card 8

- Comfort in accepting help (P)
- Possible involvement in practical and emotional support (P/E)

### Card 9

- Mutual emotional support (E)
- Possible broader social contact (S)

### Card 10

- Anxiety about living with his wife (E)
- Possible health effects of living on a limited budget (P)
- Meeting new neighbours (S)

### Card 11

- Change in their relationship with Fiona (E)
- Possible jealousy of her new focus for her love (E)
- Restricted social contact (S)

### Card 12

- Anxiety and fear (E)
- Health effects of possible torture (P)
- Separation from his wife (E)
- Probable lack of social contact (S)

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## Activity A10

There can be no definitive answer to this activity as it will depend on how your discussion suggestions about the kinds of things you might have considered.

### Anxiety

Adya might talk about how her anxiety feeds on itself, and how she can see no way out. with her studies, and this anxiety itself affects her ability to get down to work – there doesn't seem to be how she can regain control. She might say she is considering giving up on university.

The student counsellor could reassure her that her situation is not unique and that it can be managed. They could ensure that she is calm and receptive. It is very easy for an overanxious person to feel overwhelmed and not listen to advice – they only see the negative in the situation. Some strategies they might suggest are:

- Making sure Adya follows the medical advice of her GP to help calm her anxiety.
- Emphasising the importance of regular sleep and encouraging her to develop a sleep routine.
- Suggesting she explain the reasons for her anxiety problems to her lecturers and tutors to sleep, her panic attacks – and ask for extensions to any looming deadlines. (The counsellor could encourage her to approach the lecturers and tutors on Adya's behalf to take the initiative, so she has 'ownership' of the process of her recovery.)
- Pointing out how caffeine and other stimulants such as drugs, far from helping her, are detrimental to her health.
- Working with her to establish a plan for getting back on track with her studies – a plan with achievable targets for each activity and a target date for making up the backlog.
- Ensuring that her timetable includes downtime – time to relax or socialise – and some exercise, even just a walk in a park, is known to improve mental well-being.)
- Emphasising the need for 'rewards' when she has completed each stage of the plan to be positive about the process. These rewards could range from a break and a chocolate or an outing with her friends.
- Inviting her to return with a progress report from time to time.

### Sexuality

This concern will feed into Adya's anxiety, so responding to it is likely to help her in her broader situation. Adya might explain her confusion about her sexual orientation – perhaps that, although she has friends in terms of their relationships with boys as they reached puberty, she had not wanted to have a relationship. The difference was. She could also talk about being afraid that if she tells her family she will be isolated and have a feeling of isolation.

The student counsellor is likely to encourage Adya to talk through her feelings rather than seek concrete assistance. Their aim should be to help her feel confident rather than confused. This is best achieved by 'active listening'. However, they might make the following suggestions:

- That she seek support from the university's LGBTQ+ society or community, and advice from them.
- That she should tell her family about her sexuality fairly soon, before she enters into a relationship, so that they have time to get used to the situation.

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## Activity B1

In a case like this there is obviously no right or wrong decision, but in your discussions you will need to consider the following factors.

### Reasons for exclusion

- The school has done everything it can to support and help Liam, but the stage has been reached where it has no more resources to do more.
- He has been through all the school's strategies for dealing with his behaviour (intervention plans) and these seem to have worked.
- His behaviour in class is affecting other students' learning and, therefore, their interests.
- His behaviour in and out of the classroom is affecting the well-being of the other students.
- Excluding him will be an example to others that their actions have consequences.
- It is possible that the kind of one-to-one attention some alternative provision might offer is not available in a large school.

### Reasons against exclusion

- Liam's home background, with an ill mother, crowded living conditions, COVID lockdown and mental health issues, means that if this improves, his mental health and, therefore, his behaviour will improve.
- The medication for his ADHD has not yet had time to take effect, and could lead to a reduction in his behaviour.
- He is already involved in antisocial behaviour, which could escalate.
- Exclusion would have a significant effect on his development:
  - The lack of play space could impair his physical development.
  - The limited tuition he is likely to receive would affect his intellectual development.
  - The lack of contact with his school friends would have an impact on his social development.
  - It is likely to lead to low self-esteem, affecting him emotionally.

## Activity B2

### Task A

- **Resilience:** The ability to cope with a crisis, to recover quickly and to adapt to change.
- **Self-esteem:** How one feels about oneself. High self-esteem suggests confidence in oneself.
- **Emotional intelligence:** The ability to understand one's emotions and how they affect others.
- **Positive disposition:** An inherent quality which leads one to see the good in a situation.

### Task B

There may be several answers to this task; the following are some suggestions.

