



# Case Studies with Activities

for BTEC (L1/2) Tech Award in Health and Social Care

Component 2: Health and Social Care  
Services and Values

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# Teacher's Introduction

This resource has been prepared to assist students and staff with Component 2 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 care situations. They are designed to encourage students to develop their knowledge and prepare them for their assignments. In Component 2, students are expected to demonstrate knowledge and understanding of the different types of health and social care services, and the skills and values that are required to deliver them.

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.

*June 2023*



= Individual



= Pairs



= Small groups

## Teacher's notes

Activity	Topics covered	Teaching notes
<b>Introductory activity</b>	<input checked="" type="checkbox"/> All	N/A
<b>A1</b>	<input checked="" type="checkbox"/> A1: All health services <input checked="" type="checkbox"/> A2: Voluntary care <input checked="" type="checkbox"/> A1: All health services, cardiovascular conditions, diabetes, additional needs (multiple sclerosis) <input checked="" type="checkbox"/> A1: All health services <input checked="" type="checkbox"/> A2: Voluntary care	If there are fewer than three students the answer sheets for that group.
<b>A2</b>	<input checked="" type="checkbox"/> A1: Multidisciplinary teamworking	N/A
<b>A3</b>	<input checked="" type="checkbox"/> A1: Learning disabilities, additional needs (multiple sclerosis), cardiovascular conditions <input checked="" type="checkbox"/> A1: Allied health professionals <input checked="" type="checkbox"/> A2: Services for children and young people <input checked="" type="checkbox"/> A3: Speech impairment, learning disabilities	Rather than letting students choose their presentations, tutors might prefer appropriate.
<b>A4</b>	<input checked="" type="checkbox"/> A2: Services for children and young people	
<b>A5</b>	<input checked="" type="checkbox"/> A2: Services for older adults (residential care) <input checked="" type="checkbox"/> A3: Physical and geographical barriers, barriers for people with sensory disabilities	N/A
<b>A6</b>	<input checked="" type="checkbox"/> A2: Services for adults (adults, domiciliary care)	This is recommended as an individual form the basis for paired or small-group work.
<b>A7</b>	<input checked="" type="checkbox"/> A2: Voluntary care (voluntary care and informal care)	This is recommended as a paired task with consideration of the needs of different people to be done individually.
<b>A8</b>	<input checked="" type="checkbox"/> A3: All barriers	To extend the activity, students can be given their own barriers and solution cards and asked to design a solution.
<b>B1</b>	<input checked="" type="checkbox"/> B1: All skills and attributes <input checked="" type="checkbox"/> B4: All benefits	N/A
<b>B2</b>	<input checked="" type="checkbox"/> B2: All values (six Cs of care) <input checked="" type="checkbox"/> B4: All benefits	If there are more than six students in pairs. If there are fewer than six, some groups will have more than one care value.  The video is 1 hour and 5 minutes long. To set this as homework for your students prior to completing this activity (flipped learning) information ready to complete the activity.
<b>B3</b>	<input checked="" type="checkbox"/> B3: Obstacles	If there are more than five students in pairs. If there are fewer than five, give two 'Obstacle category' boards.

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## The Dunsbridge Scenario

The presentations and case studies in this resource have been drawn from health and social care professionals 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 on the outskirts of town, for example, is among the top 10 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 by car. It is a problem for older people and the disabled, although bus services are generally good. There is a high level of poverty in the surrounding villages, and there public transport is an issue for those with limited resources. High costs have a negative impact on these problems.

The local health service providers have identified certain issues among children and young people, including other problems associated with poverty. Young people in the villages often feel isolated and have health issues. Among the older population, hypertension, diabetes, stroke and heart disease are 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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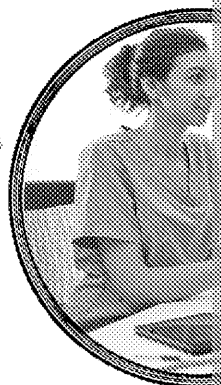
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# Presentation 1: The Hospital Matron

My name is Meera and I am the Matron of Dunsbridge Hospital, a community hospital providing a range of services tailored to the needs of our local community.

As Matron I am responsible for patient safety and the quality of care, including the prevention and control of infection, but I also have responsibility for staff management, budgeting and the allocation of resources, prioritising patients' needs so that we can work as efficiently as possible. My staff management role not only covers the allocation of staff as required, but supporting them and developing their skills.



We have identified a number of particular problems in the area, and therefore focus resources on these, with our own stroke rehabilitation team and an obesity clinic.

We have two 30-bed in-patient wards for admissions from GPs or referral. Medical support is provided by GPs. In addition, our outpatient department includes physiotherapy, audiology, speech and language therapy and ophthalmology. We also have an injuries unit and X-ray facilities.

We work closely with the local authority's Social Care Department as well as the police. We also have a complex partnership with Social Care, district nurses, learning disability nurses and other services.

NHS workers are obviously motivated by their own professional codes of conduct and the service required for their particular roles. But I also ensure that whatever the role and whatever other skills they need, all staff have thorough training in areas such as health and safety, hygiene and data protection.

Working with patients requires a variety of skills, including problem-solving, dealing with difficult conditions and organisation. Being a good communicator and a good listener are essential; other important attributes include patience, empathy, trust and respect. Staff – whether they be nurses, occupational therapists, speech therapists, physiotherapists – must be able to relate to clients of all ages and mental conditions. The ability to work as a team is crucial, as a great deal of our work involves different professionals working together.

One other quality that helps us cope with the stresses of the job and provides a sense of humour.

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## Presentation 2: The Social Worker

My name is Sarah and I am a social worker in the local authority's Adult Social Care Department, covering the Dunsbridge area. I joined the department straight from university, having completed a degree in social work. I could have chosen to work with either children or adults, but I opted for the latter as I find that I relate well to older people.

I work with a wide range of clients, ranging from the elderly to those with a physical or learning disability, from refugees to people with alcohol or drug problems. The main criterion for a referral to Social Care is that for some reason the client is finding daily life difficult, and my job is to help them live as full a life as possible.

I will visit clients (and sometimes their carers, who may also need support) who live in a care home or in a hostel) and assess their needs. These needs could include issues with hygiene, safety in the home, using local facilities or services, or access to employment (for example, case of those with learning difficulties, stimulating activities).

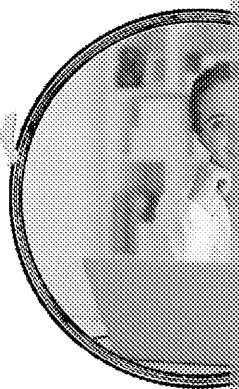
I support clients in making the best use of the resources they have to improve their lives. I can provide extra help that is available. This could involve special equipment or services, such as care, benefit advice or domiciliary or residential care. My colleagues and I assess each client's needs and provide the level of support we think is appropriate. Due to financial constraints, we cannot always offer all the services a client or their carer may want. Our aim is to provide for their basic needs. So, for example, we might arrange for a carer to come once or twice a day to help them get up in the morning and into bed at night, and to help them take their medication and prepare themselves a meal. Some clients, however, may need more than this, perhaps someone to care for them, to help them choose what to wear and to help them with their medication. Unfortunately, our funding does not enable us to provide that level of service.

People with physical or learning disabilities can receive a personal care budget. This is a sum of money for care needs, and part of my role is to discuss with them how it should be spent. It can be used for special equipment such as a mobility scooter, or on activities. One client has a budget on a weekly art therapy session, while another pays a carer to take them to football matches from time to time.

Because of the variety of needs my different clients have, I work closely with other professionals, including GPs and nurses, the police, the local authority Housing Department, and other organisations. I act as a sort of facilitator and coordinator, helping clients access the services they need, or bringing several services together when the needs are complex.

Because the role is so varied, social workers need a range of different skills. The most important are:

- Organisation
- The ability to work under pressure
- Self-motivation
- Empathy and understanding of different lifestyles
- The ability to deal with challenging behaviour
- Problem-solving skills
- Resilience



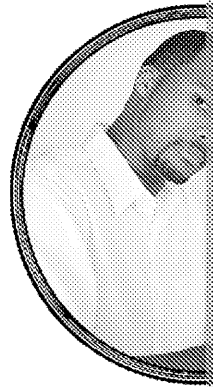
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## Presentation 3: The Manager of a Patient S

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 cards' drop-in sessions, where people can come and play board games, or just sit and socialise. These sessions also provide a respite for carers
- ✓ 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. We 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 to share their 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 to medical appointments and to social events (we have a small fleet of vehicles at cost)
- ✓ Visits to local areas of interest
- ✓ The loan of mobility and disability aids to support anyone who needs them. We can 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 outdoor gym. There is a charity shop, and although any profits from that go towards our work, the main aim is to help people who cannot afford normal shop prices, and also to provide a place where 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'. The main attributes we look for are:

- Trustworthiness – clients are often very vulnerable and must be able to rely on volunteers when they say they will or do things that they have promised to do
- Empathy – this is a key caring role
- Honesty
- Confidentiality – volunteers will often be privy to very sensitive information and must ensure that they will respect clients' confidentiality

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

Much of our work involves helping people who have experienced life-changing bereavement or unemployment, sensory loss or dementia, or perhaps just a change of 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 support in these circumstances. We provide 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 these organisations. For example, GPs, social prescribers and social workers refer clients to us for services we offer, such as benefit advice or emotional and social support. We think someone might benefit from some of our activities like the walking and advocacy work also brings us into contact with other agencies. In addition to these are two more formal links. We are involved in the local intermediate care team, with practitioners such as physiotherapists, occupational therapists and GPs, and we are best to support clients during the intermediate stage between hospital care and community care. Some of our staff members is also funded by the NHS to organise support for clients on their return to hospital, which might involve helping them with benefit claims, shopping or the loan of any mobility aids they may 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 do not have 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.

