

Case Studies and Activities for BTEC First Award in Health and Social Care



Unit 1: Human Lifespan Development



POD 4985

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Teacher's Introduction

This workbook has been prepared to assist students and staff with the learning aims of Unit 1 of the BTEC First Award in Health and Social Care. It comprises a collection of presentations by working health and social care practitioners, set in the fictional town of Thornton Green. These and case studies of clients provide the basis for a range of tasks and activities for both classroom and homework use, to complement the tutor's input. It is not intended as a textbook; indeed, we do not refer to a textbook, but instead offer suggestions for students to do their own research. It also cannot replace the tutor; it is a supplementary source of information and learning, and could form part of a departmental virtual library.

It contains a variety of student-centred activities, discussions, role plays, tasks based on health and social care settings. They are designed to encourage students to apply their knowledge and prepare them for the examination.

Similar activities have been used by the authors during many years of both Advanced Level teaching and examining, and have proved extremely successful in increasing motivation and improving performance.

All the worksheets are photocopiable, and they provide a valuable resource for learning that takes place through practical tasks performed by the students themselves. No answers are given for the activities.

Many of the activities and case studies are based on visits to and interviews with practitioners to ensure that the information is as up to date and as relevant as possible. Organisations may be different in different areas, and service provision may depend on practitioners' needs. We therefore strongly recommend that contact is made with local authorities or service providers to find out what the local situation is and how it differs from what is described, where possible, to arrange visits or invite guest speakers in.

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

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The Thornton Green S

The 2 presentations and 5 case studies in this book have been drawn from health and social care settings in Thornton Green, a small market town a few miles from a major city, with several features that are typical of many towns in Britain in the twenty-first century.



A recent health survey shows that residents generally enjoy good health, but there are pockets of deprivation where health services are limited. One of these areas is a large proportion of the area's children live. Greenview Estate, an area of mainly social housing, is located a short distance from the town centre. Access to services is generally good, but service cutbacks have created transport issues for some elderly residents.

The local health service providers have identified the following as a major concern: teenage pregnancy, lung cancer, hypertension and an increasing number of elderly people in the area, therefore the health service has developed services for them, including residential care.

The credit crisis has led to service cutbacks and businesses have increased the level of unemployment. Many long-established businesses have been replaced by charity shops and fast-food restaurants. Several groups have been identified as needing additional support: homeless people, members of ethnic minorities and new immigrants from Europe.

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Presentation 1: The Modern Matron of Thornton Green Hospital

My name is Arithi, and I am the Modern Matron of Thornton Green Hospital.

There are three main types of NHS hospital:

- District general hospitals, which provide a full range of routine NHS services
- Specialist hospitals, which cater for a specific aspect or client group; for example, a hospital which deals with patients with brain injury
- Community hospitals, which provide a local resource

Thornton Green Hospital is a community hospital, and provides a range of services. We have a medical ward for GP admissions or referrals from the district hospital, a rehabilitation ward. We also act as a 'half-way' house for elderly patients before they receive nursing home care. There is a maternity unit for low-risk pregnancies, a birthing pool, and it is midwife-led. The outpatient department is consultant-led and provides physiotherapy, ophthalmology and pain management. Medical support for local GPs. There is a minor injuries unit and therapy units for speech and language.

Our services are geared very much to the needs of the local community. We have a lot of older people in this area, and we therefore focus specific resources on care at the older end of the age scale, our maternity unit has to deal with quite a few cases of teenage mothers, which is also a problem in this area.

My role as a modern matron is primarily to maintain patient safety and quality of care. We are a multi-disciplinary team, and work closely with district nurses, Social Services, community mental health teams and other agencies. This kind of teamwork is very important because of the way in which different life events and factors can affect aspects of a person's life. So, for example, a teenage mother doesn't just need our help when giving birth; she will also need support when she leaves hospital, so we would liaise with the local children's centre, the Health Visitor, her GP and other agencies who might be able to help. Moreover, the economic situation may have an effect on the most vulnerable, but the long-term solutions to their problems are often as medical. For example, a person's living conditions or employment might affect their health; these problems won't be solved by medical intervention alone; the underlying causes need to be addressed as well. So when someone is referred to us, we may need to liaise with Social Services as well.



I am responsible for problem solving, facilitating and staffing, and for the care of our patients, rating them according to the amount of care they need. Working in a hospital requires a variety of different skills. Being a good communicator is a key skill, as is being a good listener. Nurses, physiotherapists, occupational therapists, doctors and other key professionals all have to be able to relate to patients' mental conditions. We have to take account of the effects of the different life events that people reach: for example, loss of muscle tone and sensory problems among older people, low self-esteem in teenage mothers, the stages of development of motor skills in infants, and so on in some women. Another factor in our work is dealing with people's often unexpected outcome of their treatment; for example, it is unfair to allow a stroke victim to be discharged without a proper plan in place.

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a full recovery. It might happen, but the chances are that some of the effects also be sensitive to the cultural, social and psychological factors that might

The ability to work as part of a team is essential, so keeping on top of paper is very important. There are always occasions in a hospital when it may be necessary for someone to act on their own initiative or show leadership. Other qualities that are very helpful in getting through the day are a sense of humour, good health and good timekeeping.

As workers in the NHS we are all bound by our own professional codes of conduct, which relate to the way we work. Like all care workers, we obviously have a duty of care towards our clients; if they are well treated they will tend to recover more quickly and develop fewer problems.

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Presentation 2: The Manager of Greenview Children's Centre

My name is Tom, and I am the Manager of Greenview Children's Centre in Thornton Green. We have been open since we were set up in 2008 to deal with some of the issues connected with children's services in this area. After the P case, the government was anxious that all children's services should be working together to ensure that children were protected by all agencies working in cooperation with each other to ensure the child's best interests.

Children's centres cater for the physical, intellectual and social needs and development of children under five, based on the Every Child Matters agenda. They are a voluntary organisation. The child's family can choose to attend or opt out. We offer a range of services such as play days, a crèche, mother and toddler groups, activities during school holidays, parenting groups for both mothers and fathers. Advice and information on services for which they may be eligible is available, and we have links with our local authority.

Our nursery is on the premises and provides full-day childcare. It is run by qualified nursery staff. Our play leaders also run a number of different sessions including soft play, parent and toddler groups and swim time for young children. At all these sessions our aim is to give the children the chance to develop at their own pace and to enjoy the experience of learning through play, both on their own and with others. All the activities are carefully chosen so that we can help the child to reach the next stage of physical or intellectual development. For example, at a summer play day event where the children had a chance to enjoy the experience of playing with gloop and designing their own hand-painted pictures!

The child is central to all our work. Meetings will be held to prevent future problems. The team may intervene if they feel there may be a problem or in response to a child's needs. We pay special attention to children who are fostered, as they will be particularly vulnerable in situations that led to them being taken into care.

No records are kept at the centre, beyond notes of the initial interview and documents or family case files are kept with the full co-operation of the family. We empower parents by employing a parent support worker to work on a one-to-one basis, checking their needs, liaising with them and providing us with feedback. A range of professionals is available to help with any problems that may occur, including occupational therapists, health visitors, social workers, parent support workers, play workers and nursery teachers.

As we live in an area with quite a wide cultural diversity we have to be aware of cultural and social factors that can affect a child's development, and where needs are identified, we try to address them. In some cases we might provide additional literacy courses to empower parents and to help them into employment. We are also situated in the middle of a very deprived area, so there are a number of economic and environmental factors that affect our families, and can have a negative impact on the children's development, including living conditions, pollution, low income and unemployment.

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We have a number of direct carers who work from the centre, including health visitors, midwives, doctors, community nurses, nursery nurses, nursery teachers, play leaders, physiotherapists, speech therapists, educational psychologists, social workers, family support workers and occupational therapists. Having all these people on the same site makes for better communication and effective service delivery. It means that if one professional is concerned about an aspect of a child's development, or about their social or emotional welfare, they can consult another.

As centre manager I am involved in all aspects of the centre but by far the most important is ensuring that all our staff understand the different factors that can impact on a child's development. We look for staff who are able to relate to our clients, have a sense of humour and at all times behave in a responsible and caring way. They must show respect for different cultural and religious beliefs, support individual rights, not be discriminatory or judgemental, and at all times maintain confidentiality of information. We are lucky to have a close, happy, supportive working team, as working with young people can be very stressful.

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Case Study 1: The Johnson Family



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The Johnsons live in the relatively well-to-do Parkway area of Thornton Green. Sean is 46 years old, and is the area manager of a large estate agency. His wife, Tracey, who is 42, is depressed because she has been made redundant from her job at a local solicitors' office; she is resentful because she thinks she was chosen because she is a woman. Her depression is affecting her relationship with Sean, who spends a lot of time away from home visiting outlying offices.

