

**DRAFT**

# Teacher Support Materials for AS Units Only

## Health and Social Care

OCR Advanced Subsidiary GCE in Health and Social Care (H103)

OCR Advanced Subsidiary GCE in Health and Social Care (Double Award) (H303)

Please note these materials are currently in draft format and the final version of this booklet will be available in December.

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# 1 General overview

## 1.1 Introduction

This CD-ROM includes various documents that OCR hope will assist teachers in the delivery of the AS units of this new qualification. This document includes a very general overview of AS GCE in Health and Social Care, and explains some of the other documents on the CD-ROM.

## 1.2 Overview of the qualification

The AS GCE in Health and Social Care specification consists of **three** tested units and **six** portfolio units. As far as possible, OCR has attempted to follow a set 'pattern' when producing the portfolio units, as can be seen below in a template of an assessment evidence grid:

<b>Unit title</b>				
<b>What you need to do:</b>				
<b>Banner</b> ( <i>the task to be completed, which is to include evidence of the Assessment Objectives</i> ):				
<b>AO1</b> ( <i>knowledge and understanding</i> )				
<b>AO2</b> ( <i>application of knowledge and understanding</i> )				
<b>AO3</b> ( <i>research and analysis</i> )				
<b>AO4</b> ( <i>evaluation</i> )				
<b>How you will be assessed:</b>				
<b>Assessment Objective</b>	<b>Mark Band 1</b>	<b>Mark Band2</b>	<b>Mark Band 3</b>	<b>Mark Awarded</b>
<b>AO1</b> ( <i>strand</i> )	[0 1 2 3 4 5]	[6 7 8 9 10]	[11 12 13 14 15]	/15
<b>AO2</b> ( <i>strand</i> )	[0 1 2 3 4 5]	[6 7 8 9 10]	[11 12 13 14 15]	/15
<b>AO3</b> ( <i>strand</i> )	[0 1 2 3 4]	[5 6 7]	[8 9 10]	/10
<b>AO4</b> ( <i>strand</i> )	[0 1 2 3 4]	[5 6 7]	[8 9 10]	/10
<b>Total mark awarded</b>				<b>/50</b>

Each portfolio is marked out of a maximum of 50 raw marks, with the marks being allocated to each Assessment Objective (AO) shown above. This allocation of marks is the same for all AS GCE Health and Social Care portfolio units.

Each AO (referred to as a 'strand') concentrates on set task(s), which are further expanded on in the amplification section of each unit specification.

AO1 – will always be generic, designed to assess the candidates' level of knowledge and understanding of the task requirements.

AO2 – will consist of application of knowledge and understanding to a particular individual/set number of individuals/group of individuals/situation.

AO3 – will include collection and analysis of information/data that has been gathered by the candidate.

AO4 – will be an evaluation of information/data that has been gathered by the candidate.

Tested units will be marked out of a maximum of 100 raw marks, with the AO marks being doubled, i.e. AO1=30 marks, AO2=30 marks, AO3=20 marks, AO4=20 marks.

### 1.2.1 Work experience vs role play/simulated activities

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It is recognised that work experience can be a useful tool for allowing candidates access to situations which present opportunities for learning/assessment; however, it is not a mandatory element of the GCE Health and Social Care specification. Because of the issues that are inherent to Health, Social Care and Early Years environments, it may be necessary for assessment to take place through the use of case studies/prepared scenarios/role play situations, for example, all of which are suitable for this specification.

### 1.2.2 'Local area' – What is this?

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For those in a densely populated area this should be restricted to the immediate area, extending far enough to cover the requirements of the assessment criteria. However, for those in rural areas, a greater area may need to be covered in order to access sufficient information for candidates to access the assessment criteria.

### 1.2.3 The ever-changing health and social care legislation

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Yes, legislation/acts/laws change – it's a fact of life, and possibly more so in health and social care. However, we do not expect all teachers/assessors to be fully conversant with every minor amendment made to each and every aspect of legislation/act/law which affects our subject area. Instead, candidates will only ever be asked, in an examination situation, information which directly relates to the information contained in the unit specification. However, those candidates who have been fortunate enough to have been the recipients of updates will not be discriminated against – instead, mark schemes will be amended at standardisation meetings to include any accurate, relevant answers produced by candidates.

### 1.2.4 Guide to annotation

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For the purpose of moderation, we would ask that all portfolios are clearly annotated to indicate where the teacher/assessor considers evidence towards assessment has been met. The assessment evidence grids themselves break down into assessment objectives (AO1, AO2, AO3, AO4) and mark bands (MB1, MB2, MB3). When annotating a portfolio, please use these abbreviations to indicate achievement of assessment requirements, e.g. AO2 MB3 to indicate that Assessment Objective 2, Mark Band 3, is deemed to have been met. The pages where evidence requirements have been met must be indicated on the appropriate Unit Recording Sheet, master copies of which can be found on this support CD-ROM (9 files in the folder 'HSC AS URS') and via the OCR website at [www.ocr.org.uk](http://www.ocr.org.uk), following the links to the 'AS/A Level GCE', 'Care and Health', 'publications and materials' page. Please note that copies of these forms will not be sent out via centres entering candidates for individual portfolio units, as has been the case in the past. Please either copy the sheets in this guidance document, as and when you require them, or print them from the website.

It should be noted that annotation should not be incorporated into the body text of the candidates work, but instead annotations should be clearly placed in the right-hand margin where they are easily viewed by the moderator. The exemplar material contained in this support pack has been annotated in this way.

It is essential that candidates' portfolios are clearly and accurately page numbered before being marked by the teacher/assessor.

## 1.2.5 Coursework consultancy

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OCR will offer a free coursework consultancy service for centres wishing to have portfolio work viewed and commented on, once it has been assessed by the centre. This service will be available year-round, although it would be appreciated if centres avoided the busy January/June months. For further information on this service, please do not contact the Information Bureau by telephone on 01223 553998 or by email at [helpdesk@ocr.org.uk](mailto:helpdesk@ocr.org.uk).

## 1.2.6 Use of IT to produce portfolios

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Ideally, we would prefer for all portfolio evidence to be produced electronically and not handwritten. However, we do recognise that this is not always possible so would encourage centres/candidates to keep a photocopy of the portfolios which are submitted for moderation, particularly if the work is handwritten. Every attempt is made to return portfolios to centres in a timely fashion, but it has been the case that materials can be lost in the postal system. This is, of course, less of an issue if the portfolio has been produced using IT.

## 1.3 Contents of the CD-Rom

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### 1.3.1 Introduction

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This support pack contains specific guidance for each of the AS units, as well as more general documents such as a glossary of relevant terms ([HSC27\\_glossary.pdf](#)) and guidance on how to produce a guide ([HSC29\\_produce\\_guide.pdf](#)) and how to write a report ([HSC30\\_report.pdf](#)).

For each internally assessed unit an overview and sample assessment is provided.

For each externally assessed unit, an overview, sample lesson plan and some specimen questions and answers are provided. The example assignments, lesson plans and suggested delivery plans ([HSC4\\_delivery.pdf](#)) are intended as suggestions only, and teachers are free to adapt these to suit their own purposes.

Exemplar portfolio material with assessor's annotations is provided for Unit 2: *Communication in care settings* ([HSC3\\_exemplar.pdf](#)).

Finally, copies of the full specification and specimen assessment materials are included on the CD-ROM, along with unit recording sheets.

### 1.3.2 Feedback, forms and letters

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We have produced a standard set of materials which may assist you in delivering and monitoring this specification. These feedback forms, general forms and letters requesting assistance are intended to be a template only and centres are encouraged to adapt them to suit their own purposes. The following forms are included in this support materials pack:

- **Letters** (HSC\_letters.doc) – various letters and forms that could be used for the arrangement of work experience or contact with professional health care workers
- **Portfolio Action Plan** (HSC\_action\_plan.doc) – suggested form for formalisation of a programme of work to result in a full unit portfolio
- **Portfolio Feedback Sheet** (HSC\_feedback.doc) – suggested form for summarising a candidate's performance in the assessed portfolio.

- **Witness Statements** (HSC\_witness.doc) – suggested forms for centres to supply to assessors' providing witness evidence of AO4 in Unit 2: *Communication in care settings* and Unit 3: *Promoting good health*.

**Please note:** use of these forms etc. is not compulsory; they are a suggestion/teaching aid only.

### 1.3.3 A final word

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It is hoped that the materials provided will give centres useful additional material to that provided in the specification, which will over time improve and enhance the delivery and approach to the specification within a centre.

It is also hoped that centres will devise additional materials of their own when planning for and delivering the AS specifications. OCR would welcome the opportunity to review these support materials. If centres have produced assignments, resource sheets or any other form of support they are invited to submit a sample of this material to OCR. Informal feedback can then be given on whether the material is 'fit for purpose' and the material, with the centre's permission, can also be circulated for use by other centres in the planning for and delivery of the AS specifications. Centres wishing to submit any such materials should contact the OCR Information Bureau who will pass them on to the relevant Subject Officer.

