



T Level Technical Qualification in Health

Employer set project (ESP)

Core skills

Project brief insert

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Zafia

Zafia is 27 years old and has a moderate learning disability, which affects her day-to-day living. She has no underlying health conditions. Zafia is working towards independence and attends college 2 days a week. She really enjoys her time at college as it supports her increased independence and makes her feel very proud of what she does. Zafia also has a part-time job in a local café where she makes sandwiches and takes payments at the till.

Zafia is in a relationship with Sam, who also has a moderate learning disability and works at the same café. They both enjoy going to concerts together and have several favourite bands. They have become increasingly fond of each other over the last 6 months and spend most of their time together. Zafia lives in supported accommodation. Sam lives with his parents.

Zafia's support worker, Maria, notices that Zafia has recently put on weight. Zafia also complains about feeling sick and tired. Maria asks whether she is ok and what might be making her feel this way. Zafia asks Maria whether she could do a pregnancy test. The test confirms that she is pregnant; a fact which she is very excited about.

When hearing the pregnancy news, Sam is also very excited. However, Sam's parents are unhappy at the news and do not feel that Sam and Zafia are capable of being parents. They are also concerned that as grandparents, they would end up taking on a lot of the caring responsibilities for their grandchild. They suggest that Zafia should either end the pregnancy through abortion or give the baby up for adoption.

Maria takes Zafia to the GP to have the pregnancy confirmed. At the appointment, Zafia clearly expresses her wishes to continue her pregnancy and become a mother. She wants to move into her own home with Sam and is willing to accept any support offered.

Fred

Fred is 10 years old and lives with his parents and 4 siblings above a busy bar and restaurant, which his parents run. He is in his last year of primary school and will join his siblings at secondary school next year.

Fred's attendance at school is 78%. The school have observed that he sometimes falls asleep in class and often appears to have little energy. In addition, Fred has become increasingly withdrawn and often complains of tummy aches. He has started to isolate himself from his peers. He is not playing with his usual friends during breaks or attending art club. His grandparents live locally. He has always had a close relationship with them and enjoys his regular visits with them. As a result of the school's observations, they contact Fred's parents who also confirm they have similar concerns. Fred's parents contact their GP who agrees to see him the following day. Fred's height and weight measurements are taken and it is confirmed he is underweight for his height. The GP also takes a sample of blood from Fred, which is sent to the laboratory for a full blood count.

When the results come back into the GP practice, Fred's parents meet with the GP again. The GP explains that there are no underlying medical conditions affecting Fred, except for a vitamin D deficiency. Fred's parents voice their concerns about his weight and ask for support. They tell the GP that they just want to do the best for Fred and make sure he is okay. The GP suggests that the school sets up a multi-agency meeting where they can all work together to address the safeguarding concerns they share about Fred.

At the multi-agency meeting, the headteacher expresses the school's concerns about Fred's attendance, mood and a recent conversation where Fred was very tearful. They report that Fred says he cannot sleep because he is worried about how often his parents argue and that he can hear them at night-time.

At a follow up appointment to discuss how to support Fred, the Healthcare Assistant asks Fred's parents about the home situation and if there are any issues they would like to talk about. Fred's parents appear defensive saying they have no problems at home at all.

Theo

Following extensive tests, Theo has recently been diagnosed with bowel cancer. Julia, Theo's wife, has Alzheimer's following a diagnosis 8 years ago. Theo is Julia's carer and as her condition has deteriorated, he has felt increasing pressure. Her memory loss is a concern for Theo as she often forgets she has turned on the oven and hobs. Her mood is also changeable and difficult for him to manage.

Theo and Julia have always been active members of the community. They have lived there for many years, and their children were born in the same house they live in now. They are members of the local history group and of a fundraising group for additional school resources.

After his diagnosis, it was agreed that a temporary stoma bag was the most appropriate treatment option. Theo was very uncertain about this procedure, knowing very little about what was involved. Prior to this illness, as his health has always been good, Theo had not experienced any symptoms; he had never needed or relied on care; he became increasingly frustrated by his inability to control his body, becoming withdrawn as a result. After initially making good progress after his operation, Theo's recovery suffered numerous setbacks. The tests showed that the size and type of cancer required further tissue removal. He also had an infection in a superficial wound. Following discussions about his cancer, it was decided a permanent stoma bag, or colostomy bag, was now necessary.