They have three children living at home: Simon, aged 18, Sarah, who is 14. Emma has a six-month-old baby called Jacob, born at Thornton Green Hospital. When she first came home from maternity, she was struggling to cope, both practically and emotionally. Now, however, she has formed a strong emotional bond with Jacob, and is delighted to see the baby begin to bond with her.

Sarah is resentful of the attention Emma received when she was born, whereas the sisters were close before, she feels a little isolated now. Jacob. She does not feel valued by her family and has lost confidence, which is affecting her social life and her school work. She and her parents say that, with the loss of Tracey's salary, they cannot afford a holiday to Spain with a friend.

Simon has been offered a place at university, but is having difficulty moving away from home. He is not sure how he will cope practically, never having budgeted before, and always having his mother do for him and do his washing.

Tracey's mother, Sylvia, who is seventy and lives locally, finds it difficult to get out. She is a patient at Parkway Hospital, but she accepts that the professionals there treat her well, and it is necessary to consult them as often as she does. She has her own business, so she is used to being very independent. It is difficult having to depend on Tracey and other carers for her needs.

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Case Study 2: Sophie and Megan



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Sophie is 17. She became pregnant while still at school, and her family did not want her to have the baby. She decided to go ahead, however, and her daughter, Megan, is now three years old. Sophie has been housed in a small flat on the Greenview Estate in Thornton Green by the local authority, and her neighbours are quite helpful although her parents are not supportive.

Although Sophie says she loves Megan, she seems to feel she can't go out with her friends as often as she would like. She looks after Megan, so she does get out a bit, but she sees her friends going out at least twice every weekend. When she is out, she should. She smokes, and her lifestyle means that she eats food that is not very nutritiously.

She is keen to work, but her opportunities are limited, as she has only basic literacy and numeracy skills. She has had trouble with the police some time ago for minor shoplifting. A social worker visits Sophie and Megan occasionally, but was often drunk when he was with Sophie. He is now in prison for a string of offences involving drugs.

The whole family are known to Social Services, and Sophie has been referred to the Children's Centre by her Social Worker, who thought she might benefit from some of the services they offer. In the course of the checks she does, the Health Visitor noticed that Megan's physical development is low compared with the norm. She has been referred to The Children's Centre staff think this may be due partly to Sophie being left with different neighbours for quite long periods, and her mother's responses to her have been inconsistent, especially when she finds it difficult to form attachments. She also has poor physical development is poor, and they think both these factors are being left for long periods in front of the television.

After the Children's Centre Manager had spoken to Sophie and the Health Visitor, he first asked the Parent Support Worker to assess Sophie's needs. The centre then started working with Sophie and her mother, and how they might arrange for her to return to education. The centre persuaded her to come to parenting classes to facilitate her return to education.

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Case Study 3: The Khatib Family

Hasina Khatib is 15 years old, and she lives with her mother Fatima and her two younger brothers, Omar, 10 and Ahmed, seven. The family fled their home country after Hasina's father was killed and her mother was tortured and threatened. Now they all live in a two-bedroomed flat on the Greenview Estate.

Fatima is unable to work, as she does not speak very much from depression over the loss of her husband and flashbacks to the hands of the police in her home country. The children, although Hasina and Ahmed have settled, Omar is not coping up to his father, and now misses him terribly. This lack of father has affected his social and emotional development. He also has a learning difficulty which has affected his self-confidence; whereas in his home country he was happy and outgoing, he has now become quiet and introverted. Inherited his father's anaemia, he tires easily and cannot play sports or games at school.

The whole family is having difficulty adapting to the British culture, which is different from their home country. The diet is also very different. They cannot eat the local meat because it is not *halal*, and they cannot buy the spices and other ingredients they are used to preparing food with. With money being short they cannot always buy the best quality food.

Because of her mother's depression and poor English, Hasina is carrying a great deal of the responsibility for the family. She has to look after her brothers and do most of the shopping, on top of her own occasional asthma attacks, which are made worse by the pollution – their flat is on a main road.

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Case Study 4: Li

Li is 85 years old, and was admitted to Thornton Green Hospital after having had a stroke. He is originally from Hong Kong, but he has lived for several years with his daughter and her family in a semi-detached house in the Newbridge area of Thornton Green. Before his stroke, he had problems with mobility and high blood pressure. His main carer has been his daughter, although other members of his extended family, many of whom live nearby, have helped out as well.

The stroke has left Li with little movement on the left side of his body. His muscles in his face have also been affected, which has made his mobility problems have been exacerbated, and because he needed to lift him out of bed into a chair, or for bathing or trying to place him in a nursing home, as his family feel unable to care for him at home; there are two flights of stairs and a long walk to the car. Moreover, he is likely to need specialist nursing care.

Li's daughter is also concerned that he is on a busy ward as a result of his stroke. He is also not getting the food he needs, as he has problems feeding himself.

In consultation with Li and his daughter, the hospital has agreed to admit him, which should meet his needs and help him to regain his independence.

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Case Study 5: Tim

Tim is 42 and works for the local recycling centre. His partner, Maria, is considerably younger – she is 30. Tim has two daughters from a previous relationship: Kayley, aged 11, and Jade, aged nine. They both live with their mother, Pauline, and Tim has very little contact with them. They blame him and Maria for the break-up of their family, even though he insists that Maria had nothing to do with his separation from Pauline. Kayley is becoming very aware of her body image and appearance, and has recently lost a lot of weight.

Maria has two children from a previous relationship: Ben and Lucy. She is now pregnant with Tim's child. Although Tim was unhappy about the situation, Maria has given up her previous job and he thinks Maria is spending too much on things for the baby. In fact that, as the pregnancy develops, she tires more easily and life together. Even when Maria's parents can baby-sit, Maria very often feels too tired to go out.

He is therefore going out to the pub more on his own when he comes back drunk. When he does, he is increasingly aggressive, although he has not yet hit her, she is concerned that he

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Activities



Activities based on the Thornton Green scenario

For these activities, you will need the case studies and presentations from the Thornton Green scenario. The specific materials required for each activity are clearly displayed in the pack.

This pack contains a variety of student-centred activities, discussions, role plays and exercises based on health and social care settings. They are designed to encourage students to apply their knowledge and prepare them for the examination.

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Learning Aim A: Explore Human Growth and Development

Activity A1



Topics Covered

Topic A2 – middle and later adulthood
Topic A2 – aspects of growth and development

Activity A1 (Individual Work)

The following terms are commonly used when talking about growth and development. The definitions are in the right order.

- ▶ Cut out each definition and paste it in the correct place, against the term it refers to. Then give a brief meaning.

Term	Definition
Gross motor skills	
Fine motor skills	
Self-image	
Puberty	
Growth	

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Activity A1 (cont.)

Term	Definition
Bonding	
Attachment	
Growth spurt	
Development	
Independence	
Primary sexual characteristics	
Secondary sexual characteristics	

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Activity A1 (cont.)

Term	Definition
Menopause	
Muscle tone	
Sensory loss	
Loss of mobility	
Self-esteem	

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'Definition' Sheet for Activity A1

Feelings of love and responsibility between a parent or a child.
Skills that involve making movements with large muscles involving the whole arm or leg or the whole body.
The firmness of muscles and their ability to remain in a state of partial contraction.
The acquisition of skills to undertake more complex physical and intellectual activities.
How one values oneself; whether one likes oneself.
Those sexual characteristics that are necessary for reproduction.
Skills that involve using small muscles to make small movements, usually involving just the hands.
The loss or impairment of one or more of the five senses.
A lasting and enduring bond between a child and a parent or carer.
The time in a woman's life when she stops having periods.
The period in a young person's life when their body begins to change from that of a child to that of an adult.
The loss or impairment of the ability to move.
The ability to do things without help from another person.
The knowledge or belief of what we are like, the ability to recognise ourselves.
A sudden significant increase in growth.
Characteristics that make the two sexes different, but are not directly related to the reproductive system.
Physical changes, as shown in size, length/height and weight.

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Activity A2



Topic Covered

Topic A1 – different life stages



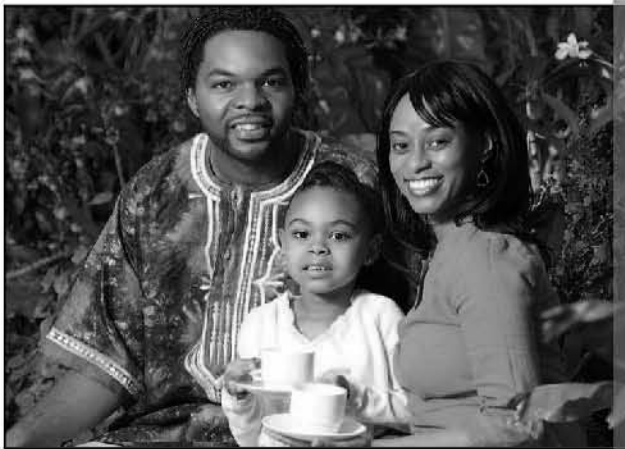
You will need

☒ Case Study

Activity A2 (Individual Work)

- ▶ Read Case Study 1 about the Johnson family. Write which of the different life stages the family members are in.