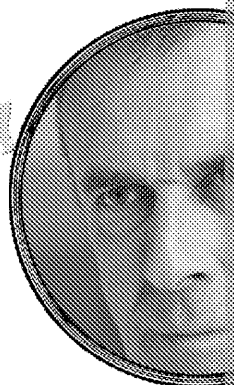


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## Presentation 4: The Manager of a Residential Home

My name is James and I am the Manager of Greenfield Residential Home in Dunsbridge. We are part of a small group of homes, and our residents are generally people in later adulthood who, for a variety of reasons, are no longer able to live independently. We have a room for 24 residents, as well as facilities for short-term respite care; we cannot offer medical support, but we are able to cater for those with dementia, which is a particular focus in this area.



We work closely with statutory services, such as Social Care, the local hospital, GPs and health visitors and the local mental health team. We have visiting services from a dentist, an optician, a podiatrist, a hairdresser and faith leaders. Of course, a very important partnership is with the client.

Our services can be accessed through self-referral, where someone wants to, but it is more common for clients to be referred by Social Care, who produce their needs, and may fund their care, in full or in part.

We have tried to minimise barriers to taking full advantage of the care we offer and ramps to ensure that there is physical access for all. All our signs and help those with visual impairments, and staff are trained to be aware of culture to make it difficult for clients to settle in. When a new resident joins us, we assess with their social worker to ensure that we have the capacity to provide for them. A member of staff who is trained in British Sign Language, which has been extremely helpful.

Carers have Level 1 qualifications in care, and we offer the opportunity for Level 2. We provide or source training in lifting and handling, fire disposal of hazardous waste and dealing with vulnerable adults. They also assess risk, and how to complete the accident book.

Apart from the formal qualifications, carers need to be relaxed, astute and relating well to residents, family and other direct carers, such as health visitors and professionals. I always look for people who are happy and stable within the home, someone who is calm, gentle and quiet.

Our care value base is very important, as our priority is to promote and support dignity, independence and health and safety. Training for carers always includes practice and good communication. I make sure that every carer signs a form and understood our policies under the health and safety regulations. We use appraisal and informal interviews to ensure that our care standards are being met. A 'Policy of the Month', which is displayed on the wall, to promote these values. The importance of practical measures such as wearing protective clothing, handling hazardous substances such as cleaning agents, soiled linen and disinfectants.

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## Presentation 5: 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 are not paid by the surgery, some of the other professionals, such as the midwives and 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.



We now have a more integrated approach to care than in the past, involving practices and elsewhere, including community pharmacies, the local hospital and the local care provision as it has enabled us to direct clients straight to the practitioners best able to help them.

Once a month we have a child safeguarding meeting involving the team of doctors and health visitors. We discuss problems relating to the safety of children in our care and children and their families. These children are often referred to us by social prescribers attached to the surgeries, and they take a holistic approach to a client. We see the client a number of times to identify what agencies can best help them, such as walking groups, mental health charities or respite care, as well as medical interventions. We might also refer a client to a social prescriber if they think that is the best way to help them. Professionals who work with the surgeries include physiotherapists, three of whom deal with patients suffering from mental health problems and a dietician.

Another regular meeting we are involved with is MASH (multi-agency safeguarding), which involves the police, Social Care, a child's school and healthcare professionals to discuss cases and see what support can be given to families and individuals with problems. Early intervention is particularly important for the child and their parents.

We take great care to try to make our provision as inclusive as possible by removing barriers to accessing our services. We have automatic doors, ramps and lifts to help those with physical problems. Our information leaflets are available in large print and Braille. We also have facilities for people with learning difficulties. We have an e-consult facility and telephone consultations so that patients can get advice via email without having to come into the surgery. Patients can also choose to see a female doctor or nurse, and all our staff are trained to be aware of possible special needs.

The main attributes of a good healthcare worker are empathy and patience, especially when dealing with emotionally difficult situations, and with people with a range of psychological and physical problems. These attributes are particularly important because of the pressures we face. We must try not to let these pressures affect our relationship with our patients. We know that because the symptoms a patient first presents may not reveal the full picture of their condition, we need to look a bit deeper.

The values all health and care professionals are required to uphold are described below:

- Care
- Competence, which includes respect and dignity
- Communication
- Communication, which means listening and involving patients as much as possible
- Courage to speak up when we have concerns about the actions of another professional or a patient's family
- Commitment

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## Ethan

Ethan is 14 years old and has both learning difficulties and physical disabilities. He uses a wheelchair and needs help with toileting (he has a colostomy bag). Despite his disabilities, he is able to attend Dunsbridge Academy, a mainstream school, but he needs support in class from a teaching assistant.

Ethan has a health passport setting out his condition and his needs, which he or his parents can show to any professionals who are involved in his care, as well as to staff at his school. He also has a personal care budget from the local authority, which he and his parents can spend on activities and care.

The school tries to ensure that Ethan is able to interact with his classmates and participate as much as possible in school activities. After school he attends Acorns, a social club for children with learning and physical disabilities, three days a week, and he goes more frequently during school holidays. The club offers a range of recreational activities and outings.

Ethan's parents are also able to use Ethan's personal care budget to pay an enabler (a support worker) to take him out from time to time. Ethan particularly likes going to watch Dunsbridge Town football team when the enabler also takes him to the cinema, to a donkey sanctuary and to the local riding centre for disabled children.

Access to services and facilities is sometimes a problem for Ethan. He can become angry if he is not able to access a service. His school has a lift and ramps, so he can access all areas of the building, and the enabler tries to ensure that his physical disabilities do not prevent him from taking part in the activities he enjoys. But his reading skills are poor, so he finds any activity that requires him to read a leaflet or a form difficult.

### Topics covered by this case study:

- A1: Health conditions: additional needs – physical impairments, learning disability
- A2: Social care: help with day-to-day living
- A2: Social care services: services for children and young people
- A3: Physical barriers
- A3: Intellectual barriers: health passports
- B4: How skills, attributes and values benefit individuals

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## Angela

Angela is a 66-year-old retired civil servant. Her husband died two years ago. She has rheumatoid arthritis, which affects her mobility – she cannot walk far, and even for short distances she needs a walking frame. She has also been diagnosed with dementia.

Angela has been assessed by an occupational therapist, who has arranged for grab rails to be installed in the shower and by the doors and steps so that she can steady herself. The occupational therapist has also provided her with perching stools for both the shower and the kitchen so that Angela can sit while washing herself or cooking, as she cannot stand unaided for long periods. Angela's family have tried to persuade her to move to a bungalow, as she finds stairs difficult, but she is determined to stay in the house where she has lived for many years, so they have had a stairlift installed. Her GP surgery's social prescriber has also referred her to Dunsford Care's memory café.

As Angela's dementia has progressed, her family have become concerned about her ability to care for herself. She sometimes forgets whether she has taken her medication, so she has occasionally missed a dose or has taken two doses at the same time. She also forgets to eat, or snacks instead of having a proper meal. She is adamant, however, that she does not want to leave her home and go into residential care.

The local authority will provide domiciliary care, in the form of one visit a day, but income, Angela would have to contribute to the cost; she has a good pension and lots of investments, so she is relatively well off. But her family don't think one visit a day from the problems with remembering to eat or take her medication, they are worried about an accident while cooking. They have, therefore, agreed to help her pay for a live-in carer who feeds herself and takes her medication, and generally look after her. The carer works 10 hours a day, 5 days a week.

### Topics covered by this case study:

- A1: Health conditions: arthritis, dementia
- A1: Health services: occupational therapy
- A1: Health services: multidisciplinary teamworking
- A2: Social care services: domiciliary care
- A3: Physical barriers
- A3: Barriers to people with different social and cultural backgrounds: fear of loss of independence

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## Amira

Amira is 33 years old and works at a large supermarket in Dunsbridge. A few years ago, she went to see her GP because she was beginning to suffer episodes of extreme fatigue, combined with blurred vision and numbness in her limbs. These passed in time but were very debilitating while they lasted. The GP diagnosed multiple sclerosis and referred Amira to a neurologist at the main hospital in the city about 15 miles from Dunsbridge.

The neurologist prescribed a short course of steroids, which helped speed up Amira's recovery from these episodes but did not prevent them from recurring. She also prescribed medication to alleviate some of the symptoms when they occurred, although this did not always help very much. During her relapses, Amira could not walk more than 100 metres and had difficulty reading. The neurologist also referred her to an MS support group in Heaton, which offered advice and support; one of the members also gave free massage sessions to help alleviate the physical symptoms. But since it is a voluntary organisation, it does not have the resources it needs to provide for all its clients' needs.