Centres may be interested to know that OCR is running a pilot scheme for submission of e-portfolios in GCE Applied Business and GCE Applied ICT in September 2005, and plan to make the system more widely available in the future. Further general information is available on <http://www.maps-ict.com>.

## 2 Suggested delivery plans

Each of the units within the GCE Health and Social Care Specification requires 60 guided-learning hours (glhs) of delivery. The following pages suggested schemes of delivery for the AS units. Please note that the delivery plans are not compulsory, and centres are encouraged to adapt them to suit their own approach to teaching.

### 2.1 Focus on Unit F910: Promoting quality care

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#### Overview

- How attitudes and prejudices are learnt and how this can affect care people who use services
- Rights of people who use services
- Equal access to services
- Values of care
- Safe working

#### Suitable activities

- Easy to teach in a practical way but candidate files need to be in clear sections/ summaries in preparation for the exam.
- Initial brainstorm of stereotypes/prejudices encourages candidates to be honest and think about the issues.
- Legislation – must be taught in overview. Useful summaries available on the Internet. Local disability groups race equality council excellent for evaluation. Encourage candidates to produce clear summary mind-maps. Student research and presentation can encourage independent understanding and sharing of information.
- Case studies to encourage candidates to identify barriers to services.
- Look at examples of policies and codes of practice then do an overview of their purpose.

#### Possible Pitfalls

- Too much focus on black/white issues means candidates can miss the point. Equality **does not mean** treat everyone the same.
- Case studies in exams are just to get them thinking, candidates should not focus their entire answer on this only;
- Candidates write too much irrelevant information.
- Policies etc. do not need to be learnt in detail, just the purpose/benefit of them.

#### Resources

- *A practical guide to Equal Opportunities* by Hyacinth Malik, an excellent book with lots of useful practical activities.
- CRE, DRC and EOC Equality and Human Rights Commission websites (see [Unit Specification](#)).

## Revision and Exam Preparation

- Use exemplar/past papers as much as you can as you teach to introduce candidates as early as possible to the format of the paper.
- Timed questions from past papers to introduce candidates to writing under a time pressure.
- Use a highlighter on the paper to identify the command words – explain, describe, evaluate. Also, to highlight key information from the case study scenario.
- Give students an essay style structure that they can apply to longer answer questions – Introduction, main section, conclusion.
- Try to encourage candidates to only fill the required space on the paper as this can focus their attention and prevent 'waffle'.
- A good revision schedule is vital in order to cover all classroom activity/teaching (OCR will provide a revision schedule as part of Teacher Support).



## 2.2 Focus on Unit F911: Communication in care settings

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### Overview

- Types of communication.
- Factors that support and inhibit communication.
- Communication skills.
- Theories relating to communication.
- Interaction with a service user/care worker.

### Suitable activities

- Counselling-type training situation or role play to develop skills of using prompts, reflection, empathy, open-ended questions.
- Paired or group research to gather information about different theories.
- Work placements, coffee morning, lunch club, activities afternoons, meetings, discussions to demonstrate communication skills in one-to-one or group situations with people who use services/care workers.
- Fish bowl exercises, decision making forums and team building activities to investigate group interactions and develop understanding of what constitutes effective and poor communication.
- Peer evaluation and action planning for improvements.

### Possible Pitfalls

- Using teachers, parents, other candidates for interactions – these are not people who use services/care workers.
- Studying counselling or psychological models which is not necessary for this unit.
- Lack of regular feedback to candidates which is useful to make sure candidates are addressing the criteria.
- Portfolios which are not well-organised and structured, making it difficult to address weaknesses.

### Resources

- *Communicate!* by P. Burnard – good information relating to theory of interaction.
- AVCE textbooks have useful chapters on communication.
- *Care NVQ Level 2 and 3* by Yvonne Nolan – gives excellent practical advice regarding communicating with people who use services/care workers

### Exercise

- Assess exemplar portfolio strand 4 pieces of work provided on this CD-ROM.
- Check for criteria which have been met.
- Decide points to be awarded within range of marks.

## 2.3 Focus on Unit F912: Promoting good health

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### Overview

- Concepts and definitions of health and well-being.
- Medical and social models of health
- Individuals' reasons for not following health advice
- Factors affecting health and well-being.
- Implications of current health initiatives
- Preventative measures and job roles.
- Planning and carrying out a small scale health promotion campaign.

### Suitable activities

- Interview or have discussions with local health promotion officers.
- Interview people who use services about the way they view health promotion.
- Use videos, recordings of radio, materials of current health promotion campaigns to compare and evaluate the methods used.
- Case studies to encourage candidates to review theories of social and medical models.
- Group discussion of the impact of government initiatives.
- Interview health and care practitioners responsible for health promotion.
- Planning and preparing a campaign using existing resources

### Possible Pitfalls

- Spending too much time creating own health promotion materials rather than using existing campaign materials.
- Trying to plan and participate in a health promotion campaign on too large a scale.
- Choice of care setting must be relevant to the campaign.
- Limited recognition of local and national initiatives on the care setting of their choice.
- Lack of pre-set criteria against which to measure the outcomes of the health education campaign.

### Resources

- Campaign materials from health promotion departments, health centres, social services, shops etc.
- Our Healthier Nation ([www.ohn.gov.uk](http://www.ohn.gov.uk)).
- Local Health Improvement Plan.
- Health education workers.
- Health Development Agency, DOH, NHS Websites (see unit specification).

## 2.4 Focus on Unit F913: Health and safety in care settings

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### Overview

- Looks at how legislation influences safe practice in care settings.
- Understanding the importance of maintaining safety and security.
- Safe moving and handling techniques.
- Contribution to infection control.

### Suitable teaching and learning strategies

- Talks or interviews with a member of the Health and Safety Executive could give an excellent insight into health and safety legislation and the role of the HSE.
- Talks from the fire brigade are useful to inform candidates of the risks involved and procedures which must be followed to evacuate a building.
- Candidates could complete 'moving and handling' or first aid qualifications to gather information and also prepare them for future employment.
- Carry out risk assessments of different health and social care settings/work experience placements. These are useful to develop greater understanding of safety features and measures that could be applied.
- Talks from an Environmental Health officer and/or managers of care settings to gain an insight into infection control.

### Possible Pitfalls

- Too much focus on content of legislation means candidates limit their understanding of the application of the laws in care settings.
- Candidates must know what actually happens at each stage of risk assessment.
- Candidates write too much information which does not apply to the question asked.
- Candidates misread the question and relate their answer to the wrong target group
- Candidates must have an understanding of the importance of taking precautions to control the spread of infection is needed.

### Resources

- Health and Safety and The Law posters are essential.
- Health and Safety policies from various care settings.
- Staff handbooks and induction information from various care settings.
- The Trident Trust website has useful information for health and safety on work experience and interactive test which can be taken by candidates ([www.thetridenttrust.org.uk](http://www.thetridenttrust.org.uk)).
- Education business Partnerships may be willing to run Health and Safety courses for candidates.

### Revision and Exam Preparation

- Use exemplar/past papers as much as you can as you teach to introduce candidates as early as possible to the format of the paper.

- Practice using diagrams/illustrations to carry out risk assessments as these will be a feature of the external assessment.
- Use a highlighter on the paper to identify the command words – explain, describe, evaluate.
- Try to encourage candidates to only fill the required space on the paper as this can focus their attention and prevent ‘waffle’.
- A good revision schedule is vital in order to cover all classroom activity/teaching.

## 2.5 Focus on Unit F914: Caring for people with additional needs

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### Overview

- Causes of additional needs.
- Effects of additional needs on people who use services.
- Understanding of the care management process.
- Key roles of service providers who support people who use services with additional needs.
- Models and approaches used to support people who use services.
- Environmental barriers.
- Attitudes and values of society.

### Suitable teaching and learning strategies/Activities

- Work placements/work shadowing in care settings which provide for people who use services with additional needs.
- Group work to research and give presentations on different additional needs.
- Use of videos/case studies to highlight causes and impact of additional needs.
- Visits to support groups, day centres, lunch clubs, PHAB clubs etc.
- Interviews with/visits from service providers to gather information about their roles.
- Talks from care manager, social worker, occupational therapist or key workers about the care management process.
- Group discussion/debate on the social/medical models.
- Carry out an accessibility study of the local shopping centre. Wheel chairs could be borrowed from Shopmobility or other organisations.
- Visit to a 'disability living centre' or similar organisation to review aids and adaptations available to support people who use services with additional needs.
- Conduct a survey to ascertain attitudes and values of society towards people who use services with additional needs.

### Possible Pitfalls

- Focusing on similar additional needs so not covering criteria in sufficient depth and breadth.
- Including detailed scientific information regarding the causes of additional needs which is not the focus of this unit.
- Limited understanding of which service providers are involved at each stage of the care planning cycle, how assessments of needs are carried out and the benefits of a multidisciplinary team.
- Confusion between the social and medical models.
- Consideration of only negative experiences of attitudes and values of society.
- Breaking confidentiality of the service user chosen for the profile. Personal details are not required and the service user should not be identifiable from the information given.