#### William

- Resilience, arising from his Christian faith
- Possibly self-esteem because he has withstood persecution and imprisonment and still remains positive.

#### James

- Positive disposition, which makes him see the benefits of his situation
- Resilience, developed with support from Dunsbridge Care, which has enabled him to resume his social life, despite his deteriorating eyesight and hearing

#### Tom

It is clear from his reaction to his sexual identity that he does not have an inherently positive disposition, but developing the following qualities could help him to cope:

- Resilience, so that he is able to cope with the change in his life and move forward
- Self-esteem, so that improving this would give him more confidence when looking for other people
- Emotional intelligence, to improve his relations with his family

#### Adya

- Self-esteem; as this improves as a result of her counselling, she will be better able to cope with her sexual identity
- Resilience, which will help her adapt to the change in her attitude to her sexuality

#### Anita

- Emotional intelligence, enabling her to manage her emotional relationships with Fiona

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## Activity B3

*William*

- Refugee agency volunteer (community): Advice and practical help in dealing with the official organisations
- Pastor (community): Emotional and spiritual support as he comes to terms with his situation
- Law Society official (professional): Advice on how to qualify to practise in the UK

*James*

- Diabetes nurse (professional): Advice on diet, exercise and lifestyle to control diabetes
- Dunsbridge Care bereavement volunteer (community): Emotional support as he comes to terms with the death of his wife
- Walking group friends (informal): Support to help him stick to his diet and exercise regime

*Anita*

- Midwife (professional): Support, information and advice during pregnancy
- Health visitor (professional): Regular check-ups on the baby's development, and advice on feeding patterns, etc.
- Partner (informal): Emotional support after miscarriage and during pregnancy, and practical support with the baby



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## Activity B4

### Task A

*Example:* GPs and social workers referring clients to Dunsbridge Care for benefit advice and support.  
*How it helps:* Helps promote the client's overall well-being by providing help that is beyond what would be achieved by making the referral.

*Example:* Dunsbridge Care providing an advocacy service working with GPs, officials and other professionals.  
*How it helps:* Helps clients explain their needs more clearly.

*Example:* The intermediate care group, which includes people from Dunsbridge Care, physiotherapists, GPs and social workers.

*How it helps:* Ensures that clients' needs continue to be met, even after they have left hospital.

*Example:* Child safeguarding meetings at the health centre involving GPs, midwives and other professionals to ensure that any concerns about a child's well-being are dealt with by the appropriate professionals.

*Example:* Social prescribers at the health centre referring patients to other agencies and services.

*How it helps:* Provides a holistic approach to well-being, rather than relying solely on medical treatment.

*Example:* Schools referring children to the GP if they have a health concern.

*How it helps:* The people who see children most often (apart from their parents) have a responsibility to ensure their well-being.

*Example:* MASH meetings, involving the police, social workers, the school and healthcare professionals to discuss all agencies involved in a child's welfare to discuss how best to meet their needs.

*Example:* Local health plan meetings, involving GPs, district nurses, social workers and health professionals.

*How it helps:* Enables different agencies to work together to determine how best to meet a patient's needs.

*Example:* TAF meetings, involving a family's social worker, the educational psychologist, and other professionals.

*How it helps:* Helps to meet a child's educational needs.

*Example:* Dunsbridge Academy working with a forest school as part of the THRIVE support programme to improve children's well-being by giving them experiences they would not otherwise enjoy.

*Example:* The CPOMS safeguarding system used by the primary school, which may involve the school's head teacher and SENDCO.

*How it helps:* Keeps a record of safeguarding concerns, which can be shared with parents and other professionals where necessary.

### Task B

There are many examples you might be able to think of. Below are a few suggestions, but you can think of many others.

- A diabetes nurse working with a dietician to develop a menu plan to help someone with diabetes to join a walking group to encourage the patient to exercise regularly.
- A hospital working with a district nurse and a care home to develop a plan for a patient to move from hospital to a care home.
- A school liaising with the local authority's educational welfare officer to discuss any persistent absence.
- A social worker discussing a family's housing needs with the local authority's housing officer.
- A GP, an advocacy organisation like Dunsbridge Care working together to ensure a patient receives their prescription.
- A physiotherapist, an occupational therapist and a social worker discussing how best to help a patient move into their own home.
- A social worker working with care home managers to find the best accommodation for a patient.
- A podiatrist and a physiotherapist working together with a patient to improve their mobility.
- An ear, nose and throat specialist consulting an audiologist about the best hearing aid for a patient with hearing loss.
- A dentist and a hygienist together ensuring a patient's dental health.
- A dementia nurse referring a patient to a memory café for support.

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