Then the neurologist told Amira about a new treatment: an intravenous drug infusion every four weeks which prevents relapses occurring and would mean that Amira could live a normal life as long as she receives the infusion regularly and promptly. The only problem, free on the NHS, it is not widely available, and Amira would have to travel about 20 miles to the centre, which would involve considerable expense. Her husband earns no more than £10,000 a year, so he is therefore unable to provide much help with the costs. It also requires Amira to take her husband to look after their two children while she is away.

The local support group is helping Amira to apply for assistance under the NHS Low Income Healthcare Costs Scheme. Without that, she is afraid that she will not be able to afford the treatment.



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### Topics covered by this case study:

- A1: Health conditions: physical impairments – multiple sclerosis
- A1: Health services: primary care, secondary care, tertiary care
- A1: Health services: multidisciplinary teamworking
- A2: Social care services: voluntary care
- A3: Financial barriers
- B3: Time constraints
- B4: How skills, attributes and values benefit individuals: being supported, receiving person-centred care, being empowered to have independence

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Sophie is 10 years old, and until recently attended Barton Primary School in Dunsbridge. Her teacher had been concerned about Sophie for some time; she suffers from asthma and had had a few attacks recently, and had on several occasions come to school late and in dirty clothes. Sophie was very withdrawn and generally unforthcoming about her home life, and, when questioned, she always said she was fine. However, on the last occasion, when her teacher asked one of her friends if there was anything wrong at home, her friend reported that Sophie had told her that she had no time to make herself breakfast that morning or to change into her uniform the night before.

It was agreed that a social worker would visit the family to assess the home environment. In the face of her mother's and stepfather's denials, it was obvious that Sophie was being neglected. Her asthma puffer had been lost and her mother had made no attempt to replace it. He did not try to hide his dislike of Sophie, and her mother did not seem to be able to control the stepfather's hostility, it seemed extremely unlikely that, even with support from the social worker, the home could ever become a safe place for Sophie. It was, therefore, decided to take her to the refuge.

[illegible]

- A1: Health conditions: asthma
- A1: Health services: primary care
- A1: Health services: multidisciplinary teamworking
- A2: Social care services: services for children, foster care
- B1: Skills and attributes: empathy, patience
- B3: Potential obstacles: emotional/psychological, lack of support
- B4: How skills, attributes and values benefit individuals: being supported, receiving help

## Ian

Ian is 85 years old and moved to Dunsbridge a few years ago. His wife died about 18 months ago and he was finding it increasingly difficult to cope on his own; he had never had to do his own cooking and cleaning. He also felt lonely, as he and his wife had been very self-sufficient and they did not have many friends locally. Ian's son and daughter both live some distance away, and he only sees them and their families every few months.



Ian had a minor stroke about six months ago and his neighbour had to call an ambulance. While he was in hospital, Ian was also diagnosed with type 2 diabetes. Although he has recovered from his stroke, his son and daughter were concerned about him and persuaded him to go into Greenfield Residential Home. He was reassured that care is being paid for by the local authority, and he feels there is a stigma attached as 'handouts'. But he has now accepted the situation and has settled into the home in the morning, and he often sits over his coffee with one or two of the other residents and also occasionally socialises with some of the others in the television room.

Ian is overweight and has been warned that unless he changes his lifestyle and loses weight, he may have complications. The care plan agreed between Ian, his social worker and the Greenfield Home was recommended by the diabetes nurse; because Ian had not exercised for himself, he was advised to start a diet before he came to the home.

His GP surgery's social prescriber has recommended that Ian attend Dunsbridge Community Centre for contact and that he joins the walking group for exercise. Ian has not done anything about this yet. Dunsbridge Community Centre provides transport, as he doesn't think that such activities are for lonely old people and he doesn't acknowledge that he is either lonely or old.



### Topics covered by this case study:

- A1: Health conditions: diabetes, obesity, cerebrovascular accident (stroke)
- A1: Health services: primary care, allied health professions, multidisciplinary teamwork
- A2: Social care services: residential care, voluntary care
- A3: Barriers to people with different social and cultural backgrounds: social stigma
- B3: Potential obstacles: emotional/psychological
- B4: How skills, attributes and values benefit individuals: receiving high-quality care, resilience



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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 Dunsbridge scenario.

The specific materials required for each activity are clearly displayed in the accompanying resources.

In addition to the activities, there are worksheets specifically to cover the learning aims of the general activity to introduce students to the vocabulary used by health and care workers. These can be used as a revision activity. As the component requires a lot of individual research, it is important that students understand the terms they may come across when reading. Teachers should be encouraged to use this exercise as a starting point for their own glossary to develop as they progress.

Some activities are designed to be done as group or paired work, but there is a worksheet tailored to suit the size and make-up of the group. Teachers could also vary the activities to give a broader view. A possible way to use this resource would be to create a photocopy of the presentations and 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 discussion and for whole-class feedback.

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

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## Introductory Activity: The Vocabulary of Health and Social Care

<b>Learning outcomes:</b>	<input checked="" type="checkbox"/> A and B
<b>Topics covered:</b>	<b>You will need:</b>
★ All topics	<ul style="list-style-type: none"> <li>✓ All presentations and case studies</li> <li>✓ Scissors and paste/glue (alter definitions into the boxes below)</li> </ul>

The following terms are commonly used when talking about health and care services. Definitions are given on the next sheet provided, 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, each to show that you understand the meaning.

Term	Definition
Primary care	
Cardiovascular conditions	
Confidentiality	
Domiciliary care	
Motivation	
Secondary care	
Cultural beliefs	
Empathy	
Sensory impairment	

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Term	Definition
Tertiary care	
Respiratory conditions	
Telehealth care	
Residential care	
Multidisciplinary working	
Respite care	
Self-esteem	
Person-centred care	
Social stigma	
Physical impairment	
Learning disability	
Allied health professionals	
Social care	
Informal care	
Voluntary	

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Term	Definition
Foster care	
Health passport	
Advocacy	
Care 	
Compassion	
Competence	
Communication	
Courage	
Commitment	
Addi 	
Discrimination	
Empowerment	
Dignity	

Consider adding any other key terms to the glossary.



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## Introductory Activity (Definition)



Social care provided in a client's home	The use of ICT to manage
The loss or impairment of one or more of the five senses	Healthcare provided by the first contact with
Conditions affecting the lungs and	Social care provided in
Healthcare in the community, the first point of contact with a health professional	Beliefs that are shared by a community or society
Working in teams drawn from different services and specialities	Highly specialised treatment in special centres
The desire or driving force that makes people act in a certain way	Temporary care to provide a main carer
How one values oneself; whether one likes oneself	Conditions affecting the
Care that is tailored to a person's individual needs and preferences	The ability to understand the needs of others
Not sharing personal information about a client with others unnecessarily	Disapproval of a person's behaviour or mental condition
A condition in which a part of the body is damaged or not working properly	Healthcare professionals including medical, nursing, dental
The provision of care by unpaid people, usually for charities or other non-official organisations	A document that tells about a person's conditions and care needs
The provision of support in the community for people with a range of problems or conditions	A condition that affects a person's ability to communicate, do mental tasks or move
A system whereby children who cannot be cared for by their birth parents are placed with an approved family or individual	The provision of anything that affects a person's health and well-being
The ability to do a job or task efficiently	The provision of care by a professional in a formal setting
A system whereby someone can speak for a person who has problems communicating, especially with officials	A willingness to do something that is seen as risky because it is the right thing to do
Being dedicated to doing something thoroughly and to the best of one's ability	Empathy and concern for others
Passing on or exchanging information about a subject	An inability to stop doing something harmful
Treating individuals or groups worse than others	The ability to control one's emotions
Being treated well and being respected	

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# Activity A1: Health Conditions and the Health Services That Help Manage Them

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of health and social care
<b>Topics covered:</b>	<b>You will need:</b>
<ul style="list-style-type: none"> <li>★ A1: Health conditions: arthritis, cardiovascular conditions, diabetes and additional needs (multiple sclerosis)</li> <li>★ A1: Health services: primary and secondary services</li> <li>★ A2: Additional services: voluntary care</li> </ul>	<ul style="list-style-type: none"> <li>★ Case Studies 2, 3 and 5</li> </ul>

Work in groups of three. Each member of the group should take the answer sheet mentioned in the case studies: Angela, Amira and Ian.

- Angela (Case Study 2) has rheumatoid arthritis and dementia.
- Amira (Case Study 3) has multiple sclerosis.
- Ian (Case Study 5) has had a cerebrovascular accident (stroke) and has type 2 diabetes.

Read the case study whose answer sheet you have taken, and do your own research on the health conditions and the health services best placed to help them (some of these are mentioned in the case study). You may find the NHS website ([www.nhs.uk](http://www.nhs.uk)) useful.

In the relevant boxes on the answer sheet, describe the health conditions experienced by the person. Then identify the services best placed to help them – primary, secondary, tertiary – and the health professionals – and describe how each could help to meet the needs of the individual.

When you have completed your answer sheet, discuss your conclusions with the other members of your group.