Life Stage	Family Member
Infancy (0–2)	
Early childhood (3–8)	
Adolescence (9–18)	
Early adulthood (19–45)	
Middle adulthood (46–65)	
Late adulthood (66+)	



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Activity A3



Topics Covered

Topic A2 – aspects of development
Topic B1 – lifestyle choices



You will need

- ☒ Presentation 2
- ☒ Case Study 1

Activity A3 (Individual Work)

- ▶ Read Presentation 2 by the Manager of the Children's Centre and Case Study 1 about Megan.
 - a) When conducting her regular checks, what developmental 'milestones' do the Health Visitor expect Megan, aged three, to have reached? Write down one example of each to get you started.

Physical

(e.g. standing balanced on one leg)

Intellectual

(e.g. sorting objects into categories)

Emotional

(e.g. caring for others and expressing sympathy for them)

Social

(e.g. being willing to share toys)

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- b) One of the things the Health Visitor is concerned about is Megan's development. The main ways in which children can be encouraged
- By verbal interaction with other people
 - By being praised when they communicate
 - By giving them time to organise what they want to say and not interrupting their sentences for them
 - By correcting any mistakes naturally without interrupting the conversation (e.g. if a child says, 'I swimmied today', simply say 'So, you swam today?' rather than making a point of telling them they have made a mistake)
 - By asking 'open' questions – questions that need more than a 'yes' or 'no' answer

Make a poster to be displayed in the Children's Centre indicating how adults can help their children's language development.

- c) What aspects of Sophie's lifestyle choices bear on three-year-old M's language development?

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Activity A4



Topic Covered

Topic A1 – different life stages



You will need

☒ Case Study

Activity A4 (Individual or Pair Work)

The list below shows some of the possible positive and negative effects of late life.

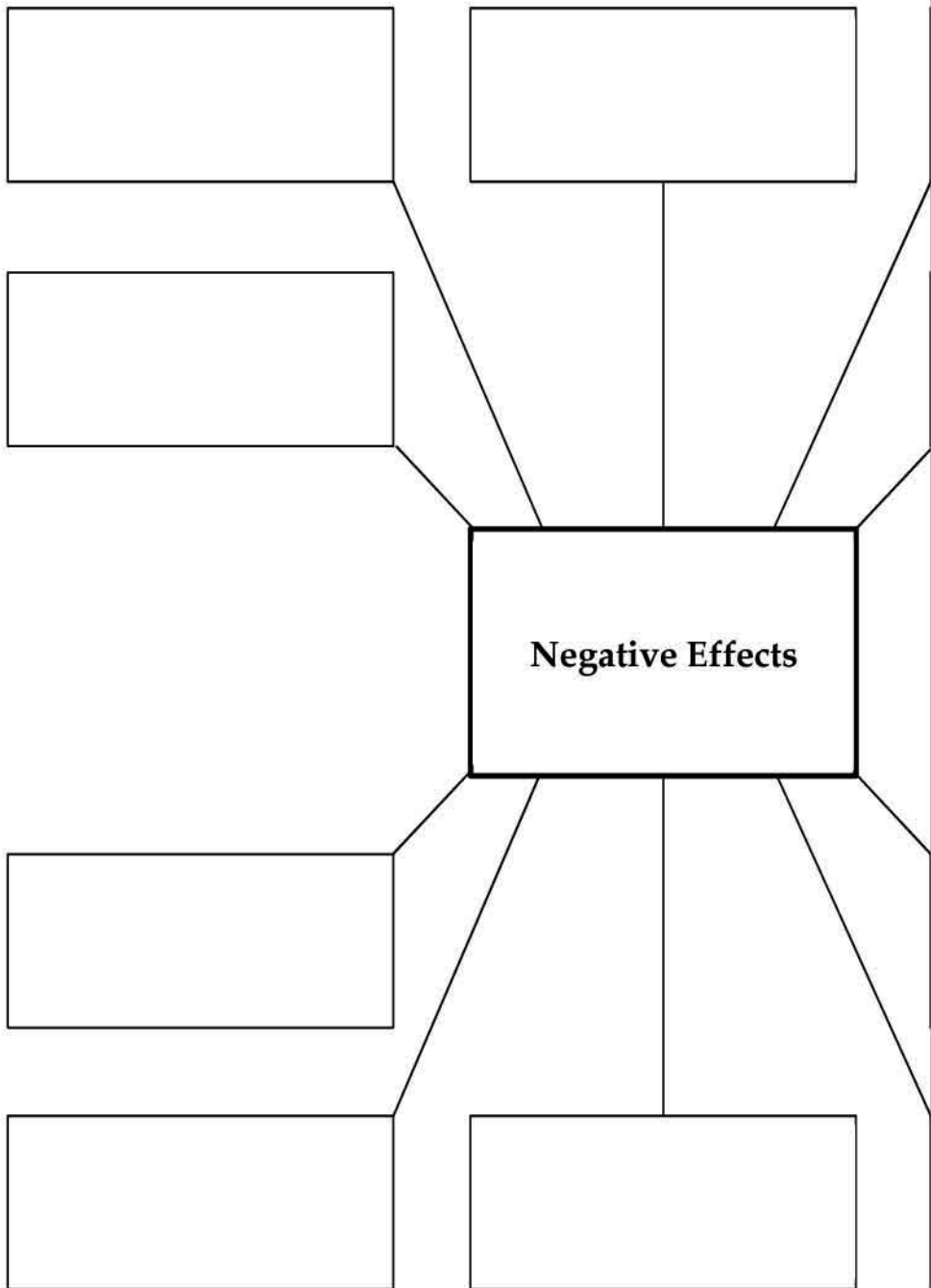
► Write on the answer sheets provided which are positive effects and which are negative effects.

- a) Unreliable memory
- b) No need to work
- c) Financial problems
- d) Impaired hearing and sight
- e) More time for hobbies
- f) Weaker muscles
- g) Opportunities for voluntary work
- h) Free bus travel
- i) Brittle bones
- j) More time with family
- k) Susceptibility to cold
- l) Stiff joints
- m) Social support
- n) Less efficient heart
- o) Pension and other benefits
- p) Greater experience to pass on
- q) Impaired mobility
- r) Gentler pace of life
- s) Poor general health
- t) Improved health care

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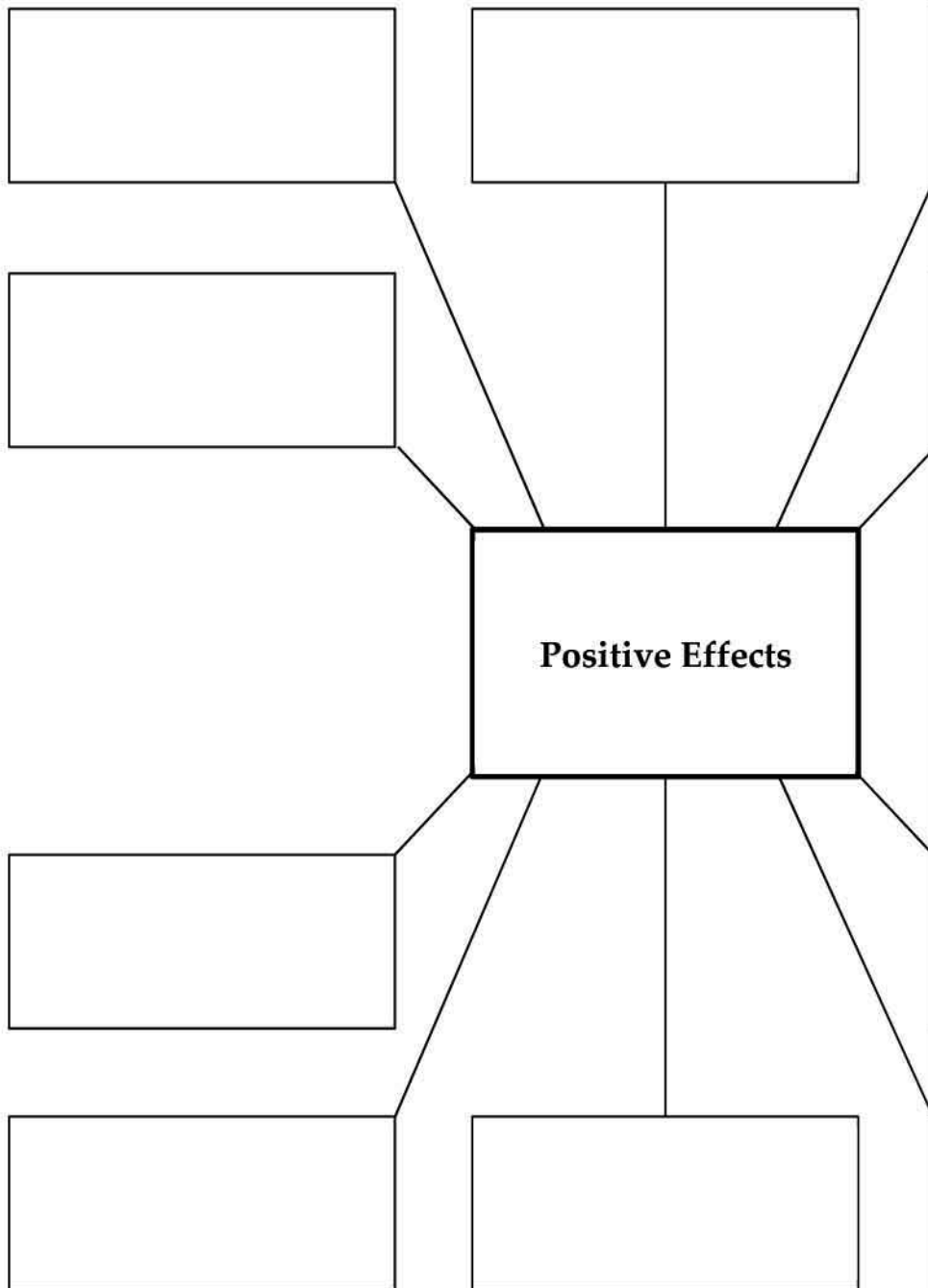