## Resources

- Guidance information and fact sheets on various additional needs for support groups
- Local Disability Information and Advice Centres (DIAC)
- Local support groups
- Service providers and care workers
- Charitable organisations, Department of Health, Disability Rights Commission Websites (see [Unit Specification](#)).

## 2.6 Introduction to Unit F915: Working in early-years care and education

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### Overview

- The type and purposes of care and education provision for early-years in the local area.
- Job roles and responsibilities available within the early-years care and education sector.
- Application of care values.
- Ways in which children learn and develop.
- Factors that affect learning and performance.
- Planning and implementing activities for children in care and education settings.

### Suitable teaching and learning strategies/Activities

- Group work to research and present information about provision available in the local area.
- Work placements/work shadowing in early-years settings.
- Observation of children in an actual setting, invited into the centre or in a child's own home environment.
- Visiting speakers/interviews with practitioners.
- Opportunities to visit further education/higher education settings to investigate the courses and qualifications available for early-years care and education providers.
- Case studies to compare the application of the care values.
- Role play to demonstrate application of the care values.
- Student focused research on factors affecting learning using a wide range of sources.
- Interview primary school teacher/early-years specialist about the strategies used to aid learning.
- Carrying out an activity with a child or group of children in a setting, during an organised event at the centre or in a child's own home.

### Possible Pitfalls

- Trying to cover too many examples of early-years provision.
- Demonstrating limited understanding of the purpose of each early-years provision.
- Poor choice of setting.
- Limited information provided about the job roles.
- Confusion between skills and qualities.
- Inaccurate qualifications for the job roles identified.
- Care values must be those linked to early-years which are different from those applied in health or social care settings.
- Limited evidence of a wide range of sources used whilst researching factors and strategies.
- Unsuitable activity planned and carried out with children.

## Resources

- Local pre-school learning alliance.
- Local early-years care and education providers.
- New Start centres.
- National Standards for early-years care.
- Early-years care and education workers.
- Further and higher education institutions.
- NVQ early-years care and education textbooks and resources.
- New Start, CACHE and other early-years providers websites (see [Unit Specification](#)).



## 2.7 Introduction to Unit F916: Health as a lifestyle choice

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### Overview

- Positive effects of exercise.
- Nutritional value of food and the dietary function of nutrients.
- An exploration of an individual's dietary health
- Designing an exercise programme.
- How diet and exercise affect health.

### Suitable teaching and learning strategies

- Conduct a survey or questionnaire to find out public views about the effects of exercise.
- Interview or have discussions with local health promotion officers, dieticians, health visitors to investigate current dietary guidelines.
- Work experience placements/voluntary work to find out about the needs of individuals with dietary restrictions.
- Use of a food diary and computer software to investigate an individual's diet.
- Interview people who use services or use case studies of people with special dietary requirements.
- Group work to investigate healthy eating initiatives giving presentations of their findings.
- Visits to health and fitness club, YMCA, gym to research opportunities for exercise programmes.
- Interview fitness-industry professionals to find out about different forms of exercise, health and safety issues, equipment.

### Possible Pitfalls

- Spending too much time carrying out a questionnaire which does not provide the required information.
- Focusing on the negative rather than the positive effects of exercise.
- Focusing too much on the physical benefits of exercise.
- Not including how exercise may be integrated into everyday life.
- Depth of information relating to the nutrients unrealistic giving too much scientific detail instead of a broad overview of the nature and function of the nutrients.
- Poor choice of individual(s) for the diet and exercise programme giving limited opportunity to meet the criteria.
- Not explaining the dietary needs of the individual.
- Diet plan not relevant to the individual's needs.
- Limited monitoring evidence collected from the exercise programme.
- Lack of pre-set criteria against which to measure the outcomes of the health education campaign.

## Resources

- Dietary guidelines, nutrition, exercise textbooks
- Our Healthier Nation ([www.ohn.gov.uk](http://www.ohn.gov.uk))
- Health Promotion Centre
- Fitness-industry professionals
- Nutrition and fitness Websites (see [Unit Specification](#)).

## 2.8 Focus on Unit F917: Complementary therapies

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### Overview

- History and development of complementary therapies.
- Use and provision of complementary therapies.
- Meeting physical, emotional and social needs.
- Value of complementary therapies.

### Suitable activities

- Group work to establish understanding of the development and purpose of complementary therapies.
- Visits to care settings which provide complementary therapies.
- Interviewing practitioners and members of the public to determine opinions of complementary therapies.
- Use of case study to determine people who use services' needs and suitability of complementary therapies.
- Use of mini research tasks to develop skills in using research techniques, presentation and analysis of results.

### Possible Pitfalls

- Choice of complementary therapies not suitable to meet the service user's needs.
- Choice of service user must enable the candidate to meet the criteria – consideration should be given to physical and emotional needs.
- Limited consideration of the use of complementary therapies alongside orthodox medicine.
- Detailed research which does not meet the requirements of the criteria.
- Lack of a bibliography to determine sources of information.

### Resources

- Many individual complementary therapies have an association, council or group which represents practitioners.
- British Council for Complementary Medicine website.
- Library classification 615.5 covers complementary therapies in general.
- Complementary therapies and alternative therapies publications.
- Research methods textbooks.

### Exercise

- Assess exemplar portfolio for strand 3 piece of work provided on this CD-ROM.
- Check for criteria which have been met.
- Decide points to be awarded within range of marks.

## 2.9 Introduction to Unit F918: Caring for older people

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### Overview

- Physical effects of aging on body systems.
- Social, emotional and economic effects of ageing
- Community care and support services for older people who use services.
- Practitioners.
- Legislation.

### Suitable teaching and learning strategies/Activities

- Group research and presentations on different illnesses and disorders associated with later life.
- Interviews, questionnaires to research aspects of ageing.
- Lunch clubs/afternoon tea activity sessions with local older people to provide opportunities to discuss ageing with older people.
- Work placement with Vitalise (Winged Fellowship Trust), day centres residential homes.
- Invite older people into your centre for group discussions.
- Use case studies to highlight aspects of ageing.
- Visits to various service providers in the local area.
- Talks from/interviews with practitioners.
- Group work and presentations about legislation.

### Possible Pitfalls

- Too much emphasis on body systems.
- Too much focus on different conditions rather than the effects on ageing.
- Limited understanding of the application of care values by practitioners.
- Failing to read and understand what the question is asking.
- Writing too much information which does not apply to the question asked.
- Time management in exams is often poor – candidates do not answer all questions or leave time to check their answers.

### Resources

- Science department models of body systems.
- Information leaflets about aspects of ageing available from Age Concern and Help the Aged.
- Staff training information on how to apply the care values.
- Preparation for retirement information.
- Information about volunteering opportunities for older people.
- National Care Standards for domiciliary care.
- NVQ care textbooks.

- DOH, NHS, Charitable organisations and support groups for specific conditions all have websites with relevant information (see [Unit Specification](#)).

### **Revision and Exam Preparation**

- Provide guidance to candidates on exam techniques.
- Use exemplar/past papers as much as you can as you teach to introduce candidates as early as possible to the format of the paper.
- Practice using diagrams/illustrations to carry out risk assessments as these will be a feature of the external assessment.
- Use a highlighter on the paper to identify the command words – explain, describe, evaluate.
- Try to encourage candidates to only fill the required space on the paper as this can focus their attention and prevent ‘waffle’.
- A good revision schedule is vital in order to cover all classroom activity/teaching.

## 3 Key skills opportunities

The following table sets out how candidates' portfolio evidence for these qualifications can also meet various Key Skills criteria at Level 2. It should be read in conjunction with the assessment evidence grids (included within the unit specifications on this CD-ROM). Each row of the table sets out:

- a Level 2 Key Skills criterion in column 1
- opportunities within the mandatory AS portfolio units to meet this Key Skills criterion in column 2
- further comments expanding on these opportunities in column 3
- potential pitfalls to consider in column 4
- possible enhancements to the portfolio evidence for these qualifications which would potentially meet the Level 3 criterion for this Key Skill, in column 5.