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## Answer Sheet 1 for Activity A1:

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Rheumatoid Arthritis:



Primary Care

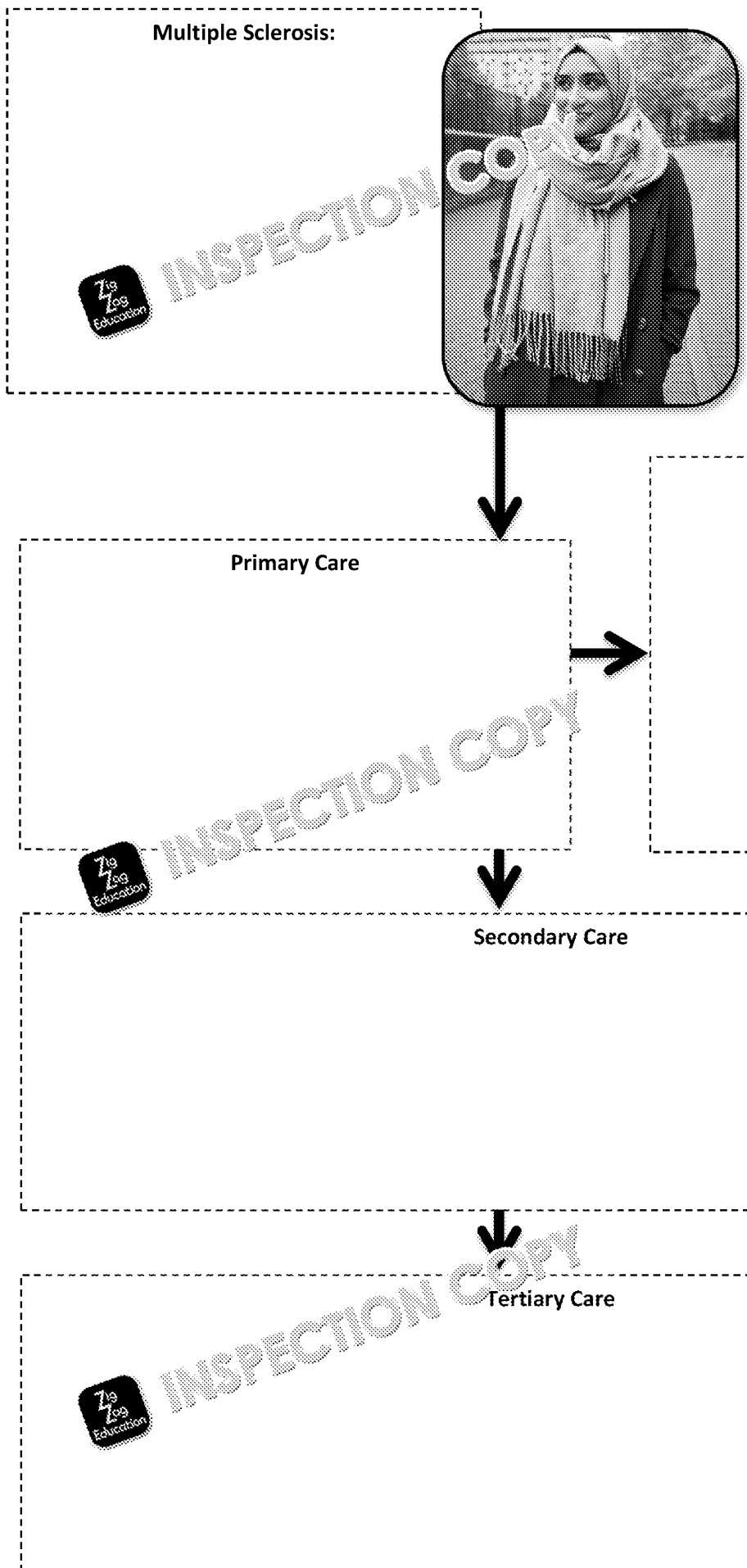
Secondary Care 1

Allied Health Professional

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## Answer Sheet 2 for Activity A1:




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## Answer Sheet 3 for Activity A

Diabetes:	Ce
	
Primary Care	
Secondary Care	
d health Professional	

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## Activity A2: Multidisciplinary Work

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of health and social care
<b>Topics covered:</b>	<b>You will need:</b>
★ A1: Health services available: multidisciplinary teamworking	✓ All five presentations

Read the following presentations:

- ✓ *Presentation 1* by the Matron of Dunsbridge Hospital
- ✓ *Presentation 2* by the Social Worker
- ✓ *Presentation 3* by the Manager of Dunsbridge Care
- ✓ *Presentation 4* by the Manager of Greenfield Residential Home
- ✓ *Presentation 5* by the GP

In pairs, look at all the examples of the way professionals work together across all mentioned in the presentations. In the first column of the tables below, write the professional with whom the professional concerned is working. In the second column outline how they work together. One example for the Matron of Dunsbridge Hospital has been given to you.

Presentation 1: Matron of Dunsbridge Hospital	
<b>GPs</b>	GPs refer patients to the hospital for in-patient care or specialist treatment. They work with the GPs when the patients are discharged, or when the specialist treatment is completed.

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## Presentation 2: Social Worker



## Presentation 3: Manager of Dunsbridge Care


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#### Presentation 4: Manager of Greenfield Residential Home

#### Presentation 5: GP

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## Activity A3: Local Health Professionals

Learning outcome:

- ☒ A: Understand the different types of health and social care professionals and the barriers to accessing them

Topics covered:

- ★ A1: Health conditions: additional needs for learning disabilities, and physical impairments (multiple sclerosis) and cardiovascular conditions
- ★ A1: Healthcare services: allied health professionals
- ★ A2: Social care services: services for children and young people
- ★ A3: Barriers to accessing health services: speech impairments and learning disabilities (e.g. the case studies)

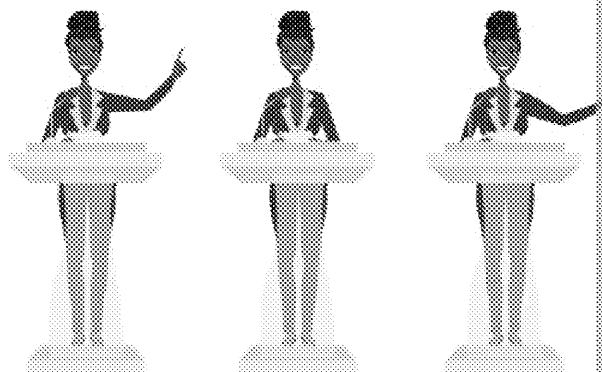
Choose and read one of the case studies listed below:

- *Case Study 1* about Ethan
- *Case Study 3* about Amira
- *Case Study 4* about Sophie
- *Case Study 5* about Ian

All may at some point receive help (or have had help in the past) from one of the professionals whose services are available locally in Dunsbridge.

- Ethan may benefit from the help of a **learning disability nurse** in accessing his services.
- Amira may be referred to a **physiotherapist** for help coping with her multiple sclerosis.
- In a year's time, when she is 11, Sophie might be helped by a **youth worker** to deal with her problems.
- Following his stroke, Ian may have had help from a **speech and language therapist**.

Do your own research into the work of one of these professionals (or any other service that helped each case) and the skills they need, and prepare a presentation to give to the NHS and National Care Service websites ([www.nhs.uk](http://www.nhs.uk) and [www.nationalcare.org.uk](http://www.nationalcare.org.uk)).






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# Template for Presentation

Use the template below to support you with your presentation.

Case study chosen:	
Professional:	
 Introduce to professional:	
Key aspects of their role:	
 Skills required for role:	
Any other information:	
 References (websites and resources used in my research):	

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## Activity A4: Residential and Foster


<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of social care
<b>Topics covered:</b>	<b>You will need:</b>
✓ A2: Social care services: services for children and young people	✓ Case Study 4

**Task A:** Read *Case Study 4* about Sophie. Working in small groups, imagine that you are in a meeting in the Local Authority's Children's Services Department to decide which would be best for Sophie if she is removed from her family – residential or foster care. Write the advantages and disadvantages of both below.

### Residential care:

Advantages	Disadvantages
	

### Foster care:

Advantages	Disadvantages
	

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## Activity A5: Residential Care for Older People

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of social care services and how to access them
<b>Topics covered:</b>	<b>You will need:</b>
<ul style="list-style-type: none"> <li>✓ A2: Social care services: services for older people – residential care</li> <li>✓ A3: Physical barriers, barriers to people with sensory disabilities, geographical barriers</li> </ul>	<ul style="list-style-type: none"> <li>✓ Presentation 4</li> <li>✓ Case Study 5</li> <li>✓ A dice</li> <li>✓ A counter for each player</li> <li>✓ The game board provided</li> </ul>

Read *Presentation 4* by the Manager of Greenfield Residential Home, and *Case Study 5* and play the 'Residential Care' game, using the game board provided.

### Rules:

1. Each player in turn should throw the dice and move their counter the relevant number of spaces on the board.
2. If you land on an 'instruction' square, explain briefly to the rest of the group why the statement on the square might be for clients, then follow the instruction, moving your counter as indicated.
3. The first person to reach the finish is the winner. It is not necessary to throw the dice again.