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Activity A5



Topic Covered

Topic A2 – infancy and early childhood
Topic B1 – lifestyle choices



You will need

☒ Case Study

Activity A5 (Individual Work)

- Look at the ages at which children normally develop particular gross a
- a) Read Case Study 1 about the Johnson family, and give examples of months, might have.

Gross Motor Skills	File

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- b) Observe a child aged between 0 and 4, either directly or via a DVD or video. Record the fine motor skills used in those activities. Explain how these relate to the norms.

Activity	Gross Motor Skills / Relation to

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Activity A6



Topic Covered

Topic A2 – middle and later adulthood



You will need

- ☒ Case Study 1
- ☒ The cards
- ☒ The answer sheet

Activity A6 (Pair Work)

- ▶ Read Case Study 1 about the Johnson family; then, in pairs, play the 'Card Game'.

Instructions

1. Place the cards provided face down.
2. Each person in turn should take a card.
3. That person should consider the change mentioned on the card, and decide whether it applies to Tracey or Sylvia, and place the card in the appropriate column on the answer sheet.
4. Discuss with your partner whether they agree with your choice.



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Cards for Activity A6

<p>Less oestrogen produced, resulting in the onset of menopause</p>	<p>Greater disease an</p>
<p>Joints stiffen and bones become more brittle</p>	<p>Motor skill d</p>
<p>Skin loses elasticity and wrinkles may appear</p>	<p>Muscle t</p>
<p>Sight and hearing may begin to deteriorate</p>	<p>Greater st illness and</p>

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Answer Sheet for Activity A6

Tracey (42)	

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Activity A7



Topic Covered

Topic A2 – middle adulthood



You will need

☒ Case Study

Activity A7 (Individual or Pair Work)

- ▶ Read Case Study 1 about the Johnson family. Write what the physical, social changes of someone at Sean’s (aged 46) life stage might be.

Physical	
Intellectual	
Emotional	
Social	

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Activity A8



Topic Covered

Topic A2 – adolescence



You will need

- ☒ The answer sheets

Activity A8 (Pair Work)

- In pairs, discuss the physical changes that take place in boys and girls and draw your conclusions on the answer sheets provided.



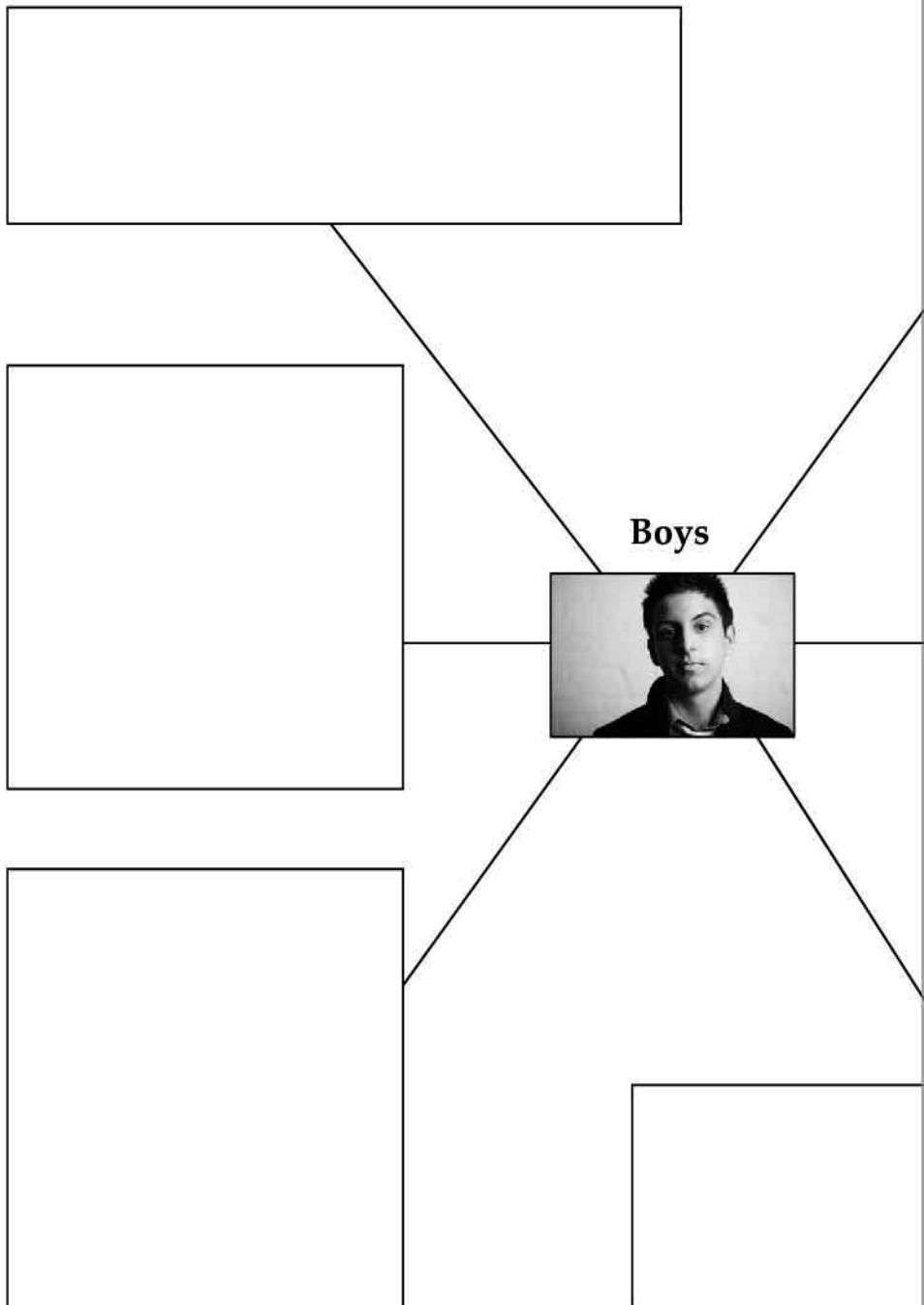
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Answer Sheet 1 for Activity A8

- In pairs, discuss the physical changes that take place in boys during puberty.