Theo is frustrated that his initial treatment has not worked and has found it difficult to accept his current situation. He refuses to acknowledge the existence of the stoma bag and ignores it completely, stating he has too much to think about in relation to Julia to start to learn new things. At first, the stoma team's involvement was minimal. Theo's increased medical and nursing needs meant it was not a good time to begin teaching stoma management, but Theo does need to know how to care for the stoma bag. Community nursing staff are caring for and monitoring the stoma bag at home to support Theo in accepting it so they can move forward with his treatment and fit the permanent bag, but they are concerned that he is finding the stoma bag difficult to cope with and has expressed disgust whenever it is drained or changed, resulting in little progress with his stoma management understanding and skills.

Phil

Phil is 19 years old and has a history of alcohol misuse since the age of 12. Due to neglect by his biological parents, at the age of 11, Phil was placed in foster care where he had several foster families throughout his childhood. Phil sees his older sister, Lauren, on a regular basis. Lauren has questioned how much he drinks but he tells her to mind her own business. They enjoy spending time together and Lauren feels she provides ongoing support for Phil.

Phil lives on his own in an apartment in the centre of town, which he is very proud of. Phil knows a lot of people and has a few close friends; however, he has lost contact and stopped social activity. Phil has started to go to college to improve on his school exam results. However, his attendance has not been consistent; he often does not turn up for classes and when he does, he is late.

Phil is found unconscious near a busy road. A bystander phones 999 to request an ambulance. Phil is taken to the local hospital where he is diagnosed with, and treated for, alcohol poisoning.

The following day, Phil is assessed and questioned by the nurse about his overall health and the circumstances which led to him being in hospital. They ask the alcohol liaison nurse to assess Phil. When they visit, Phil is tearful and anxious when speaking about his relationship with alcohol, saying he has always had to drink as a way of coping with everything he has been through. Phil tells them he has many painful memories. He also states that he wants a life where he can have a job, a relationship, be happy and do what he thinks is normal. He is worried about how to cope without alcohol as it helps to block out painful memories.

Phil mentions that he has no recollection of the night he was found unconscious. During his ongoing observation and assessment in hospital, staff become increasingly concerned that Phil cannot remember what happened. This memory loss is preventing him from realising the severity of his situation and the impact of his actions. Phil wants to get home and get his life back to how it was, doing activities he enjoys, but does not seem aware of the hard work that will be needed to improve his life.

The alcohol liaison nurse and the doctor in charge of Phil's care suggest that he needs to talk about his painful memories to address the cause of his alcohol use. After speaking with staff at the hospital, Phil feels more motivated to overcome his problems in a positive way. He begins to realise that he needs to stop using alcohol as a coping mechanism and identify other ways of addressing his issues.

Lewa

Two months ago, Lewa, aged 43, was involved in a road traffic collision, which led to her being in an induced coma. Part of her treatment involved the amputation of her left leg from the hip down. This was a result of the severe trauma she had experienced.

Lewa works in a racing yard, taking care of the daily needs of 12 horses. This is a very active role where she prepares and trains the horses for races. She often accompanies the horses to the racecourses and stays overnight to care for them. Lewa lives in shared accommodation, which comes with her job, as she is needed on-site if any horses become ill during the night.

Lewa is very distressed following the amputation and whilst she recognises that it was medically necessary, she is concerned about her ability to do her job. She has always enjoyed work and loves the challenges it brings. She is also worried that if she is unable to do her job, she will lose her home. Her work is her life; her social life is based around the racing yard. Except for regular contact with her family, Lewa rarely does anything not connected with horses or the racing yard. Ongoing assessments are carried out by therapy teams to support her discharge from hospital and her rehabilitation, but Lewa continues to be extremely distressed and anxious. Lewa realises there are huge changes she needs to face in every aspect of her life.

Lewa intends to return to work and is thinking about how she will manage both there and at home. The accommodation she shares is on the second floor of a building and she is unsure how she will cope. Lewa is keen to work with the different therapy teams to get support in place as quickly as possible.

Lewa has a supportive family, with her parents living close by. Prior to the accident they would meet up as a family each weekend and they chat most days over the phone. Lewa also enjoys a good relationship with her sister, Abuya, and Abuya's 2 young children.

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