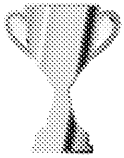


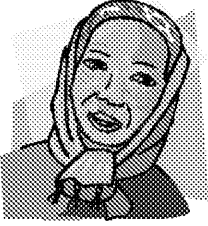


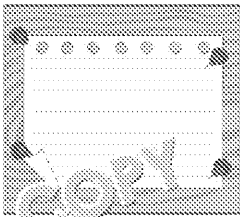

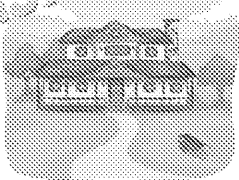
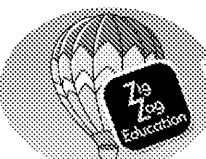

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## Game Board for Activity A

<p>30</p>  <p><b>FINISH</b></p>	<p>29</p> <p>Illness leaves a shortage of care staff to help clients.</p> <p>(Go back to Step 1)</p>		
<p>21</p>  <p>Greenfield is rather remote, so it is difficult for friends to visit.</p> <p>(Go back to Step 12)</p>	<p>22</p> 	<p>23</p> <p>There is a member of staff trained in British Sign Language.</p> <p>(Go forward to Step 27)</p>	
<p>20</p> 	<p>19</p> <p>Residents are left sitting in front of the television all day.</p> <p>(Go back to Step 6)</p>	<p>18</p> 	<p>24</p> <p>Greenfield rules are confidential.</p> <p>(Go forward to Step 28)</p>
<p>11</p>  <p>Staff understand cultural differences.</p> <p>(Go forward to Step 22)</p>	<p>12</p> 	<p>13</p> <p>Codes of practice are clearly displayed.</p> <p>(Go forward to Step 18)</p>	<p>25</p> <p>There are enough clients to guarantee a good service.</p> <p>(Go back to Step 10)</p>
<p>10</p>	<p>9</p> <p>Greenfield has its own minibus for visits and outings.</p> <p>(Go forward to Step 20)</p>	<p>8</p>	<p>26</p> <p>Ian does not go into a home.</p> <p>(Go back to Step 10)</p>
<p>1</p>  <p><b>START</b></p>	<p>2</p> <p>Gifts and services are provided in accordance with the law.</p> <p>(Go forward to Step 16)</p>	<p>3</p>	

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## Activity A6: Domiciliary Care

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of health and social care
<b>Topics covered:</b>	<b>You will need:</b>
✓ A2: Services for older adults: domiciliary care	✓ Presentation 2
	✓ Component 2

Read *Presentation 2* by the Social Worker and *Case Study 2* about Angela. Imagine you are Angela's carer's manager. Draw up a list of duties the carer would be expected to perform. Also indicate how this might differ from the support the local authority's Social Services might be able to provide with one visit per day. Write your answers in the boxes below.

**Duties for the carer:**

**How they differ from the local authority's support**

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## Activity A7: Voluntary and Informal

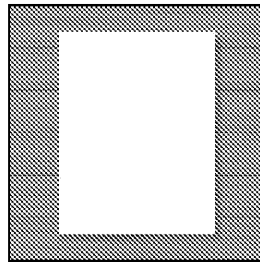
<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of health and barriers to accessing them
<b>Topics covered:</b>	<b>You will need:</b>
✓ A2: Additional care: voluntary care and informal care	✓ Presentation 3 ✓ Case Studies 1, 2 and 5 ✓ Paints and/or coloured pens

**Task A:** Read Presentation 3 by the Manager of Dunsbridge Care, and Case Study 4 about Angela and Case Study 5 about Ian.

Dunsbridge Care has decided that the range of services it offers is too extensive for one leaflet. It therefore wants to produce separate pieces of publicity aimed at particular clients.

In pairs, choose **one** of the potential clients described in the case studies:

- Ethan and his parents
- Angela
- Ian



Consider which of the voluntary services outlined by the Dunsbridge Care Manager would benefit the type of client you have chosen. Then produce a poster or leaflet describing those services. Use the template on the next page to support you.

**Task B:** Looking at the same case studies (about Ethan, Angela and Ian), consider what voluntary services (from friends, family or neighbours) may be available to them. Write your answers below.

	Informal care available
Ethan	
Angela	
Ian	

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## Notes for Poster/Leaflet (Task 1)

Use the template below to support you with producing your poster/leaflet.

<b>Case study chosen:</b>	<b>Most appropriate service:</b>
<b>Catchy title for poster/leaflet:</b>	
<b>Images I might include:</b>	<b>How the services can help might be accessed:</b>

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## Activity A8: Barriers to Accessing

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> A: Understand the different types of health and barriers to accessing them
<b>Topics covered:</b>	<b>You will need:</b>
✓ A3: All barriers	✓ Template provided

There are a number of potential barriers clients might encounter when trying to access services. They can be:

- **Physical barriers** – where clients have difficulty getting into or around facilities
- **Sensory barriers** – where clients have hearing or visual impairments
- **Social and cultural barriers** – where clients have different social or cultural beliefs, the fear of social stigma or fear of losing independence
- **Language barriers** – where clients do not speak English as a first language, or have a speech impediment/disorder
- **Geographical barriers** – where service providers are some distance away and transport is difficult
- **Intellectual barriers** – where clients with learning disabilities have difficulty understanding information
- **Financial barriers** – where clients cannot afford to pay for services

In small groups, play the 'Barriers' game.

### Rules:

1. Cut out and shuffle the 'Barrier' and 'Solution' cards provided and spread them face down in groups.
2. Players should take it in turns to turn over one card from each group.
3. The aim is to match a 'barrier' to the corresponding 'solution'.
4. If the two cards match, the player keeps them and has another turn.
5. If the two cards do not match, the player turns them face down again and plays the next card.
6. The winner is the player with the most correct pairs.

**Optional rule:** Once in a while, you can have a 'steal' (if you match a barrier to a solution, other players can steal the cards you have just matched. If they can then give a correct alternative solution to the barrier, they can steal the cards).

Make the game more challenging by adding your own barriers and solutions to the game using the template sheet available.

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## 'Barrier' Cards for Activity

Cut out these cards, shuffle them and spread them out face down in a separate room.



<p><b>Physical Barrier</b></p> <p>Ethan cannot get into the car to go on a school trip.</p>	<p><b>Physical Barrier</b></p> <p>Angela can no longer drive to her GP surgery.</p>
<p><b>Sensory Barrier</b></p> <p>A resident at Greenfield has been deaf since birth and has difficulty understanding what the carers are saying.</p>	<p><b>Language Barrier</b></p> <p>A refugee whose community language cannot understand the carers.</p>
<p><b>Geographical Barrier</b></p> <p>Angela can no longer drive, and the bus service between her home and her GP surgery is infrequent.</p>	<p><b>Social and Cultural Barrier</b></p> <p>A patient feels uncomfortable being examined by a doctor of a different ethnicity.</p>
<p><b>Social and Cultural Barrier</b></p> <p>Patients from some communities are concerned that their religious beliefs are not catered for in the local hospital.</p>	<p><b>Intellectual Barrier</b></p> <p>A client has a learning disability and cannot complete forms, etc. to book an appointment.</p>
<p><b>Financial Barrier</b></p> <p>Amira needs to take time off work to attend her treatment, but she cannot afford the loss of income or the travel costs.</p>	<p><b>Sensory Barrier</b></p> <p>A visually impaired patient cannot see the GP surgery.</p>
<p><b>Social and Cultural Barrier</b></p> <p>Ian is worried about the social stigma of accepting a 'handout' from the local authority to help pay for his care.</p>	<p><b>Financial Barrier</b></p> <p>A client on Universal Credit cannot afford to pay for her eye treatment.</p>
<p><b>Language Barrier</b></p> <p>A client has speech difficulties and sometimes needs help communicating with officials.</p>	<p><b>Geographical Barrier</b></p> <p>Ian's condition needs regular treatment, but he has no transport to the GP surgery to see the doctor.</p>

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## 'Solution' Cards for Activity

Cut out these cards, shuffle them and spread them out face down in a separate grid.



<p><b>Solution</b></p> <p>The surgery can provide tablets in Braille.</p>	<p><b>Solution</b></p> <p>The hospital can liaise with local leaders to ensure that they are not over-represented.</p>
<p><b>Solution</b></p> <p>She can apply for an optical voucher to help with the cost.</p>	<p><b>Solution</b></p> <p>The school can hire a specialist to help with the cost.</p>
<p><b>Solution</b></p> <p>The Social Care Department can hire an interpretation service.</p>	<p><b>Solution</b></p> <p>She can take advantage of the community transport service.</p>
<p><b>Solution</b></p> <p>The surgery should have a waiting list for people with mobility problems to use.</p>	<p><b>Solution</b></p> <p>The surgery can offer a female service.</p>
<p><b>Solution</b></p> <p>He can be provided with telehealth equipment.</p>	<p><b>Solution</b></p> <p>The carer trained in Braille can be assigned to him.</p>
<p><b>Solution</b></p> <p>They can make use of Dunsbridge Care's advocacy service.</p>	<p><b>Solution</b></p> <p>His family and social workers can ensure it is not a 'handout' but an entitlement.</p>
<p><b>Solution</b></p> <p>He can be issued with a health passport.</p>	<p><b>Solution</b></p> <p>She can apply for an NHS Low Income and NHS budget scheme.</p>




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# Template for Additional 'Barrier' and 'Solution' Activity A8

Cut out these cards and place them into the relevant barriers/solutions group of

 _____ Barrier	Solution
_____ Barrier	Solution
_____ Barrier	Solution
 _____ Barrier	Solution
_____ Barrier	Solution
_____ Barrier	Solution
 _____ Barrier	Solution

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## Activity B1: Skills and Attributes How They Benefit Clients

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand the skills and attributes required
<b>Topics covered:</b>	<b>You will need:</b>
✓ B1: All skills and attributes	✓ Presentation 3
✓ B4: All benefits	

### Task A

Read Presentation 3 by the Manager of Dunsford Care.