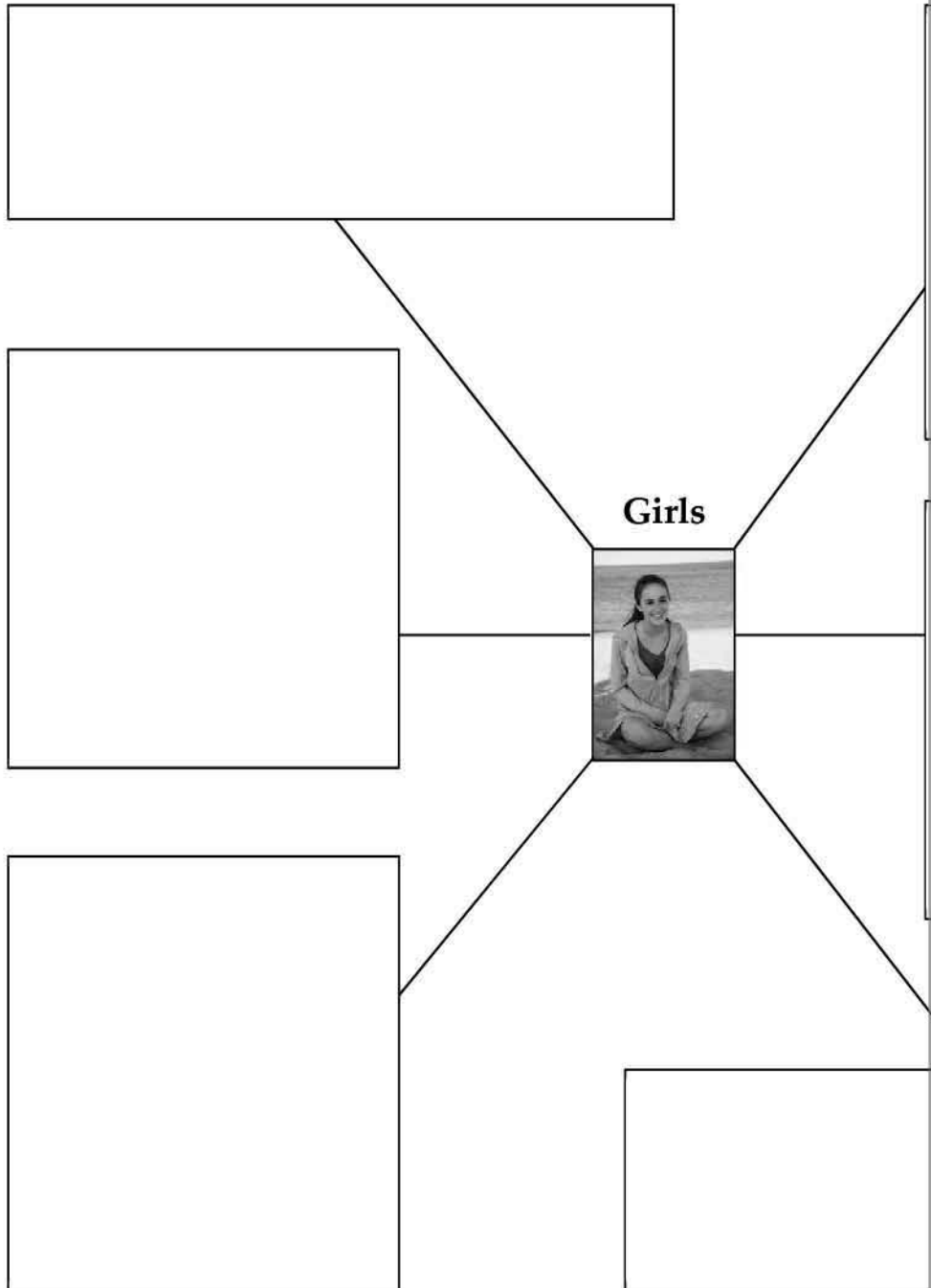
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Answer Sheet 2 for Activity A8

- ▶ In pairs, discuss the physical changes that take place in girls during pu



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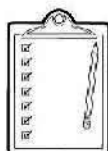


Activity A9



Topic Covered

Topic A2 – adolescence, self-image, self-esteem



You will need

- ☒ Case Study
- ☒ The sample
- ☒ Examples of magazine p

Activity A9 (Individual Work)

- ▶ Read Case Study 1 about the Johnson family, the tips on letter writing and letters from teen magazine problem pages.

Sarah is clearly finding life difficult at the moment.

- ▶ Do your own research into self-image and self-esteem, and write a letter to a teen magazine, as if you were Sarah, expressing her feelings. A sample letter is provided to show the format, but **note: it is not a model letter.**

Tips on Letter Writing

The order in which your letter should be laid out is as follows:

1. Your own address (and perhaps telephone number), usually on the right.
2. The date, one line space under your address. It is usually expressed as '10/10/2013'.
3. The name and address of the person to whom you are writing, on the left, four line spaces below the date. The name of the town should be in capital letters.
4. The salutation (Dear...), another three or four line spaces below the address. If you know the name use it. If not, use 'Dear Sir/Madam'.
5. The body of the letter, after another line space. Within the body of the letter, a new paragraph is indicated by leaving a line space and starting the new paragraph at the same level as the first.
6. After another line space, the complimentary close ('Yours sincerely' if you know the name, 'Yours faithfully' if your salutation is 'Dear Sir/Madam').
7. Your name several line spaces after the complimentary close, to allow space for a signature.

In emails you do not need to put in your correspondent's address or the date. The email should be written in this format. Most magazines insist that you are corresponding by email.

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Sample letter for Activity A9

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Lynne Sargent
Travel Adviser
Hi Magazine
25 Brixham Square
London
EC12 3DF

Dear Ms Sargent

I am going on holiday to Europe with my family this summer, and they say the problem is that we all like different things. My brother likes doing sporting activities, my mother enjoys visiting historical places, my father likes walking, my friends want to lie on the beach or by the pool!

We all know that we will have to compromise, and may have to spend at least 10 days doing things that other people want to do. But can you suggest somewhere we might find all the attractions?

Yours sincerely

Joanna Lindsay

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Activity A10



Topic Covered

Topic A2 – bonding and attachment



You will need

- ☒ Case Study
- ☒ Case Study

Activity A10 (Individual Work)

- Read Case Study 1 about the Johnson family and Case Study 2 about S and do your own research into bonding and attachment. Then answer questions.

a. What is the difference between bonding and attachment?

b. Why is bonding important during infancy and early childhood?

c. At what age does the first emotional attachment between a child and a

d. Why are the first five years of a child's life believed to be the most imp

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Learning Aim B: Investigate Factors that Affect Human Development and how they are Interrelated

Activity B1



Topic Covered

Topic B4 – physical environmental factors



You will need

- ☒ Case Study
- ☒ The 'Problem'
- ☒ A3 paper
- ☒ Coloured pens

Activity B1 (Pair or Small Group Work, then Whole Group Work)

- Read Case Study 3 about the Khatib family.
 1. In pairs or small groups, take one of the 'Problem' cards provided and discuss how this might affect the development of members of the family.
 2. On some A3 sheets of paper, use coloured pens to write down the results of your discussion.
 3. Discuss your findings with the rest of the class.



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'Problem' Cards for Use in Activity

Overcrowding	Distance from
Poor neighbourhood	Lack of leisure facilities
Environmental pollution	Distance from amenities

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Activity B2



Topics Covered

Topics B1–5 – factors affecting growth and development



You will need

- ☒ Case Study 3
- ☒ The 'Aspect' cards
- ☒ The answer sheet

Activity B2 (Small Group Work)

- ▶ Do this activity in small groups. Read Case Study 3, about the Khatib family.
 1. Put the 'Aspect' cards, which describe different aspects of the Khatibs' lives, in a pile, face down.
 2. One person should take the top card and read it out.
 3. The group should then discuss that aspect of the family's lives and its impact on their development.
 4. Decide whether its impact is likely to be physical, social and emotional, economic or environmental, and enter it in the appropriate box on the answer sheet provided.



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'Aspect' Cards for Use in Activity 1

Lack of iron and vitamin B12 found in meat	Difficulties at school a ne
Inability to invite friends home because of lack of space	Omar's lack of en
Younger children's feelings of dependence, owing to being in a strange country	No money for ext swimming or
Lack of play facilities	Lack of sp
Fatima's dependence on the children owing to her poor English	Omar's ne
Lack of money for books, school trips, etc.	Environ
Lack of an adult male role model	Soc

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Answer Sheet for Use in Activity 1

Area of Development	Factor
Physical	
Social and Emotional	
Economic	
Environmental	

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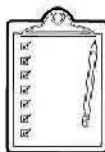


Activity B3



Topic Covered

Topic B8 – support offered by people



You will need

☒ Case Study

Activity B3

- ▶ Read Case Study 3 about the Khatib family. Explain below how the pre-employment screening Centre could help and support Fatima and Hasina in dealing with their mental health (useful websites of mental health charities such as MIND).

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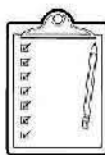


Activity B4



Topic Covered

Topic B5 – relationships



You will need

☒ Case Study

Activity B4 (Pair Work)

- Read Case Study 5 about Tim. In pairs, consider Tim's relationships with his stepchildren. What impact might these relationships have on the children's development? Write your conclusions below.

Child	Impact
Kayley	
Jade	
Ben	
Kirsty	

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Activity B5



Topic Covered

Topic B2 – gender
Topic B7 – redundancy



You will need

- ☒ Case Study
- ☒ A3 paper

Activity B5 (Group Work)

- ▶ Read Case Study 1 about the Johnson family. Discuss:
 - a) How Tracey might feel about being made redundant, especially as she thinks she was chosen because she was a woman
 - b) What she could do to fill her time while she is looking for a new job
 - c) Where she might go for help

(This can either be done as one group, or in three sub-groups, each dealing with one of the points above)

- ▶ Write your conclusions on three sheets of A3 paper for classroom display

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Activity B6



Topic Covered

Topic A2 – self-esteem
Topic B8 – support offered by people



You will need

☒ Case Study

Activity B6 (Pair or Small Group Work)

- ▶ Read Case Study 3 about the Khatib family. Find out about self-esteem problems of low self-esteem (your school or college Counsellor or Headteacher or authority's Education Welfare Officer might be able to help).
- ▶ In pairs or small groups, discuss how Omar's school could help him overcome his problems.
- ▶ Write your conclusions below.