Key Skill Detail for Communication Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.1a:</b> Take part in a group discussion:</p> <ul style="list-style-type: none"> <li>• make clear and relevant contributions in a way that suits your purpose and situation;</li> <li>• respond appropriately to others;</li> <li>• help to move the discussion forward.</li> </ul>	<p>Unit 2</p> <p>The production of records to show the effectiveness of your communication skills in an interaction with a service user or a small group of services users.</p>	<p>It is possible that this could take place in the workplace and be assessed through witness testimony.</p>	<p>A group is <b>three</b> or more people. The group discussion should provide opportunities for responding to a range of views and sensibilities, and for candidates to be able to take the lead in moving discussions on. Candidates should be able to make clear and relevant contributions.</p>	<p>Needs to be a <b>complex</b> discussion which would need to be in the context of the vocational area.</p>
<p><b>2.2</b> Read and summarise information from at least <b>two</b> documents about the same subject. Each document must be a minimum of <b>500</b> words long:</p> <ul style="list-style-type: none"> <li>• select and read relevant documents;</li> <li>• identify accurately the main points, ideas and lines of reasoning;</li> <li>• summarise the information to suit your purpose.</li> </ul>	<p>Unit 2</p> <p>Relevant research and analysis of <b>two</b> theories that provide guidance about the effects of communication on services users and/or care workers.</p> <p>The production of records to show the effectiveness of your communications skills in an interaction with a service or a small group of people who use services.</p>	<p>This should arise from the research and analysis of <b>two</b> theories. Evidence must show that appropriate material has been selected from documents that will be implicit in the subsequent analysis.</p>	<p>Documents must relate to the same subject. Candidates must work independently to select material. Evidence must show that candidates are able to select relevant material and identify accurately lines of reasoning from text and (images if used).</p>	<p>Each document must be at least <b>1000</b> words long. The subject matter must be challenging, offering a number of strands of thought or different approaches. At this level candidates must demonstrate the ability to ‘synthesise’ the information – this must go beyond a summary as required at Level 2. Lines of reasoning are identified from text and (images if used).</p>

Key Skill Detail for Communication Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.3</b> Write <b>two</b> different types of documents each <b>one</b> giving different information. <b>One</b> document must be at least <b>500</b> words long:</p> <ul style="list-style-type: none"> <li>• present relevant information in a format that suits your purpose;</li> <li>• use a structure and style of writing to suit your purpose;</li> <li>• spell, punctuate and use grammar accurately make your meaning clear.</li> </ul>	<p><b>Unit 2</b> A report based on different communication skills used in <b>one</b> health or social care or early years setting.</p>	<p>Guidance at this level can be given for the appropriate format of writing required.</p>	<p>Work must be accurately spelt and punctuated, and grammatically correct, so meaning is clear. The candidate should not be penalised for one or two errors providing meaning is still clear and mistakes in one document are <b>not</b> repeated in another.</p>	<p>The documents must portray information about complex subjects (those that deal with abstract or sensitive issues and lines of enquiry that are dependant on clear reasoning). Subject matter must be challenging with use made of specialised vocabulary where appropriate. This document could be at least <b>1000</b> words long. At Level 3 candidates should have responsibility for selecting and using 'form and style'.</p>
	<p><b>Unit 3</b> A report of the planning of a small-scale health-promotion campaign to promote good health in a care setting.</p>	<p>Guidance at this level can be given for the appropriate format or writing required.</p>	<p>Work must be accurately spelt, punctuated and grammatically correct so meaning is clear. The candidate should not be penalised for <b>one or two</b> errors providing meaning is still clear and mistakes in one document are <b>not</b> repeated in another.</p>	<p>The report must give information about complex subjects (those that with abstract or sensitive issues and lines of enquiry that are dependant on clear reasoning). Subject matter must be challenging (this could relate well to the opportunity identified here) with use made of specialised vocabulary where appropriate. This document could be at least <b>1000</b> words long and be supported with an image. At this level candidates should have responsibility for selecting and using 'form and style'.</p>



Key Skill Detail for ICT Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.1</b> Search for and select information to meet your needs. Use different information sources for each task and multiple search criteria in at least <b>one</b> case:</p> <ul style="list-style-type: none"> <li>select information relevant to the tasks.</li> </ul>	<p><b>Unit 2</b> Relevant research and analysis of <b>two</b> theories that provide guidance about the effects of communication on services users and/or care workers.</p>	<p>Multi criteria searching required for ICT based information into relevant research and analysis of two theories.</p>	<p>ICT based and non ICT based information sources required. This unit could be used to search and select information. The relationship between the information selected and purpose should be clear.</p>	<p>It is unlikely that Level 3 criteria will be met through the banner requirements in this unit.</p>
<p><b>2.2</b> Enter and develop the information to suit the task and derive new information:</p> <ul style="list-style-type: none"> <li>enter and combine information using formats that help development;</li> <li>develop information and derive new information as appropriate.</li> </ul>	<p>Unit 2 A report based on different communication skills used in one health or social care or early years setting. The production of records to show the effectiveness of your communication skills.</p>	<p>Information for these opportunities could develop text and image. New information must have been added from other sources.</p>		<p>As above</p>
<p><b>2.3</b> Present combined information such as text with image, text with number, image with number:</p> <ul style="list-style-type: none"> <li>develop the presentation so that the final output is accurate and shows consistent use of formats;</li> <li>use layout appropriate to the types of information.</li> </ul>	<p>Unit 2 A report based on different communication skills used in one health or social care or early years setting. The production of records to show the effectiveness of your communication skills.</p>	<p>There must be evidence that the work has been saved. There is a requirement for evidence of the purposeful use of e-mail.</p>		<p>It is unlikely that Level 3 criteria will be met through the banner requirements in this unit.</p>

Key Skill Detail for Working with Others Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.1</b> Plan work with others:</p> <ul style="list-style-type: none"> <li>• identify what you need to achieve together;</li> <li>• share relevant information to identify what needs to be done and individual responsibilities;</li> <li>• confirm the arrangements for working together.</li> </ul>	<p><b>Unit 3</b> Evidence of your participation in a small health-promotion campaign.</p>	<p>In a group or team situation the candidate should identify what is being achieved. This could be produced using a plan that clearly shows the objectives, responsibilities and working arrangements, or could be questioned by their assessor.</p>	<p>There needs to be evidence that candidates have shared information with others to identify responsibilities.</p>	<p>It is not envisaged that this opportunity would allow for Level 3 criteria to be met.</p>
<p><b>2.2</b> Work co-operatively towards achieving the identified objectives:</p> <ul style="list-style-type: none"> <li>• organise and carry out tasks safely using appropriate methods, to meet your responsibilities;</li> <li>• support co-operative ways of working to help achieve the objectives for working together;</li> <li>• check progress, seeking advice from an appropriate person when needed.</li> </ul>	<p>Unit 3 Evidence of your participation in a small health-promotion campaign.</p>	<p>Direct observation by the assessor/video or audio recordings, are the most useful forms of evidence.</p>	<p>In particular the assessor should look for evidence of the ways that the candidate has supported working – e.g. shown willingness to help sort out a disagreement, or adapted own behaviour to avoid offending others.</p>	<p>It is not envisaged that this opportunity would allow for Level 3 criteria to be met.</p>

Key Skill Detail for Working with Others Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.3</b> Review your contributions and agree ways to improve work with others:</p> <ul style="list-style-type: none"> <li>• share relevant information on what went well and less well in working with others;</li> <li>• identify your role in helping to achieve things together;</li> <li>• agree ways of improving your work with others.</li> </ul>	<p><b>Unit 3</b> Evidence of your participation in a small health-promotion campaign</p>	<p>In sharing relevant information, the candidate must show that they have listened to and responded appropriately to feedback from others. Evidence for ways of improving – could include statements written or recorded.</p>	<p>The candidate must also be able to identify their own role in helping to achieve things. It is not necessary for the objectives to have been met –but candidates must agree ways of improving work with others.</p>	<p>As above</p>

Key Skill Detail for Improving Own Learning and Performance Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.1</b> Help set targets with an appropriate person and plan how these will be met:</p> <ul style="list-style-type: none"> <li>• provide information to help set realistic targets what you want to achieve;</li> <li>• identify clear action points for each target and you will manage your time;</li> <li>• identify how to get the support you need and arrangements for reviewing your progress.</li> </ul>	<p><b>Unit 2</b> An understanding of the different types of communication used in care settings. The production of records to show the effectiveness of your communication skills.</p>	<p>Candidates must set realistic targets. Identification of clear action points for each target. Evidence is likely to include <b>two</b> plans of short term targets.</p>	<p>Candidates need to identify how to get the support they need and arrangements for reviewing their progress. Plans should <b>not</b> be produced in retrospect.</p>	<p>The opportunities of this unit could be developed to address the assessment requirements at this level. The candidate must provide evidence of setting at least <b>three</b> targets. At this level, it is expected that the candidate will record the plan.</p>
	<p><b>Unit 3</b> Evidence of your own performance when planning and participating in a small health-promotion campaign, evaluating your own performance.</p>	<p>Candidates must set realistic targets. Identification of clear action points for this target. Evidence is likely to include a plan of short term targets.</p>	<p>Candidates need to identify how to get support the support they need and arrangements for reviewing their progress. Plans should <b>not</b> be produced in retrospect.</p>	<p>It is unlikely that this opportunity will address Level 3 criteria.</p>