Imagine that he is interviewing a potential volunteer for the organisation and is to see if he has the right skills and attributes for a caring role. Role-play the interview, with one person as the manager and the other the interviewee. Assume that the interviewee has any appropriate skills and attributes. Concentrate on the skills and attributes they would need to bring to the role.

The manager mentions the following attributes in his presentation:

- Trustworthiness
- Empathy
- Honesty
- Confidentiality

However, you should also bear in mind other skills and attributes that may be required when delivering care, including:

- Problem-solving
- Observation
- Organisation
- Patience
- The confidence to deal with difficult situations

Use the template provided (overleaf) to prepare for your interview before getting started. The interviewee should create some questions that they can ask during the interview. The interviewer should list the skills and attributes that are required when delivering care and how they can apply them.

### Task B

Now, still in pairs, discuss the benefits clients will receive from the skills and attributes listed in the notes below.

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# Template for Interview

Use the template below to help you prepare for your interview role play.

Interviewer (manager of Dunsford Care):

Questions	Interviewer
1	
2	
3	
4	
5	

Write any further questions

Interviewee (applicant for volunteer at Dunsford Care):

Skill/Attribute	How I can demonstrate this
1	
2	
3	
Attributes needed	How I can demonstrate this
4	
5	
6	

Write any further skills/attributes

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## Activity B2: Care Values

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand the values required to give care
<b>Topics covered:</b>	<b>You will need:</b>
★ B2: All values (six Cs of care)	✓ Presentation 5
★ B4: All benefits	

Read *Presentation 5* by the City of London and the short additional case study below about Satish and the symptoms and treatment of Parkinson's. You will find the NHS and Parkinson's UK ([www.parkinsons.org.uk](http://www.parkinsons.org.uk) respectively) useful. If you are able to access it, you will find the programme *Dr. James Van Der Beek: Putting Up With Parkinson's*, first shown on ITV on 5<sup>th</sup> October 2014, useful.

Work in groups of six. Each person should choose one of the six care values mentioned and explain to the rest of the group how that value applies to the people involved in Satish's care.

The six care values are:

1. Care
2. Compassion
3. Competence
4. Communication

### Satish

Satish is 56 years old and has Parkinson's. He is exhibiting some of the classic symptoms of the condition, including tremors, muscle rigidity, particularly in his face, aches, vivid dreams and poor balance. His GP has prescribed medication to alleviate the symptoms and has referred him to a physiotherapist to help him with his movement. He has also joined Dunsbridge Club's singing group to help with his facial muscles. Satish was a cheerful, outgoing person, but he no longer goes out much because he feels embarrassed by his tremors in public, and he therefore feels isolated. He is becoming frustrated and depressed about the things he can no longer do and has an increasing tendency to become angry with those close to him. His wife has discovered a 'healer' who claims to be able to cure the condition and wants to take him to see her.

Care value chosen:

How value applies to people involved in Satish's care:

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## Activity B3: Obstacles Clients Ma

<b>Learning outcome:</b>	<input checked="" type="checkbox"/> B: Understand the skills, attributes and values
<b>Topics covered:</b>	<b>You will need:</b>
★ B3: All obstacles	★ All five case studies

Clients may encounter different obstacles to moving forward or making progress. These can be divided into five main categories:

- **Emotional/psychological** – e.g. anxiety, lack of motivation, low self-esteem
- **Time constraints / lack of support** – e.g. work or family commitments, lack of colleagues or colleagues
- **Lack of resources/equipment/facilities** – including financial resources
- **Unrealistic expectations** – either unachievable by the individual, or unachievable in the time frame
- **Health and other conditions** – e.g. addiction, disability, poor health

Read *Case Study 1* about Ethan, *Case Study 2* about Angela, *Case Study 3* about A and *Case Study 5* about Ian. In groups of five, play the 'Obstacles' game.

### Rules:

- Each player should take one of the 'Obstacle' boards provided.
- Spread out the 'Situation' cards provided face down.
- Take it in turns to turn over one card. If the situation falls into the category on the board, it face up on the board, and explain to the rest of the group why you believe it fits. If not, replace it face down with the others. For example, if the card describes a situation where a person has a medical appointment during working hours, and one can cover for them, that would not be a time constraint / lack of support. If you have that board, you would keep the card. If the situation falls into the category; if not, you would replace it.
- The first person to fill their board is the winner.




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## 'Obstacle' Board 1 for Activity

### Emotional/Psychological:

 Situation 1	 Situation 2	 Situation 3
--	-----------------	-----------------



### Time Constraints / Lack of Support:

 Situation 1	 Situation 2	 Situation 3
-----------------	-----------------	-----------------



### Lack of Resources/Equipment/Facilities:

 Situation 1	 Situation 2	 Situation 3
-----------------	-----------------	-----------------

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Unrealistic Expectations:

Situation 1	Situation 2	Situation 3
-------------	-------------	-------------



Health and Other Conditions:

Situation 1	Situation 2	Situation 3
-------------	-------------	-------------

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## 'Situation' Cards for Activity



<p><b>Situation A</b>  <i>Ian does not have the motivation to take part in the activities Dunsbridge Care offers, as he thinks they are just for lonely old people.</i></p>	<p><b>Situation B</b>  <i>One of the GP's patients, who is employed, says he cannot take time off for a scan she has recommended.</i></p>	<p><b>Situation C</b>  <i>Amira has difficulty finding the money to travel away for her treatment.</i></p>
<p><b>Situation E</b>  <i>Ethan's disability sometimes prevents him from catching buses to hospital appointments if they are not wheelchair accessible.</i></p>	<p><b>Situation F</b>  <i>Amira has problems getting to appointments for her treatment because she has two children and her husband is reluctant to leave for them while she is away.</i></p>	<p><b>Situation G</b>  <i>Sophie's stepfather will not let her mother see her G about a chronic cough, saying she must put it on. Because she has low self-esteem, she cannot stand up to him.</i></p>
<p><b>Situation I</b>  <i>Sophie's brother is a drug addict, and his addiction is affecting his health. It also prevents him seeking help.</i></p>	<p><b>Situation J</b>  <i>The local swimming pool has closed, so Dunsbridge Care's swimming group can no longer operate, and Ian cannot get the exercise the social prescriber recommends.</i></p>	<p><b>Situation K</b>  <i>The local hospital cannot offer the specialist multiple sclerosis treatment Amira needs.</i></p>

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**Situation M**

Ian needs support and encouragement to keep to his diet and exercise regime, but his family live far away and he has few close friends

**Situation N**

Sophie's foster parents do not make enough allowances for her problems, and expect her to behave the way they want her to right from the start.

**Situation O**

Because of his learning disability, Ian cannot access services that require reading skills.

**Situation Q**

Sophie accepts her home life as normal, and the care professionals therefore find it difficult to engage with her.

**Situation R**

Angela's family had great difficulty persuading her to see her GP about her forgetfulness because she was anxious about the outcome of the consultation and the possible diagnosis.

**Situation S**

Ian needs telehealth equipment to monitor his condition, but there is a waiting list for the equipment.