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Activity B7



Topics Covered

Topic B6 – moving location
Topic B8 – support offered by people



You will need

- ☒ Case Study
- ☒ The cards p
- ☒ The answer

Activity B7 (Pair Work)

- ▶ Read Case Study 1 about the Johnson family. Working in pairs, one person should role play the part of Simon, and the other his student counsellor.
 1. The person playing the part of Simon should consider the sort of concerns he might have about leaving home for the first time, and what new things he might have to learn, and discuss them with the 'student counsellor'.
 2. The person playing the part of the student counsellor should respond to Simon's concerns, trying to allay his fears.
 3. Write down Simon's concerns and the student counsellor's responses. Then produce an advice leaflet for a young person leaving home for the first time (including housing, diet and health, finance, and sexual orientation and relationships).

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Activity B8



Topic Covered

Topic B8 – support offered by people



You will need

☒ Case Study

Activity B8 (Pair Work)

- ▶ Read Case Study 1 about the Johnson family and, in pairs, answer the questions.
 - a) Tracey's self-esteem has been lowered by her redundancy, and this happened because she is a woman. Discuss how her family can support her. Write your conclusions below.

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- b) Sylvia feels depressed about her dependence on others. Discuss how she could give a feeling of positive self-worth.



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Activity B9



Topic Covered

Topic B6 – parenthood
Topic B8 – support from people and organisations



You will need

- ☒ Presentation 1
- ☒ Case Study 1
- ☒ The answer sheet

Activity B9 (Pair Work)

- ▶ In pairs, read Presentation 1 by the Modern Matron of Thornton Green about the Johnson family.
 1. Discuss what support Emma might receive from her family in coparenting for the first time.
 2. Find out about the different professional and voluntary agencies in your area that might help.
 3. Write your conclusions on the answer sheet provided.
 4. Produce a poster displaying key phrases and listing the external agencies you have found.

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Family



Emma

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Activity B10



Topic Covered

Topic B6–7 – expected and unexpected life events

Activity B10 (Individual Work)

- Say whether each of the following is an unexpected or an expected life event.

Event	Expected or unexpected?
Starting school	
Unemployment or redundancy	
A change of job	
Marriage	
The birth of a child	
Divorce or separation	
The death of a partner	
Retirement	
An accident or injury	
Promotion at work	
Moving to work abroad	
Entering employment or further education	
Moving house	
Dropping out of education or exclusion	
Imprisonment	



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Activity B11



Topic Covered

Topic B8 – types of support, support offered by people, support offered by organisations



You will need

- ☒ The list in Activity B10
- ☒ The answer sheet

Activity B11 (Pair or Small Group Work)

- ▶ Work in pairs or small groups.
 1. Each member of the group should choose a different life event from the list in Activity B10.
 2. Describe on the answer sheet provided how friends and family are able to provide informal support in each case.
 3. Outline what professional or voluntary agencies in your area are also able to offer formal support.
 4. Discuss your conclusions with the rest of the group, and identify whether emotional or physical support is being given. The results should be displayed on a notice board.

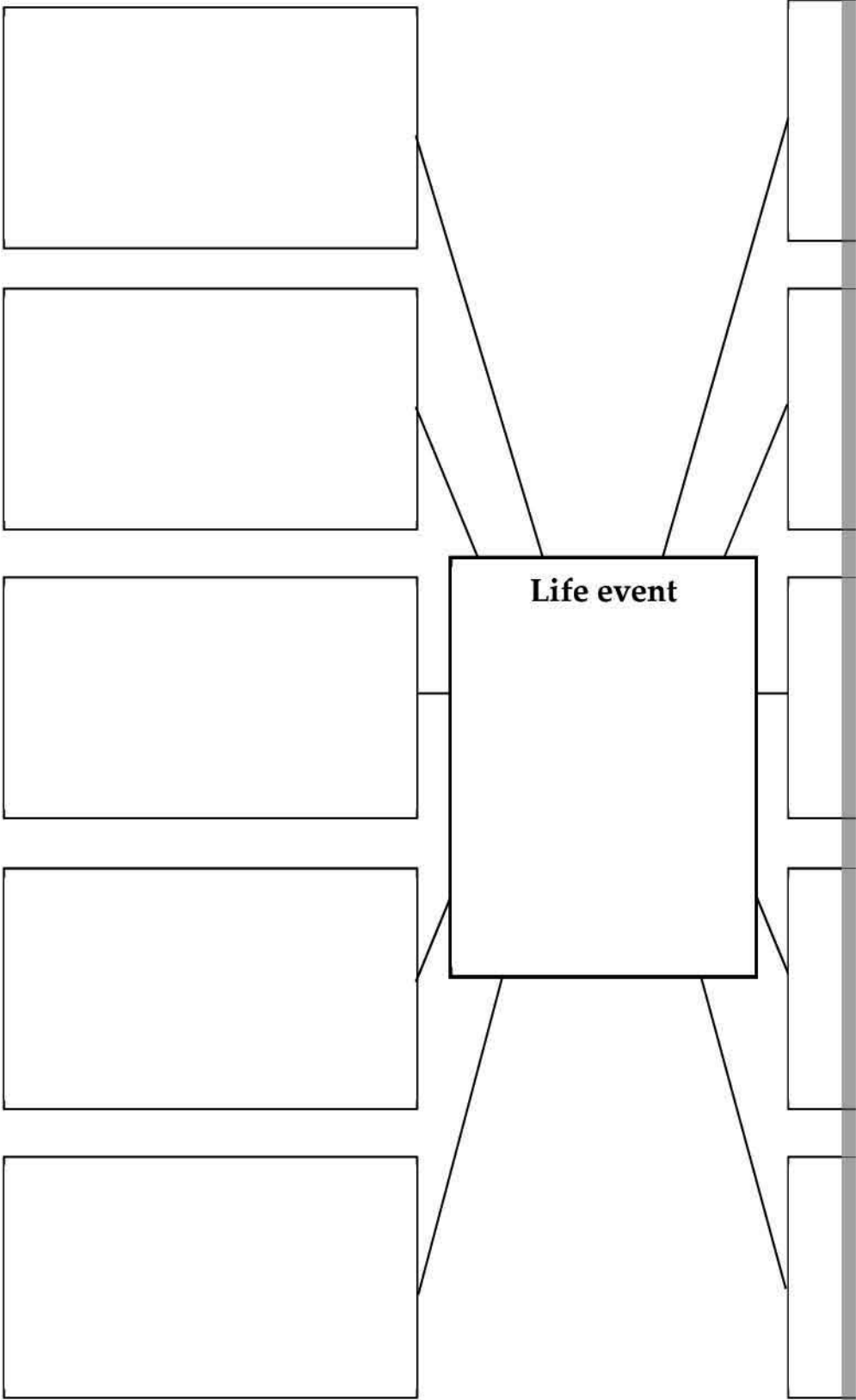
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Family and friends

Professional



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Activity B12



Topic Covered

Topic B8 – community and faith-based organisations



You will need

- ☒ Case Study
- ☒ The cards
- ☒ The answer

Activity B12 (Individual Work)

- ▶ Read Case Study 3 about the Khatib family.

The family are refugees, and they are isolated from other members of their

- ▶ What help is available in *your* local community for a family such as this (particular your local authority website), identify where voluntary and and suggest how families might access it.

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Activity B13



Topic Covered

Topic B8 – support offered by people



You will need

- ☒ Case Study
- ☒ A map of your local area

Activity B13 (Small Group Work)

- ▶ Read Case Study 1 about the Johnson family.
- ▶ Work in small groups. On a map of your local area write what facilities support are available for someone with Sylvia's needs (and think about what needs might be as she becomes older and even less able to cope on her own). To include the following: GP's surgery / health centre, social services, community centre, residential and nursing homes and sheltered housing. Illustrate with leaflets and photographs for classroom display.

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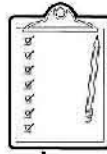


Activity B14



Topic Covered

Topics B1–5 – factors affecting development
Topic B8 – support offered by people



You will need

- ☒ Presentation 1
- ☒ Case Study 4
- ☒ The answer sheet

Activity B14 (Individual Work)

- Read Presentation 1 by the Modern Matron of Thornton Green Hospital and Case Study 4 about Li, and find out information about strokes (you will find <http://www.nhs.uk/conditions/stroke/pages/introduction.aspx> useful).
 - a) Identify the care needs Li might have when he is transferred to a nursing home that will form the basis of his care plan.
 - b) Write P, L, I, E or S to show whether they are physical, language, intellectual, emotional or social needs.
 - c) Suggest how they might be met.

Use the answer sheet provided for your answers.