Key Skill Detail for Improving Own Learning and Performance Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.2</b> Take responsibility for some decisions about your learning, using your plan to help meet targets and improve your performance:</p> <ul style="list-style-type: none"> <li>• use your action points to help manage your time well; revising your plan when needed;</li> <li>• choose ways of learning to improve your performance, working for short periods without close supervision;</li> <li>• identify when you need support and use this effectively to help you meet targets.</li> </ul>	<p><b>Unit 2</b> Understanding of different types of communications skills. The production of records to show the effectiveness of your communication skills</p>	<p>A learning log may be the most useful form of evidence for this component. Other forms of evidence could include records from people who have seen the candidates work and observed how they managed their time.</p>	<p>Assessors should ask the candidate's questions based around Part A, to check awareness of different learning styles.</p>	<p>Candidates are required to manage their time effectively to meet deadlines, revising plans where necessary; choosing ways of learning to improve their performance, working at times independently – at least <b>two</b> different ways of learning should be cited.</p>
	<p><b>Unit 3</b> Evidence of your own performance when participating in a small health-promotion campaign.</p>	<p>A learning log may be the most useful form of evidence for this component. Other forms of evidence could include records from people who have seen the candidates work and observed how they managed their time.</p>	<p>Assessors should ask the candidate's questions based around Part A, to check awareness of different learning styles.</p>	<p>It is unlikely that this opportunity will address Level 3 criteria.</p>

Key Skill Detail for Improving Own Learning and Performance Level 2	Opportunities	Comments	Beware/Pitfalls in Key Skills Standards	Level 3 Enhancement
<p><b>2.3</b> Review progress with an appropriate person and provide evidence of your achievements:</p> <ul style="list-style-type: none"> <li>• identify what you learned, and how you have used your learning in another task;</li> <li>• identify targets you have met and evidence of your achievements;</li> <li>• identify ways you learn best and how to further improve your performance.</li> </ul>	<p><b>Unit 2</b> Evaluating your own performance and making recommendations for improvements.</p>	<p>For each of the <b>two</b> targets, it is expected that the candidate will identify targets they have met and evidence of their achievements. Evidence of what the candidate has said, in context of the communication with an appropriate person, may include records produced by the candidates or person reviewing.</p>	<p>Candidates need to clearly identify how they have used learning from one task to meet another.</p>	<p>In reviewing progress, the candidate must provide information on ways they have used their learning to meet new demands and on factors affecting the quality of their outcome. When reviewing, candidates will establish evidence of their achievements drawn from at least <b>two</b> different ways of learning.</p>
	<p><b>Unit 3</b> Evaluating your own performance.</p>	<p>It is expected that the candidate will identify the target they have met and evidence of their achievements. Evidence of what the candidate has said, in the context of the communication with an appropriate person, may include records produced by the candidate or the person reviewing.</p>	<p>Candidates need to clearly identify how they have used learning from one task to meet another.</p>	<p>It is unlikely that this opportunity will address Level 3 criteria.</p>

# 4 Glossary

Term	Definition
<b>Care Settings</b>	Places where health and social care services are provided. These include, for example, hospitals, day care facilities, residential settings, clinics and clients' own homes.
<b>Care Plan</b>	A package of care that has been put in place for an individual as a result of an assessment of the person's needs.
<b>Care Values</b>	The standards demonstrated by professional care workers when working/interacting with clients. This involves care workers in promoting equality and diversity, maintaining confidentiality and promoting individual rights and beliefs. They are a set of values derived from ideas on human rights. They are put into practice by professional care workers when caring for clients/patients.
<b>Client/Patient</b>	This term is used when providing health and social care to individuals. The term 'patient' is usually applied when a person is specifically receiving <i>health</i> care.
<b>Codes of Practice</b>	A framework which applies to the working practices of professional care workers when working in care settings. These define the quality and standards of care that clients can expect. An example, 'Home Life: A Code of Practice for Residential Care'.
<b>Communication</b>	Oral, written, computerised and special skills used in care settings to share information with others, such as clients, other practitioners, informal carers, etc.
<b>Diversity</b>	This relates to the fact that there are many different people, beliefs and cultures which occur naturally.
<b>Early Years Services</b>	Care and education facilities and services available for infants and children from 0-8 years of age. Examples are pre-schools, nurseries, infants and children's health services.
<b>Ethical issues/Dilemmas</b>	Moral principles about right and wrong behaviour and actions. An ethical issue/dilemma will have two sides of a view, value, opinion. One side will be balanced against the other and there is unlikely to be a right answer. For example, <i>an older person who does not eat properly, wanders around at night and who leaves the gas on, is reported to the social service department by neighbours. The social worker talks to the older person and finds out that while that person could be putting themselves at risk, they do not want to be placed in residential care. Balanced against this is the risk to the neighbours if that person continues to leave the gas on and the disturbance they get from them wandering around in the middle of the night.</i> There is not right answer to the action the social worker should take and so they have an ethical issue/dilemma to resolve.
<b>Facilities</b>	A service or any provision made for use by clients probably helping to make things easier. For example, a mobile clinic for mothers with young children, or the services arranged by providing an advocate for a client with learning difficulties.
<b>Function</b>	An activity of a care setting or organisation. For example, one function of a hospital is to provide medical care. One function of a social service department is to provide care and support.

<b>Term</b>	<b>Definition</b>
<b>Independent Sector</b>	The independent sector is made up of two parts: voluntary and private. These two organisations are not part of the statutory provision of health and care services. The voluntary sector's funding originates mainly from donations and contracts. Private funding originates mainly from direct payments by the client and from insurance payments.
<b>Informal Carer</b>	A person who is looking after an individual and who is not paid to do so. The person who is caring is often a relative, friend or neighbour who is probably not professionally trained in caring.
<b>Key Worker</b>	The person who has the main responsibility for relating to the client. This person is the main point of contact for a client.
<b>Key Roles</b>	The main job responsibilities of a key worker.
<b>Life Events/Changes</b>	Major occurrences that happen during the life stages of human growth and development. For example, starting school and retirement are considered to be expected life events/changes because it happens to all individuals. Serious illness could be considered to be an unexpected life event if they cannot be predicted.
<b>Organisation</b>	A variety of services which is organised by one main provider or organisation, for example a hospital which provides a variety of health services and facilities or social services residential department which provides services for older people and children.
<b>Policy</b>	Procedures and requirements which must be followed by professional care workers in health and social care settings. Policies could be in place in response to legislation or to ensure that quality is maintained. Examples of policies are: health and safety, disciplinary, employment, etc.
<b>Producing a Plan</b>	This is usually required in an <i>applied</i> context. For example, a plan for improving an individual's health. The plan must be suitable for the individual chosen and should be in an appropriate form. For example, a plan for a child should have illustrations and suitable vocabulary. A plan usually has an order or logical sequence with appropriate targets or timings.
<b>Providers</b>	Usually this term is used to indicate that the service or professional actually carries out the care or implements the service required. A hospital, for example, is a provider when it is providing a service to carry out 50 hip replacement operations.
<b>Purpose</b>	A term, used with the specifications, which requires information an aim which has an outcome. It is the intended direction. For example, the purpose of a hospital is to restore individuals to health or to provide remedial treatment which will result in improved quality of life.
<b>Report</b>	A report has an introduction, a middle, conclusions and recommendations (detailed support on this is available in a separate <a href="#">guidance document</a> ). If the task bar asks for a report, this is the format that it should take. However, a report could be a straightforward written product or in the form of a resource pack or guide, for example, as long as there is a clear introduction, a middle (e.g. the resource pack), conclusions and recommendations. The latter is required at AS/A2 level.
<b>Risk Assessment</b>	A survey, usually of a care settings, to make sure that risks/hazards are identified and steps taken to reduce the risk of accidents or fire.



Term	Definition
<b>Referral</b>	The method used to forward a person on to another who may be more experienced or qualified to deal with the situation. A person can self-refer – seek help from a professional care worker or GP. A practitioner such as a GP could make a professional referral to another practitioner, such as a consultant. A neighbour could report a concern to a social service department. This would be referral by another or third party referral.
<b>Service</b>	The provision of activities that are usually beneficial to others. For example, a day care centre for older people is a service provided by the Local Authority Social Service Department, to give support to individuals who wish to continue to live in their own homes.
<b>Statutory</b>	Law. This usually refers to a service which must be provided by the NHS or Statutory Local Authority as the result of an Act of Parliament.
<b>The Care Management Process</b>	A cyclical process in which needs are assessed, services are delivered in response, needs are reassessed leading to a changed service response.
<b>Witness Statement/ Record of Observation</b>	A document which clearly sets out an assessors comments which have resulted from watching performance evidence of a candidate. The record should show exactly what has been achieved and the quality of the standard achieved. For example, vocabulary used, pace, body languages, etc. The points listed on the recording document should exactly match the specification requirements.

## 5 Command verbs

<b>Analyse</b>	Separate information into components and identify their characteristics.
<b>Apply</b>	Put into effect in a recognised way.
<b>Argue</b>	Present a reasoned case.
<b>Assess</b>	Make an informed judgement.
<b>Comment</b>	Present an informed opinion.
<b>Compare</b>	Identify similarities.
<b>Consider</b>	Review and respond to given information.
<b>Contrast</b>	Identify differences.
<b>Criticise</b>	Assess worth against explicit expectations.
<b>Debate</b>	Present different perspectives on an issue.
<b>Deduce</b>	Draw conclusions from information provided.
<b>Define</b>	Specify meaning.
<b>Describe</b>	Set out characteristics.
<b>Discuss</b>	Present salient points.
<b>Estimate</b>	Assign an approximate value.
<b>Evaluate</b>	Judge from available evidence.
<b>Examine</b>	Investigate closely.
<b>Explain</b>	Set out purposes or reasons.
<b>Explore</b>	Investigate without preconceptions.
<b>Illustrate</b>	Present clarifying examples.
<b>Identify</b>	Name or otherwise characterise.
<b>Justify</b>	Present a reasoned case.
<b>Interpret</b>	Translate information into recognisable form.
<b>Outline</b>	Set out main characteristics.
<b>Prove</b>	Demonstrate validity on the basis of evidence.
<b>Relate</b>	Demonstrate interconnections.
<b>Review</b>	Survey information.
<b>State</b>	Express in unequivocal terms.
<b>Summarise</b>	Present principal points without detail.