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# Answers

## Introductory Activity

Term	Definition	
Primary care	Healthcare in the community, the first point of contact with a health professional	GP surgeries
Cardiovascular conditions	Conditions affecting the heart or blood vessels	Coronary heart disease
Confidentiality	Not sharing personal information about a client with others unnecessarily	Keeping records private, not sharing with others
Domiciliary care	Social care provided in a client's home	Live-in carers
Motivation	The desire or driving force that makes people act in a certain way	Keeping to a diet, not smoking
Secondary care	Healthcare provided by professionals who do not have the first contact with clients	Cardiology, rheumatology
Cultural beliefs	Beliefs that are shared by a particular group or society	Preferences of therapy
Empathy	The ability to understand and share the feelings of others	Listening to clients, supporting them
Sensory impairment	The loss or impairment of one or more of the five senses	Deafness, blindness
Tertiary care	Highly specialised treatment, usually not available in special centres	Oncology, transplant health services
Respiratory conditions	Conditions affecting lungs and breathing	Asthma, COPD
Telehealth care	The use of ICT to manage a client's health	Monitoring vital signs
Residential care	Social care provided in a residential home	Care home, nursing home
Multidisciplinary working	Working in teams drawn from different services and specialities	GPs, social workers, nurses, social prescribers
Respite care	Temporary care to provide relief for a person's main carer	Day centres
Self-esteem	How one values oneself, whether one likes oneself	Thinking one is not capable
Person-centred care	Care that is tailored to a person's individual needs and preferences	Choice of type of food, menu
Social stigma	Disapproval of a person based on their social, physical or mental condition	Regarding people with mental health problems as poorer people
Physical impairment	A condition in which a part of the body is damaged or not working properly	Paralysis, amputation
Learning disability	A condition that affects a person's ability to learn, to communicate, do mental tasks or to coordinate their movements	Autism, Down's syndrome
Allied health professionals	Healthcare professionals who have not received medical, nursing, dental or pharmaceutical training	Occupational therapists, dietitians, physiotherapists
Social care	The provision of support in the community for people with a range of problems or conditions	Residential care, day centres
Informal care	The provision of care by people outside a formal setting	Friends, family
Voluntary care	The provision of care by unpaid people working for charities or other non-official organisations	Age UK, Citizens Advice

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Term	Definition	
<b>Foster care</b>	A system whereby children who cannot be cared for by their birth parents are placed with an approved family or individual	Short- or long-term
<b>Health passport</b>	A document that tells professionals about a person's conditions and care requirements	Can be used to manage a person's disability when they are in hospital
<b>Advocacy</b>	A system whereby someone can speak for a person who has problems communicating, especially with officials	A carer speaks on behalf of a person or benefit of a person with a learning disability
<b>Care</b>	The provision of anything that is necessary for a person's health and well-being	A GP with the responsibility of caring for their clients
<b>Compassion</b>	Sympathy and concern for the suffering of others	A carer's relationship with a professional
<b>Competence</b>	The ability to do a job or task efficiently	A GP giving a patient advice when hospital medical records are not available
<b>Communication</b>	Passing on or exchanging information about a subject	Professional communication and why, listen to others
<b>Courage</b>	A willingness to do something that frightens you or is risky because it is the right thing to do	'Whistle-blowing' - reporting something that is wrong or doing something that is difficult
<b>Commitment</b>	Being dedicated to doing something thoroughly and to the best of one's ability	Carers ensure that a person's needs are fully met, provide support and care with treatment
<b>Addiction</b>	An inability to stop doing something, particularly something harmful	Drugs, alcohol, gambling
<b>Discrimination</b>	Treating certain people or groups worse than others	Racism, homophobia
<b>Empowerment</b>	The ability to control one's own life	Clients being able to make their own choices, home residents, what to wear, what to eat
<b>Dignity</b>	Being treated with respect and being respected	Carers knocking on a door before entering a room, respecting a person's sensitivities

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## Activity A1

### Angela

- **Rheumatoid arthritis** – A long-term condition that causes pain, swelling and stiffness in a sufferer's mobility and manipulation.
- **Dementia** – A group of symptoms associated with a decline in brain function. There are many types of dementia, with Alzheimer's disease and vascular dementia being the most common.
- **Primary care:** GP – Diagnoses her conditions, prescribes medication and refers her for specialist care.
- **Secondary care 1:** Rheumatologist – Advises on medication and treatment for her arthritis.
- **Secondary care 2:** Geriatric consultant (geriatrician) – Advises on treatment and management of her dementia.
- **Voluntary care:** Memory café – A social facility where people with dementia can engage in activities or listen to music.
- **Allied health professionals:** Occupational therapist – Conducts an assessment of her physical and mental health and adapts her environment to enable her to lead as normal a life as possible.

### Amira

- **Multiple sclerosis** – A condition that can affect the brain and spinal cord, causing disability with vision, arm or leg movements, or balance.
- **Primary care:** GP – Provides the initial diagnosis and refers her for specialist care.
- **Secondary care:** Neurologist – Assesses her specific symptoms (as they vary from one day to the next) and prescribes medication and refers her for specialist treatment if appropriate.
- **Tertiary care:** Specialist MS centre – Provides the treatment and medication appropriate to her condition.
- **Voluntary care:** MS support group – Provides friendship and support from other sufferers. May also offer massage or exercise to relieve symptoms.

### Ian

- **Diabetes** – Often linked with being overweight or inactive, this condition causes the blood sugar to become too high, and can lead to problems with the heart, eyes and nerves.
- **Cerebrovascular accident (stroke)** – A serious condition where blood clots and the brain is damaged.
- **Primary care:** A&E – Provides immediate assistance and admits him to hospital for treatment.
- **Secondary care:** Cardiologist – Provides treatment and medication to dissolve blood clots. May need to operate to remove blood clots surgically.
- **Allied health professionals:** Diabetes nurse or dietician – The diabetes nurse monitors his blood sugar levels and both provide advice on lifestyle changes (diet, exercise, etc.) to reduce the risk of complications.
- **Voluntary care:** Support group – Provides an opportunity for him to take part in group activities to help with the after-effects of his stroke.

Accept any other suitable service/professional.

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## Activity A2

Students to identify the professionals that work together within each presentation and the multidisciplinary team with the other professionals listed.

### Presentation 1

Working with:

- The local authority's Social Care Department. May be necessary for follow-up support.
- GPs. GPs refer patients to the hospital for in-patient care or specialist services. They liaise with the patients are discharged, or when the specialist course of treatment is completed.
- District nurses. Provide continuing care in the community as necessary on discharge.
- Learning disability nurses. Will be asked on to help in the case of a patient with learning disabilities.
- The mental health service. May be asked to provide continuing care for someone with a mental health problem.

### Presentation 2

Working with:

- GPs. The GP may refer a patient to Social Care for support if necessary, and the social worker may refer the patient to the GP for medical assessment.
- Nurses. There may be a similar two-way relationship as with GPs.
- The police. Will liaise with the police regarding a client who is an offender or at risk of becoming one. Will attend multi-agency meetings to discuss clients at risk.
- The local authority's Housing Department. May support a client in applying for social housing or support in accommodation.
- Care homes. Will support clients in finding a suitable care home and help them apply to the local authority.
- Voluntary organisations. May refer clients for benefit support, social clubs, walking groups, etc.

### Presentation 3

Working with:

- GPs. May support clients in their dealings with GPs, e.g. prescriptions, etc.
- Social workers. Social workers may refer clients for benefit support, social activities, etc. Social workers may refer clients to Social Care if it is felt that they need more support than the group can provide.
- Social prescribers. Social prescribers may refer clients to the patient support group if they provide, such as health advice, activities, etc.
- The integrated care group. Will be involved in multi-agency meetings following a referral.

### Presentation 4

Working with:

- The local authority's Social Care Department. Social Care will usually fund a resident who is involved in supporting residents with particular problems.
- GPs. Will liaise with GPs regarding residents' health problems and any necessary tests.
- Health visitors. Health visitors will liaise with the care home about any health issues for residents who have been discharged from hospital.
- The mental health service. The mental health service will become involved if any resident has a mental health problem.

### Presentation 5

Working with:

- Midwives. Pregnant patients will be referred to a midwife at the appropriate time to give birth.
- Health visitors. Health visitors will become involved in the primary care of pregnant women and in continuing care for older patients.
- Social prescribers. GPs will refer patients to social prescribers if they feel that their medical support. Conversely, social prescribers will refer clients to GPs if they feel that the client needs medical support.
- Community pharmacies. Will liaise with pharmacies regarding medical prescriptions. A pharmacist will refer a patient to a pharmacy if they feel that the pharmacy can provide the most appropriate support. Pharmacies may also refer patients to the hospital for in-patient care or specialist services.
- The hospital. Will refer patients to the hospital for in-patient care or specialist services. GPs will refer patients to the hospital for in-patient care or specialist services.
- The local authority. Will liaise with various local authority departments (e.g. Social Care) to discuss patients' social or housing needs.
- MASH. Will be involved in multi-agency meetings to discuss children's social, educational, and health needs to their safeguarding.

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## Activity A3

Students' presentations will depend on what they discover in their research, but may include means a comprehensive list – accept other suitable answers). Also accept other professional roles given on the worksheet.

### CS1: Ethan – Learning disability nurse

- Works to improve the physical and mental health of people with learning disabilities.
- Helps to reduce the barriers to clients leading an independent life.
- Develops the life skills clients need.
- Provides general support and advice.
- Helps clients communicate and interpret their behaviour if they cannot express themselves.
- Needs good communication skills and the sensitivity to pick up on non-verbal signals.

### CS3: Amira – Physiotherapist

- Advises on how to move, lift and bend with minimum pain or risk of injury.
- Provides exercises to strengthen different parts of the body.
- Reduces pain and improves movement through manual therapy.
- Needs good communication skills.
- Must be physically fit.

### CS4: Sophie – Youth worker

- Works with young people aged 11–25.
- Arranges activities and outings.
- Helps people at risk of offending.
- Provides general mentoring of young people.
- Organises projects on healthy living and the dangers of drugs, smoking, alcohol, etc.
- Needs good communication skills (especially active listening), sensitivity and patience.

### CS5: Ian – Speech and language therapist

- Not only helps people with speech problems, but also helps those who have difficulties with understanding.
- Works with children whose speech development is slow, or those who have learning difficulties such as cleft palate.
- Works with older people whose speech or ability to swallow is impaired by illness or Parkinson's disease.
- Needs good communication and problem-solving skills.