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Answer Sheet for Activity B

Care need	PLIES	

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Answer Sheet for Activity B14

Care need	PLIES	

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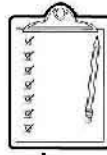


Activity B15



Topic Covered

Topic B8 – support offered by people



You will need

- ☒ Case Study 5
- ☒ The 'Supporter' and 'Support' cards provided
- ☒ The answer sheet

Activity B15 (Small Group Work)

- ▶ Read Case Study 5 about Tim.
 1. Work in groups of three.
 2. Each member of the group should take one of the 'Family Member' sheets provided.
 3. Spread out the 'Supporters' and 'Support' cards provided.
 4. Each member of the group should decide which three supporters would be most helpful to the family member on their sheet, and place the appropriate cards in the 'Supporter' squares on their sheet.
 5. Each member should then decide what support each of the supporters they have chosen can offer, and place the appropriate cards in the 'Support' squares on their sheet.

Note: Each 'Supporter' and 'Support' card may only be used once. If two people choose the same card, therefore, they will need to negotiate to agree which sheet is most appropriate.

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Ben (6)

Supporter 1

**Support offe
Support**

Supporter 2

**Support offe
Support**

Supporter 3

**Support offe
Support**

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Kirsty (4)

Supporter 1

**Support off
Support**

Supporter 2

**Support off
Support**

Supporter 3

**Support off
Support**

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Maria (30)

Supporter 1

**Support officer
Supporter**

Supporter 2

**Support officer
Supporter**

Supporter 3










**Support officer
Supporter**

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'Supporters' Cards for Use in Activity

 Educational Welfare Officer	 Midwife	 Maria's P
 Social Worker	 Nursery Nurse	 Child Psyc
 Teacher	 Health Visitor	 School Co

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'Support' Cards for use in Activ

<p>Assessing Kirsty's behaviour and mental state, and ensuring that the situation is not causing psychological problems such as aggression towards other children</p>	<p>Ensuring that the situation does not affect Ben's education; linking with his parents to support him and liaising with other professionals as necessary</p>
<p>Providing help and advice in coping with Maria's pregnancy and avoiding anything that might endanger her or the baby's health</p>	<p>Providing practical help, such as domestic chores or childcare, reassuring Maria that she is loved and that the situation is not her fault</p>
<p>Listening to Ben's concerns and enabling him to express his feelings; reassuring him that the situation is not his fault</p>	<p>Observing and recording Kirsty's overall development and linking with her parents to support her; possibly referring the case to other agencies if necessary</p>

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Answers

Learning Aim A Activities

Activity A1

Term	Definition	
Gross motor skills	Skills that involve making movements with large muscles, involving the whole arm or leg or the whole body	Rolling, sitting, running, playing
Fine motor skills	Skills that involve using small muscles to make small movements, usually involving just the hands	Threading, buttons, fitting
Self-image	The knowledge or beliefs of what we are like, the ability to recognise ourselves	A child knowing a girl, whether about what
Puberty	The period in a young person's life when their body begins to change from that of a child to that of an adult	<ul style="list-style-type: none"> • Development • Menstruation • Voice
Growth	Physical changes, as shown in size, length/height and weight	A baby's increasing length/height
Bonding	Feelings of love and responsibility between a parent or carer and a child	A mother bonding with her child
Attachment	A lasting and enduring bond between a child and a parent or carer	Parental love
Growth spurt	A sudden significant increase in growth	The change during puberty
Development	The acquisition of skills to undertake more complex physical and intellectual activities	Learning to walk, learning to read
Independence	The ability to do things without help from another person	Doing everything without help, washing and dressing around unaided
Primary sexual characteristics	Those sexual characteristics that are necessary for reproduction	The penis and ovaries
Secondary sexual characteristics	Characteristics that make the two sexes different, but are not directly related to the reproductive system	Breasts in girls, facial hair in boys
Menopause	The time in a woman's life when she stops having periods	Can result in psychological changes
Muscle tone	The firmness of muscles and their ability to remain in a constant state of partial contraction	Physical fitness, muscle tone from middle age
Sensory loss	The loss or impairment of one or more of the five senses	Usually vision, but could be any other sense
Loss of mobility	The loss or impairment of the ability to move	Difficulty getting out of a chair, a stick or wheelchair
Self-esteem	How one values oneself, whether one likes oneself	High self-esteem and likeability are good, low self-esteem are bad and

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Activity A2

Life Stage	Family Name
Infancy (0–2)	Jacob
Early childhood (3–8)	
Adolescence (9–18)	Sarah, Emma
Early adulthood (19–45)	Simon, Tracey
Middle adulthood (46–65)	Sean
Late adulthood (66+)	Sylvia

Activity A3a

Physical <ul style="list-style-type: none"> • Catching a ball • Standing on one leg • Jumping from a low step • Controlling a pencil • Riding a tricycle • Kicking a ball • Threading beads • Using a fork and spoon • Building a tower of nine or 10 cubes, or a bridge • Drawing a face • Cutting paper with scissors • Copying a circle • Throwing a ball overhand • Walking on tiptoe • Walking backwards and sideways
Intellectual <ul style="list-style-type: none"> • Matching some colours • Beginning to understand time • Counting to ten • Sorting objects • Repeating songs • Using personal pronouns and plurals • Understanding the concept of 'one' and 'lots' • Carrying on simple conversations • Controlling their attention • Enjoying listening to and making music
Emotional <ul style="list-style-type: none"> • Wanting to do things unaided • Showing affection for siblings • Enjoying helping • Being able to pretend and imagine • Using the lavatory on their own • Becoming aware of gender differences
Social <ul style="list-style-type: none"> • Enjoying family occasions • Considering another person's point of view • Sharing toys and taking turns • Making friends

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Activity A3c

- She smokes
- She does not give Megan regular, nutritious meals
- She leaves Megan for long periods in front of the television

Activity A4

Positive effects	Negative effects
<ul style="list-style-type: none"> • No need to work • Opportunities for voluntary work • Free bus travel • More time for hobbies • More time with the family • Greater experience to pass on • Pension and other benefits • Gentler pace of life • Improved health care • Social support 	<ul style="list-style-type: none"> • Unreliable men • Financial problems • Impaired hearing • Weaker muscles • Brittle bones • Stiff joints • Less efficient heart • Impaired mobility • Poor general health • Susceptibility to

Activity A5a

Gross motor skills	Fine motor skills
<ul style="list-style-type: none"> • Kicking legs • Lifting his head and chest clear of the floor on his arms • Trying to crawl • Sitting for long periods supported, or for shorter periods on his own • Rolling from his back to his front 	<ul style="list-style-type: none"> • Putting all objects in • Using a 'palmar grasp • Passing toys from ha • Reaching out and gra • Pointing with the ind

Activity A6

Tracey	Sylvia
<ul style="list-style-type: none"> • Less oestrogen produced, resulting in the onset of menopause • Greater risk of bone disease and osteoporosis • Skin loses elasticity and wrinkles may appear • Sight and hearing may begin to deteriorate 	<ul style="list-style-type: none"> • Joints stiffen • Motor skills b • Muscle tone s • Greater suscep recovery

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Activity A7

Physical <ul style="list-style-type: none"> • Capabilities decline • Muscle tone slackens • Skin loses elasticity • Sight and hearing deteriorate • Sperm production decreases
Intellectual <ul style="list-style-type: none"> • Memory might not be as reliable as before (although this is not an automatic decline) • Intellectual capacity might increase if the individual returns to education
Emotional <ul style="list-style-type: none"> • The individual might experience a 'mid-life crisis'
Social <p>This depends on family circumstances:</p> <ul style="list-style-type: none"> • If there are still dependent children, the financial drain could affect social life • If formerly dependent children are now independent, there could be more social life

Activity A8

Boys <ul style="list-style-type: none"> • The voice breaks • Body size and shape changes • Chest hair appears • Penile erections start • Sperm production starts • Pubic hair appears • The body perspires • Oil glands become more active 	Girls <ul style="list-style-type: none"> • Breasts develop • Body size and shape changes • Menstruation starts • Pubic hair appears • The body perspires • Oil glands become more active
---	---

Activity A9

Examples of feelings and emotions you might express in the letter include:

- a feeling of being misunderstood by her parents
- emotional swings
- jealousy of Emma
- a desire to be independent
- concerns about her physical image
- a fear of rejection

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Activity A10

- a. **What is the difference between bonding and attachment?**
- **Bonding** describes the feelings of love and responsibility that parents feel
 - **Attachment** describes the way the process develops over a period of time
- b. **Why is bonding important during infancy and early childhood?**
- It helps develop communication between the child and the carer
 - It helps develop emotional security and a relationship with the carer
 - It helps the child develop self-image and self-esteem
 - The child learns how to behave and interact with others
- c. **At what age does the first emotional attachment between a child and a special person occur?**
- 3–9 months
- d. **Why are the first five years of a child's life believed to be the most important?**
- It is believed that separation during this time could cause major psychological problems for many years. It is important that a sound and continuing relationship is developed. An obstacle to this relationship could lead to material deprivation.