# 6 How to produce a guide

Candidates are required to produce guides for AS portfolio units 5 and 6.

The following information is provided as guidance but should not be considered definitive – it is expected that candidates producing guides of an AS standard may not follow the exact format described in this section.

## 6.1 What is a guide?

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A guide is something which can be handed to the intended recipient(s) to be used as an information giving and problem-solving resource. It should contain information which is relevant to the recipient(s), fit for purpose and be presented in a manner which allows ease of access to information.

A guide therefore needs to be:

- concise;
- understandable;
- precise;
- logically structured;
- attractive;
- aimed at the reader.

## 6.2 Before producing the guide...

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It is important to consider WHO you are aiming the guide towards and WHY.

Key questions for candidates to ask themselves:

- Who wants the guide?
- Why do they want it?
- What are they going to do with it?
- What do they want it to cover? (Refer to the amplification section of the unit specification.)

## 6.3 Planning

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It is important to start off by mind-mapping what you have been asked to do:

- Write down the purpose of the guide in the middle of a piece of A4 paper.
- Write down the key ideas/phrases that link to the purpose of the guide.
- Group pieces of information under the key ideas, connecting them by links.

- Review the plan, adding or deleting points where necessary.
- Check that you have done what the task requires.
- Look for a simple structure which is also attractive to users, and order the key ideas. These will each make up a section of your guide (it is recommended that candidates structure the guide using the assessment objective tasks from the banner of the unit assessment evidence grid).

### **Research**

- Be aware of WHO will be using the guide.
- What format/layout will be most beneficial to this group?
- Research what this group needs to know.
- Check existing knowledge, i.e. what you know already, and what you need to find out.
- Order the notes and group together points based on your original plan.
- Check that you have done what the banner requires.

## **6.4 Writing the report**

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### **Structure**

There is no set/recommended structure for a guide. However, candidates must be aware that a guide is something which can be used by the intended individual(s); therefore, it should be in a format which makes information easily accessible and in a language which would be suitable for the user. We would recommend:

- an introduction;
- contents page;
- main text divided into small, easily accessed/read sub-sections (each sub-section using the AO1, AO2, AO3, AO4 strands);
- sources of additional information;
- FAQs (optional).

### **Introduction**

This sets the scene and should include the following:

- What is the objective/purpose of the guide?
- Who is the guide suitable for?
- What resources are available?
- Which sources were used?
- Limitations (for A2 level only).
- Structure of the guide.

### **Contents page**

A comprehensive list of what is included in the guide and where the information can be found.

## Main text

This is the body of the guide, covering AO1 through to AO4. It consists of the information candidates are providing for the user, and how it will benefit the user. It should not include opinions, conclusions or recommendations.

## References

These should list bibliographical details of all the materials mentioned in the text, or extracts quoted. We recommend the British Standard or Harvard method of referencing.

## Bibliography

Includes bibliographical details of all the materials mentioned in the references, plus other materials used but not referred to in the main body of the guide. This is not always necessary, particularly if the Harvard referencing system is used.

## Glossary (optional)

Only useful if the guide uses a lot of technical vocabulary to give definitions or acronyms.

## 6.5 Style and structure

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- Match the style to the reader – the key is to make the guide concise and appealing.
- **Sentences** – Keep them short, no longer than 25 words.
- **Paragraphs** – Keep the number of paragraphs down – guides should be ‘easy on the eye’ and avoid the use of continuous, bulky text as far as possible. Bullet points should support paragraphs as they are easier to access. Paragraphs should concentrate on one theme; the first sentence should summarise the topic of the paragraph, paragraphs should be connected with link words so that they carry the reader along.
- **Illustrations** – A useful tool in a guide as they can impart visually what is often difficult to convey verbally.
- **Summary** – Summarise each section of the guide with one or two sentences to form a short conclusion.
- **Writing order** – Main body, introduction, then (glossary, references, bibliography, contents – in no particular order), summary and cover page.

## 6.6 After writing the guide

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Check the guide for:

- Completeness.
- Accuracy.
- Layout.
- Spelling (proof read manually, not just spell-check).
- Numbering of sections.
- Page numbering.
- Illustrations.
- Check the guide follows the plan (if applicable), and addresses the requirements of the assessment evidence grid.

# 7 How to write a report

Candidates are required to produce reports for AS portfolio units 2, 3, 7 and 8.

This information is provided as guidance for writing a report, but should not be considered definitive – it is expected that candidates producing reports of an AS standard may not follow the exact format described in this section.

## 7.1 What is a report?

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A report is a document which defines a subject or problem, and gathers relevant information and facts in order to present them as completely and accurately as possible. Reports for this specification will include analysis, judgement, conclusions and recommendations.

A report therefore needs to be:

- concise;
- understandable;
- precise;
- logically structured;
- descriptive;
- aimed at the reader.

## 7.2 Before writing the report...

---

It is important to consider WHO you are writing the report for and WHY.

Key questions for candidates to ask themselves:

- Who wants the report?
- Why do they want it?
- What are they going to do with it?
- What do they want it to cover? (Refer to the amplification section of the unit specification)
- What will happen as a result of the report?

A report should have a clear objective, i.e. what are you trying to achieve.

**A clear objective = a clear focus = easier to write.**

## Planning

It is important to start off by mind-mapping what you have been asked to do:

- Write down the purpose of the report in the middle of a piece of A4 paper.
- Write down the key ideas/phrases that link to the purpose of the report.
- Group pieces of information under the key ideas, connecting them by links.
- Review the plan, adding or deleting points where necessary.
- Check that you have done what the task requires.
- look for a simple structure, and order the key ideas. These will each make up a chapter of your report (*it is recommended that candidates structure the report using the Assessment Objectives tasks from the banner of the Assessment Evidence Grid*).

## Research

- Check existing knowledge, i.e. what you know already, and what you need to find out.
- Record the research methods used.
- Record the sources used.
- Make notes from the sources, and make sure these are referenced as you go along, as this saves time and difficulties later on.
- Order the notes and group together points based on your original plan.
- Check that you have done what the banner requires.

## 7.3 Writing the report

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### 7.3.1 Structure

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#### Title page

This highlights the central theme of the report, and includes the unit number/title, title of the report, candidate name, centre name/number, date.

#### Acknowledgements (optional)

Conveys thanks to those who have assisted the candidate in the preparation of the report, e.g. a care worker/service user.

#### Contents

Lists the main sections and sub-sections of the report in sequence. The headings should be identical to those used in the report, together with the page number. A list of illustrations and appendices should be detailed. It is better to complete this section after writing the report, e.g.

Section	Title	Page no.
1	Introduction	1
	1.1 Aims and Objectives	1
	1.2 Review of literature	1

2	AO1 evidence that you...	2
3	AO2 applying knowledge and...	8
4	AO3 relevant research...	14
5	AO4 evidence of...	18
	etc.	

### **List of Illustrations**

Figure 1	Graph showing...	3
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### **Appendices**

Appendix A Title

Appendix B etc.

### **Introduction**

This sets the scene and should include the following:

- Why the report was written/background?
- Terms of reference – determines the scope or parameters of the report, and what it is candidates are trying to do (objective, purpose and use).
- Method of investigation
- Resources available
- Sources used
- Limitations (not for AS level)
- Structure of report

### **Main text**

This is the main substance of the report, covering AO1 through to AO4. It consists of data candidates have found, and what they have found out from it. It should not include opinions, conclusions or recommendations. This is the longest section of the report.

### **Conclusion**

This should link the terms of reference (what candidates are trying to do) with the findings to assess the facts. It draws together the main points of the report, presents an overview, and looks at future consequences. No new data should arise here. A conclusion will include recommendations, if these are requested in the assessment evidence grid.

### **Recommendations**

These should follow logically on from the conclusion, and be specific, measurable and achievable. They should propose how the situation/problem could be improved by stating the action to be taken. Ideally, recommendations should be numbered.

### **Appendices**

These will consist of supplementary information not required for the main body of the report.



## References

These should list bibliographical details of all the materials mentioned in the text, or extracts quoted. We recommend the British Standard or Harvard method of referencing.

## Bibliography

Includes bibliographical details of all the materials mentioned in the references, plus other materials used but not referred to in the main body of the report. This is not always necessary, particularly if the Harvard referencing system has been used.

## Glossary (optional)

Only useful if the report uses a lot of technical vocabulary to give definitions or acronyms.