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## Activity A4

Here are some examples of the advantages and disadvantages of each; students may well have other ideas for discussions.

### Residential care

#### Advantages

- Continuity – once established in the care home, she is likely to stay in one place
- Specially trained staff to cater for different mental and physical health issues
- Other children to interact with

#### Disadvantages

- Institutional atmosphere which could be impersonal
- Changing staff, making it difficult to establish relationships
- Possible problems with the foster parents' own children if they have them

### Foster care

#### Advantages

- A smaller unit rather than a fairly large institution
- The chance to establish a close relationship with the foster parents
- A family atmosphere

#### Disadvantages

- Disruption of her life and education if the placement doesn't work out and she has to move
- No specialist staff available if the foster parents can't cope with particular issues
- Possible problems with the foster parents' own children if they have them

## Activity A5

You may come up with a number of different explanations. The following are a few suggestions:

- Step 2. Clients can move around more easily and will feel more independent.
- Step 5. It makes clients feel respected and empowered.
- Step 7. Either he will miss out on care that he needs or he will reluctantly agree but not want it.
- Step 9. It provides variety and stimulation, thus improving clients' physical and mental health.
- Step 11. Staff can support clients while respecting their cultural sensitivities.
- Step 13. Staff are able to do what is expected of them, and can therefore display the best of their skills.
- Step 14. Clients cannot get the fresh air and exercise they need for their well-being.
- Step 17. Clients' details are not discussed unless necessary for their care.
- Step 19. The lack of stimulus will affect clients' mental well-being.
- Step 21. Clients might feel isolated, which will affect their mental well-being.
- Step 23. It means a client with a hearing impairment can communicate their needs.
- Step 26. Staff will not know what Ian's care needs are, and may therefore not provide them.
- Step 29. It may mean that clients do not get the care they need.

## Activity A6

Students' answers might include (but are not limited to):

### Duties for the carer

- Making sure she is able to get into bed at night and out of bed in the morning.
- Making sure she dresses appropriately and has clean clothes.
- Ordering her medication and giving it to her at the right times.
- Shopping and cooking meals for her.
- Accompanying her on outings from time to time.

### How they differ from the local authority's support

- With just the local authority carer could make sure she is able to get into and out of bed at night, but if she is having a particularly bad day with her arthritis, she might need more support.
- The local authority carer could put out her medication for her to take, but would not be able to ensure she takes it.
- The local authority carer could not shop for her, and although the local authority could have a 'meals on wheels' scheme, this is not the same as having all meals provided and served.
- The local authority carer would not be able to take her on outings.

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## Activity A7

**Task A:** Students' posters/leaflets might highlight the following:

### Ethan and his parents

- Help with benefit advice and official forms
  - Volunteers will ensure that clients and their families are aware of all the benefits they are entitled to and help them to complete the forms. Can be accessed either by referral from social workers or by applying direct.
- Advocacy to ensure that he gets the services he is entitled to
  - Volunteers will speak to officials on clients' behalf to ensure that their needs are met and they receive the right support from local organisations. Can be accessed either by referral from social workers or by applying direct.
- Possibly working on an allotment
  - Clients can join the regular sessions on the allotment, where there are adaptations for physical impairments to play their full part, thus enhancing their physical and mental health. Can be accessed by applying to Dunsford Care. Transport to and from the allotment can be provided.

### Angela

- Memory café
  - There are sessions for clients and their carers, with a range of activities to improve memory, including music, sharing of memories, art and other activities. Can be accessed via a social worker or by phoning Dunsford Care.
- Drop-in sessions
  - These sessions provide social contact and activities, including occasional talks by experts. Can be accessed by simply turning up.
- Possibly transport, if her carer does not have a car
  - The organisation will provide transport (at cost) to take clients to appointments and to the shops, so access is not a problem. Can be accessed simply by phoning Dunsford Care.

### Ian

- Drop-in sessions
  - These sessions provide social contact and activities, including occasional talks by experts. Can be accessed by simply turning up.
- Swimming group
  - There are weekly sessions in the public pool to provide clients with the opportunity to swim, despite their disabilities, in a safe, supportive environment. Can be accessed by referral from a community fitness officer or a diabetes nurse, or by applying direct.
- Transport
  - The organisation will provide transport (at cost) to take clients to appointments and to the shops, so access is not a problem. Can be accessed simply by phoning Dunsford Care.
- Visits and outings
  - There are regular outings (provided at cost) to places of interest to enhance clients' quality of life. Can be accessed by phoning Dunsford Care. Clients who feel isolated and who are unable to travel around independently.

### Task B:

#### Ethan

- His schoolmates can include him in their activities, and adapt them to make allowances for his needs.
- His parents will support him, both emotionally and physically, to cope with his condition.

#### Angela

- Her family can support her emotionally as she comes to terms with her dementia, and help her to access services and places of interest.
- Her neighbours can offer social and emotional support by calling in to see her and help her to access services.
- Her friends can visit her from time to time to provide some variety in her social contacts.

#### Ian

- His neighbour provided care and support by calling an ambulance when he had his stroke.
- His fellow residents provide social contact and support when they gather over coffee.

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## Activity A8

	Barrier card	Solution card
Physical barrier	Ethan cannot get into the coach to go on a school trip.	The school can hire a wheelchair-accessible coach.
	Angela can no longer get up the stairs at her GP surgery.	The surgery should have a stair lift for people with mobility problems to use.
Sensory barrier	A resident at Greenfield is deaf since birth and has difficulty understanding what the carers say.	The carer trained in British Sign Language can be assigned to the resident.
	A visually impaired patient cannot read her GP surgery information.	The surgery can provide leaflets in Braille.
Language barrier	A refugee whose command of English is poor cannot understand his social worker.	The Social Care Department can hire an interpretation service.
	A client has speech problems and sometimes needs help communicating with officials.	They can make use of Dunsbridge Care's advocacy service.
Geographical barrier	Angela can no longer drive, and the bus service between her home and her GP surgery is infrequent.	She can take advantage of Dunsbridge Care's community transport service.
	Ian's condition needs to be monitored regularly, but he has difficulty getting to his GP surgery to have it done.	He can be provided with telehealth equipment.
Social and cultural barrier	A patient feels uncomfortable being examined by a doctor of the opposite gender.	The surgery can offer a choice of male or female service providers.
	People from some communities are concerned that their dietary rules are not being catered for in the local hospital.	The hospital can liaise with community leaders to ensure that dietary requirements are met.
	Ian is worried about the social stigma of accepting a 'handout' from the local authority to pay for his care.	His family and social worker can explain that it is not a 'handout' but something he is entitled to.
Intellectual barrier	A client has a learning disability and cannot complete forms, etc. to make his needs clear.	He can be issued with a health passport.
Financial barrier	A client cannot take time off work to attend her treatment, so she cannot afford the loss of income or the travel costs.	She can apply for assistance under the NHS Low Income and Healthcare Travel Costs schemes.
	A client on Universal Credit has difficulty paying for her eye tests and glasses.	She can apply for an optical voucher to help with the cost.

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**Option 1** – students may provide other solutions to the same barriers to enable a steal (steal information).

**Option 2** – students may create their own cards to add to the game.

\* Other solutions given above may not directly link to the specific barriers given, so may not (option 1) but can be used as guidance if students create their own cards (option 2).

## Activity B1

### Task A:

Students' questions and values might vary. See worksheet for a list of skills and attitudes.

### Task B

The benefits students might identify could include:

- The client will feel supported in dealing with their condition and overcoming any obstacles.
- Their care will be based on their own wishes and needs, and they will feel empowered.
- They will be treated with respect and not discriminated against.
- They will be empowered to make their own decisions about their care.
- They will be able to trust the carer to do what has been promised.
- They will be able to trust the carer to protect them from harm and respect their dignity.
- Their privacy and confidentiality will be protected.
- Their carer will have the courage to speak out to ensure that their rights are protected.
- They will be listened to and be given time if necessary to explain their wishes.

## Activity B2

Students' answers might include the following:

### Care

- Ensuring that he receives the correct care for his condition, in terms of medication, etc.
- Being consistent in their care, e.g. ensuring that he does the exercises prescribed by the doctor consistently.

### Compassion

- Dealing with his frustration and depression in an empathetic, understanding manner.
- Helping him overcome his embarrassment in public.

### Competence

- Ensuring that the care is effective and is best for him (given that people's experience of illness, exhibited, vary from person to person).
- Referring him to competent and qualified professionals to help him with his various needs.

### Communication

- Involve him in planning his care.
- Listen to him to establish exactly what his needs are.

### Courage

- Speak up when his wife suggests visiting her 'healer' as there is currently no cure for the condition.

### Commitment

- Work with him, his family and other professionals to improve his life.
- Show that everyone is there for him in the long term, despite his angry outbursts.

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## Activity B3

### Emotional/psychological

- A
- G
- Q
- R

### Time constraints / lack of support

- B
- F
- L
- M

### Lack of resources / equipment/facilities

- C
- J
- K
- S

### Unrealistic expectations

- D
- H
- N
- T

### Health and other conditions

- E
- I
- O
- P

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