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Learning Aim B Activities

Activity B1

Your discussion might include:

Overcrowding	Impact
<ul style="list-style-type: none"> Lack of privacy, with mixed ages and sexes Lack of space Poor sleep quality because of staggered bedtimes Lack of play facilities Risk of infection spreading 	<ul style="list-style-type: none"> Self-esteem of all Intellectual development of all, with difficulty studying Physical and intellectual development of all Social development of the children Physical health of all
Poor neighbourhood	Impact
<ul style="list-style-type: none"> Risk of crime and anti-social behaviour 	<ul style="list-style-type: none"> Physical, social and emotional restrictions on outside activities, fear
<ul style="list-style-type: none"> Poor infrastructure, poor quality of housing and lack of amenities 	<ul style="list-style-type: none"> Social development of all, own and others, physical development to good-quality food
Environmental pollution	Impact
<ul style="list-style-type: none"> Industrial pollution and traffic fumes 	<ul style="list-style-type: none"> Physical development of Hasina and others, who may be worse, and of others, who may be better
<ul style="list-style-type: none"> Litter and uncollected rubbish 	<ul style="list-style-type: none"> Physical development of all children
Noise	Impact
<ul style="list-style-type: none"> Neighbourhood noise, including perhaps barking dogs 	<ul style="list-style-type: none"> Physical development of all children
<ul style="list-style-type: none"> Industrial and traffic noise 	<ul style="list-style-type: none"> Emotional development because of noise, particularly for Hasina and Farah
Lack of leisure facilities	Impact
<ul style="list-style-type: none"> Limited opportunities for social interaction 	<ul style="list-style-type: none"> Social development of all, parents may have the social interaction at home
<ul style="list-style-type: none"> Lack of play and sports facilities 	<ul style="list-style-type: none"> Physical development of the children
Distance to shops, amenities and schools	Impact
<ul style="list-style-type: none"> Cost and time of travel in order to shop economically 	<ul style="list-style-type: none"> Physical development of all children
<ul style="list-style-type: none"> Cost of travel to social amenities 	<ul style="list-style-type: none"> Social development of all, own and others
<ul style="list-style-type: none"> Difficulty of travel to school 	<ul style="list-style-type: none"> Social and physical development difficulties might discourage attendance, possibly intellectual development, result in increased absence

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Activity B2

Area of Development	Factor
Physical	<ul style="list-style-type: none"> Lack of iron and vitamin B12 found in meat (unavailable) Omar's lack of energy owing to his anaemia
Social and Emotional	<ul style="list-style-type: none"> Difficulties at school as a result of having to learn in a second language Younger children's feelings of dependence, owing to their father's illness Fatima's dependence on the children owing to her father's illness Omar's negative self-image (perhaps exacerbated by his father's illness) Lack of an adult male role model Social isolation
Economic	<ul style="list-style-type: none"> Lack of money for books, school trips, etc. No money for extra social activities, such as swimming
Environmental	<ul style="list-style-type: none"> Lack of play facilities (which will also affect the children's physical skills and stamina) Environmental pollution Inability to invite friends home because of a lack of space Lack of space for homework

Activity B3

Possible answers might include:

- By recommending physical activity such as keep-fit classes or swimming
- By encouraging them to widen their social contacts by joining a language club
- By referring them for counselling
- By prescribing appropriate medication
- By referring them to other professionals and agencies who can support the children with their problems

Activity B4

Note: These are **suggested** answers, and are only some of the possible impacts. More could be identified in a particular situation. There can also be positive social and emotional benefits in relationships with step-siblings.

Child	Impact
Kayley	Her resentment of her father could affect her emotionally, making her more prone to have problems with anger, which might affect her social relationships and ability to concentrate, which could affect her intellectual development and her education.
Jade	Her resentment of her father and possible jealousy of her step-siblings could affect her formation of friendships. She could also become demanding of her father's attention.
Ben	He might be frightened of Tim because of his aggression towards his mother. This could be expressed as aggression towards his step-siblings and could lead to revert to bed-wetting.
Kirsty	She could become fearful, withdrawn and anxious, and have difficulties in her relationships.

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Activity B5

- a. Feelings might include:
 - Rejection
 - Low self-esteem
 - Disappointment
 - A feeling of not being valued
 - Worry about the future and about money
- b. Things she could do might include:
 - Taking on additional household duties
 - Taking up a hobby or recreational activity
 - Doing voluntary work
- c. Support might be available from:
 - Job Centre Plus
 - The local press and advertisements
 - The Internet
 - Citizens Advice Bureau
 - Her trade union
 - Friends and colleagues
 - Her family
 - Benefit agencies

Activity B6

Possible answers might include:

- By including him in group activities
- By giving him some kind of responsibility
- By ensuring that he is not socially excluded at break times
- By praising and rewarding positive behaviour
- By providing learning support where necessary
- By involving his mother, for example through letters of praise

Activity B7

The discussion could be very wide-ranging, but some of the main issues that might arise are:

Lifestyle changes

- Greater independence
- Taking responsibility for looking after himself, and for developing a new sense of responsibility
- Organising his own study routine
- Doing his own domestic chores

What he will have to learn

- Domestic skills such as laundry and cooking
- Social skills such as making friends in a new environment
- Independent study skills

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Activity B8

a. Suggestions might include:

- Helping with household tasks
- Making her feel valued
- Respecting her needs and encouraging her to take up new interests
- Listening to her and spending time with her
- Understanding her feelings and her changed circumstances

b. Suggestions might include:

- Providing domestic support but encouraging her to do as much as possible
- Visiting her and spending time with her to reduce her feeling of isolation
- Suggesting activities she can do
- Investigating other areas of social contact such as a day centre or lunch club
- Taking her out when possible

Activity B9

Family

Answers might include:

- Encouraging a good diet – particularly essential if Emma is breastfeeding
- Helping her maintain a healthy lifestyle
- Ensuring that she keeps her medical appointments
- Offering emotional support
- Looking after the baby while Emma catches up on sleep or goes out

External agencies

Answers will depend on the services available in your particular area, but might include:

- The children's centre, which could offer her social and emotional support, under one roof
- Parenting classes (which might be offered by the children's centre or separately)
- The Health Visitor, who would provide advice and help with feeding and
- A mother and toddler group to provide social contact and support
- Her GP to give health advice for her and her baby
- Counselling if she is suffering from post-natal depression
- Citizens' Advice, who could offer help and advice, particularly in any deal

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Activity B10

Event	Expected/Unexpected
Starting school	Expected
Unemployment or redundancy	Unexpected
A change of job	Expected
Marriage	Expected
The birth of a child	Expected
Divorce or separation	Unexpected
The death of a partner	Unexpected
Retirement	Expected
An accident or injury	Unexpected
Promotion at work	Unexpected
Moving to work abroad	Expected
Entering employment or further education	Expected
Moving house	Expected
Dropping out of school or exclusion	Unexpected
Imprisonment	Unexpected

Activity B14

Care need	PLIES	How it can be met
Loss of mobility	P	<ul style="list-style-type: none"> • Wheelchair • Hoist • Lift
High blood pressure	P	<ul style="list-style-type: none"> • Diet • Medication
Loss of speech	L, S, P	<ul style="list-style-type: none"> • Speech therapy • Occupational therapy • Different methods of communication
Confusion / memory loss	L, I, E	<ul style="list-style-type: none"> • Family support • Reassurance
Difficulty dressing	P	<ul style="list-style-type: none"> • One-to-one assistance • Choice of what to wear
Nutrition	P	<ul style="list-style-type: none"> • Appetising, nutritious food • Choice of menu
Daily care	P, S	<ul style="list-style-type: none"> • One-to-one assistance • Hoist and other specialist equipment
Difficulty eating	P	<ul style="list-style-type: none"> • One-to-one assistance • Special equipment
Need for reassurance	E, S	<ul style="list-style-type: none"> • A personal call alarm • Advice from an occupational therapist

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Activity B15

Ben

- Educational Welfare Officer – Liaising between the school and the home, e to school and advising Maria on his education and welfare
- Teacher – Ensuring that the situation does not affect Ben's education; linking him; and liaising with other professionals as necessary
- School Counsellor – Listening to Ben's concerns and enabling him to express that the situation is not his fault

Kirsty

- Nursery Nurse – Observing and recording Kirsty's overall development and support her; possibly referring the case to other agencies if necessary
- Child Psychologist – Assessing Kirsty's behaviour and mental state, and identifying causing psychological problems such as aggression towards other children
- Health Visitor – Carrying out regular developmental checks to ensure that of development according to the norms of an assessment framework

Maria

- Social Worker – Providing practical help in dealing with Tim and referring woman's refuge or even the police if required)
- Midwife – Providing help and advice in coping with Maria's pregnancy and endanger her or the baby's health
- Maria's parents – Providing practical help, such as domestic chores or child is loved and that the situation is not her fault

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