## 7.3.2 Style

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- Match the style to the reader – the key is to keep the report concise and simple.
- **Sentences:** Keep them short, no longer than 25 words.
- **Paragraphs:** Concentrates on one theme; the first sentence should summarise the topic of the paragraph. Paragraphs should be connected with link words so that they carry the reader along.
- **Tense:** Reports are normally written in the past tense and in the third person, i.e. it is recommended that... However, candidates could use 'I' if it is appropriate (for conclusions, recommendations, etc.).
- **Illustrations:** Only include these in the main body of the report if fundamental to the text, or referred to several times. Otherwise, candidates should place them in the appendix (clearly indicate where this can be found within the text).
- **Summarise:** each section of the report with one or two sentences to form a short conclusion.
- **Writing order:** Main body, conclusion, recommendations, introduction, then (appendices, glossary, references, bibliography, contents – in no particular order), summary and title page.

## 7.4 After writing the report

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Check the report for:

- Completeness.
- Accuracy.
- Layout.
- Spelling (proof read manually, not just spell-check).
- Numbering of sections.
- Page numbering.
- Illustrations.
- Check that the report follows the plan (if applicable), and addresses the banner of the assessment evidence grid.

## 8 Additional resources – websites

BBC	<a href="http://bbc.co.uk">http://bbc.co.uk</a> (Follow the links to health pages)
British Complementary Medicine Association	<a href="http://www.bcma.co.uk/">http://www.bcma.co.uk/</a>
British Heart Foundation	<a href="http://www.bhf.org.uk/">http://www.bhf.org.uk/</a>
British Medical Journal	<a href="http://bmj.bmjournals.com/">http://bmj.bmjournals.com/</a>
Care and Health	<a href="http://www.careandhealth.com/public/Index.aspx">http://www.careandhealth.com/public/Index.aspx</a>
Care Homes	<a href="http://www.bettercaring.co.uk/">http://www.bettercaring.co.uk/</a>
Caring for Older People	<a href="http://www.caredirections.co.uk/">http://www.caredirections.co.uk/</a> <a href="http://www.carechoices.co.uk/html/index.html">http://www.carechoices.co.uk/html/index.html</a>
Child Accident Prevention Trust	<a href="http://www.capt.org.uk/">http://www.capt.org.uk/</a>
Community care	<a href="http://www.communitycare.co.uk">http://www.communitycare.co.uk</a>
Complementary Medical Association	<a href="http://www.the-cma.org.uk/">http://www.the-cma.org.uk/</a>
Complementary Medicine Practitioners	<a href="http://www.igpp.co.uk/home/default.asp">http://www.igpp.co.uk/home/default.asp</a>
Department of Health	<a href="http://www.dh.gov.uk/Home/fs/en">http://www.dh.gov.uk/Home/fs/en</a>
Doctor Patient Partnership	<a href="http://www.dpp.org.uk/">http://www.dpp.org.uk/</a>
Federation of Holistic Therapists	<a href="http://www.fht.org.uk/">http://www.fht.org.uk/</a>
Food and Exercise	<a href="http://www.nutrition.org.uk/home.asp?siteId=43&amp;sectionId=s">http://www.nutrition.org.uk/home.asp?siteId=43&amp;sectionId=s</a> <a href="http://www.eatwell.gov.uk/">http://www.eatwell.gov.uk/</a> <a href="http://www.healthyliving.gov.uk/">http://www.healthyliving.gov.uk/</a> <a href="http://www.5aday.nhs.uk/">http://www.5aday.nhs.uk/</a> <a href="http://www.foodfitness.org.uk/">http://www.foodfitness.org.uk/</a> <b>Excellent!</b> <a href="http://www.jointheactivators.org.uk/">http://www.jointheactivators.org.uk/</a> <a href="http://www.eating4health.co.uk/">http://www.eating4health.co.uk/</a> <a href="http://www.heartresearch.org.uk/healthy_lifestyles.htm">http://www.heartresearch.org.uk/healthy_lifestyles.htm</a>

General:	<a href="http://www.patient.co.uk/topics.asp">http://www.patient.co.uk/topics.asp</a> <b>Excellent!</b> <a href="http://www.healthnet.org.uk/">http://www.healthnet.org.uk/</a> <a href="http://www.mindbodysoul.gov.uk/">http://www.mindbodysoul.gov.uk/</a> <b>Excellent!</b> <a href="http://www.studenthealth.co.uk/">http://www.studenthealth.co.uk/</a>
Generation Youth Issues	<a href="http://www.generationyouthissues.org.uk/">http://www.generationyouthissues.org.uk/</a>
Health & Safety	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Accidents/fs/en">http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Accidents/fs/en</a>
Health and Safety Executive	<a href="http://www.hse.gov.uk/">http://www.hse.gov.uk/</a>
Health Development Agency	<a href="http://www.hda-online.org.uk/">http://www.hda-online.org.uk/</a>
Health Promotion	<a href="http://www.healthyliving.gov.uk/">http://www.healthyliving.gov.uk/</a>
Health Promotion	<a href="http://www.kingsfund.org.uk/">http://www.kingsfund.org.uk/</a>
Health Promotion (alcohol)	<a href="http://www.downyourdrink.org.uk/main.php">http://www.downyourdrink.org.uk/main.php</a> <a href="http://www.drinkaware.co.uk/">http://www.drinkaware.co.uk/</a> <a href="http://www.wrecked.co.uk/">http://www.wrecked.co.uk/</a>
Health Promotion (alcohol, drug, tobacco)	<a href="http://www.fastforward.org.uk/">http://www.fastforward.org.uk/</a>
Health Promotion (drugs)	<a href="http://www.hopeuk.org/">http://www.hopeuk.org/</a> <a href="http://www.lifeeducation.org.uk/">http://www.lifeeducation.org.uk/</a> <a href="http://www.drugprevent.org.uk/">http://www.drugprevent.org.uk/</a> <a href="http://www.talktofrank.com/">http://www.talktofrank.com/</a>
Health Promotion (schools)	<a href="http://www.wiredforhealth.gov.uk/">http://www.wiredforhealth.gov.uk/</a>
Health Promotion (sexual)	<a href="http://www.fpa.org.uk/">http://www.fpa.org.uk/</a>
Health Promotion/Campaigns	<a href="http://www.dpp.org.uk/health.asp?subsection=memlatest">http://www.dpp.org.uk/health.asp?subsection=memlatest</a>
Health Service and Public Health issues	<a href="http://www.healthmatters.org.uk">http://www.healthmatters.org.uk</a>
Her Majesty's Stationery Office	<a href="http://www.hmsso.gov.uk">http://www.hmsso.gov.uk</a>
Institute for Complementary Medicine	<a href="http://www.i-c-m.org.uk/">http://www.i-c-m.org.uk/</a>
Internet Health Library	<a href="http://www.internethealthlibrary.com/">http://www.internethealthlibrary.com/</a>
National electronic library for health	<a href="http://www.nelh.nhs.uk/hth/archive.asp">http://www.nelh.nhs.uk/hth/archive.asp</a>
NHS	<a href="http://www.nhs.uk/">http://www.nhs.uk/</a>
Royal Society for the Prevention of Accidents	<a href="http://www.rospa.com/">http://www.rospa.com/</a>

The Centre for Complementary and Integrated Medicine	<a href="http://www.complemed.co.uk/">http://www.complemed.co.uk/</a>
The Community Care act explained	<a href="http://www.infosci.org/MS-UK-MSSoc/pubcca.html">http://www.infosci.org/MS-UK-MSSoc/pubcca.html</a>
The legacy of community care	<a href="http://news.bbc.co.uk/1/hi/health/442807.stm">http://news.bbc.co.uk/1/hi/health/442807.stm</a>

## 9 Additional resources – texts

The following books/resources have been suggested as useful tools when delivering GCE.

They are not *recommended* or for *set text books*, but reference books from which candidates could select information to help them with their research.

Internet Search Engines that have proved to be useful for all levels include: Google, Jeeves and Yahoo.

<b>Title</b>	<b>Author</b>	<b>Publisher</b>
A Practical Guide to Equal Opportunities	Hyacinth Malik	Stanley Thornes
Equal Opportunities in Practice	Jennie Lindon	Hodder and Stoughton
Communication and Interpersonal Skills for Health and Social Care	M Portch	Hodder and Stoughton
Human Relationship Skills	R Nelson-Jones	Cassell
Finding Out About Society	Lynn Williams	Collins
Complete Family Health Encyclopaedia	The British Medical Association	Dorling Kindersley
Understanding Biology for Advanced Level	G and S Toole	Stanley Thornes
A Level Biology Study Guide	G and S Toole	Letts
Educational Psychology A Developmental Approach	N Sprinthall et al	McGraw-Hill
Child Care and Education	P Tassoni	Heinemann
Wellards NHS Handbook 2000/01	Peter Merry	JMH
Inside the Caring Services	D Tossel and R Webb	Edward Arnold
How to Do Social Research	A Dunsmuir and Lynn Williams	Collins
Health Promotion Foundations for Practice	Jennie Nadoo and Jane Wills	Bailliere Tindall
Promoting Health A Practical Guide	Eweles and Simnett	Scurari Press
The complete A-Z of Health and Social Care	J Richards	Hodder and Stoughton
Caring for People	J Richards	Stanley Thornes
Child Care and Development (3rd Edition)	Pamela Minett	J Murray
Good Practice in Caring for Young Children with Special Needs	Angela Dare and Margaret O'Donovan	Stanley Thornes
Caring for People with Disabilities	A Skelt	Pitman Publishing
Caring for Older People	Jacci Stoye	Stanley Thornes
NVQs in Nursing and Residential Homes	L Nazarko	Blackwell Science
Childcare and Education	T Bruce and C Meggitt	Stanley Thornes
Educational Psychology A Developmental Approach	N Sprinthall <i>et al.</i>	McGraw-Hill

<b>Title</b>	<b>Author</b>	<b>Publisher</b>
Early Years Education	P Tassoni	Heinemann
Understanding Social Policy	M Hill	Blackwell
Social Trends		HMSO
Investigating Families and Households	N Jorgensen	Collins
Family, Household and The Life Course: Studies in British Society	A Warde and N Abercrombie	Framework Press
Advanced Human Biology	J Simpkins and J I Williams	Collins Educational (0 003 22290 X)
Alternative Medicine	Godfrey Cave	Godfrey Cave / Claremont (1 854 71071 0)
The Biology of Disease	Jonathan Phillips, Paul Murray and Paul Kirk	Blackwell Science
Human Form and Function	Pamela Winett, David Wayne and David Rubinstein	Collins Educational (0 003 22303 5)
Health Sciences	Pamela Winett, David Wayne and David Rubinstein	Collins Educational (0 003 27834 4)
Human Health and Disease	Ann Fullick	Heinemann Educational Secondary Division (0 4.5 57091 9)

# 10 Assignment writing

## 10.1 Why write assignments?

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Assignments provide a structure within which the requirements of the assessment evidence grid can be met. They provide the opportunity to take a holistic approach to assessment requirements, rather than adopting a piecemeal approach. An assignment should:

- set the assessment evidence in a realistic occupational/vocational context;
- provide a vehicle for motivating and stimulating candidates to achieve the full requirements of the assessment evidence grid;
- focus the candidates attention on the **outcomes** required, without being too prescriptive;
- provide the opportunity for candidates to apply the knowledge they have acquired in the *What You Need to Learn* section in a given context;
- provide the opportunity for candidates to produce different types/forms of evidence, for example, paper based evidence, audio/video etc.;
- provide a framework within which candidates can produce evidence.

## 10.2 What makes a good assignment?

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- Setting the assignment in the relevant vocational context, not beyond the candidates' experience. For example, 'Conducting research for a politician...' would not be appropriate to candidates at any of the levels as it is beyond their experience and beyond the level.
- The assignment should allow the candidate to meet *all* the requirements of the assessment evidence grid.
- The depth of verb given within each criterion in the assessment evidence grid should not be changed. For example, if the verb in the criteria states *describe* the task should not require the candidate to *identify* as the appropriate depth of response cannot be met by the candidate.
- The assignment should provide the candidate with the opportunity to *apply* knowledge and skills in given contexts. For example, if the task bar requires that **one** organisation should be studied, all the information given should be applied to the **one** organisation chosen by the candidate and should not be generic.
- The time scales for the assignment should be given and these should be realistic. They should include start and target dates. The candidates need to know about the deadlines. When planning target dates, teachers should take into consideration other time pressures candidates may have, for example, projects for GCSE or other GCEs.
- Opportunities for differentiation should be provided. Activities set should allow for flexibility, for those candidates who wish, or who are able to develop ideas. This will allow scope for the candidate to meet the assessment objectives of *independence* and *originality* which is a requirement for the higher mark bands.
- The language used within the assignment should be appropriate for the level.

- Opportunities within the assignment enable candidates to link with specialists from the occupational sector either through visits or inviting specialists into the centre or through work experience.
- Resources in terms of staffing, expertise and materials can be accessed by candidates.
- Additions to the requirements of the assessment evidence grid should *not* be included.
- Notes or guidance for working the assignment should form an appendix, if they are needed.

## 10.3 Preparing to write the assignment

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### Read the banner carefully

Make sure the requirements have been interpreted correctly. For example, Unit 2: *Communication in care settings*, the requirement of the banner is:

“... produce a report based on the different communication skills used in **one** health or social care or early years setting.”

Candidates need to realise that communication skills includes oral, written, computerised and any special forms of communication that may be used, such as Makaton.

They will also need to be clear about what constitutes an early years setting. For example, this usually means an education or care service or facility for children up to the age of eight.

### Interpret each criterion

Examine the requirement of each criteria making sure the depth of the verb is clearly considered. It is possible that teachers may wish to issue and discuss a glossary showing the hierarchy of verbs used and their meaning (see [HSC28\\_verbs.pdf](#) on this CD-ROM).

### Read the amplification grids

This section of the specifications gives clear guidance to teachers about how to make judgements when considering candidate evidence. It shows how to distinguish between the mark bands.

### Think about a format for the assignment

Is the assignment for a first assignment? If it is, then a task based approach may be more suitable. If not, then a more open ended, non-task based approach is better in order to provide the opportunity for independence and originality. Some candidates may wish to write their own assignments once they have understood the process.

### Think about a *context* for the assignment

What would make a suitable occupational link? For example, a report for a voluntary organisation who are training informal carers or some research for the Community Health Council.

### Plan Key Skills opportunities

If applicable; see [HSC26\\_keyskills.pdf](#).

## 10.4 Guidance for writing assignments

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**Where possible write the assignment with the whole teaching team**



It is always worth having an independent person check out the work against the assessment evidence grid.

### **Make sure the unit title is given**

For example: Unit 2: *Communication care settings*.

### **Give the assignment a title**

For example: Communication in Care Settings.

### **Choose an outcome that suits the assessment evidence grid**

Also choose an outcome which is not too prescriptive e.g. a Resource Pack **or** a Guide **or** Series of Aids **or** a Training Pack. For example Unit 2: *Communication in care settings*: “You have been asked to produce a *resource pack*...”

### **Decide who is to be the target audience**

For example, “You have been asked to produce a resource pack *which can be used when training health and social care workers in care settings...*”. The focus of the resource pack is to demonstrate the different forms of communication used in a care setting and to show how effective oral communication skills are developed and implemented by care practitioners.

### **Consider who or what is to be the occupational link**

For example, who has asked for this? Possible occupational links could be the Health Promotion Team, a local GP practice or the Voluntary Sector.

For example, “You have been asked by a *training organisation*...”

### **Write the opening scenario making sure that it gives the outcome, the target audience and the occupational link**

This should be approximately three or four lines. For example, the opening scenario could read:

“You have been asked by a training organisation to produce a resource pack *which can be used when training health and social care workers in care settings*. The focus of the resource pack is to demonstrate the different forms of communication used in a care setting and to show how effective oral communication skills are developed and implemented by care practitioners.”

# 11 Interviews with care workers

## 11.1 Interviews

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### 11.1.1 Interview with a Physiotherapist

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My work is done at the hospital. I start at 9 a.m. and usually work until 5.30 p.m. I start the day by planning and selecting the exercises for each client that I am to see during the day. After each session with a client I write up brief notes about what exercises we have done and how well they were achieved. At the end of the day I write up my records in detail on the computer so that they can be easily referenced. No-one can access these records unless they have the correct password.

In order to be a physiotherapist I had to obtain a degree and a post graduate qualification. My post graduate qualification is in Remedial Gymnastics.

My work is quite varied depending on the needs of the client. I use exercise, heat and massage to help improve and strengthen clients' movements and muscles. I try to encourage independence in clients by encouraging them to meet targets. I hope the treatment I am able to give will improve the quality of their lives. I explain to the clients what the exercise will do to help them. When telling them about the exercise I have to make sure they have understood the instructions, so I make sure that I speak at an appropriate pace and use vocabulary that they understand. I also have to be sensitive about the cultural needs of the client. I make sure that appointments are not made when it is a person's prayer time for example. A Physiotherapist needs to have effective communication skills so that they build a trusting relationship with the client.

The actual physiotherapy appointments start at 10 a.m. Sometimes I will have two or three clients at the same time. These clients may have similar needs, for example, recovering from a broken leg or arm. Clients sometimes say they do not want to join in the exercises. When this happens I have to make sure that I maintain their rights. I try to be cheerful and give them information about how the exercises will help. Then I let them make the choice about what they want to do.

A session will last for about an hour, so I have two sessions between 10 a.m. and 11 a.m. After that I will visit one of the wards and do some shorter sessions with clients who are confined to bed. These usually last for about 15 minutes for each client. I try to help people who have had back operations or serious accidents. I often give some massage treatment but I have to be sure that I have the client's consent and that they are told about the advantages and disadvantages of any treatment.

Lunch is from 1 p.m. to 2 p.m. After lunch I spend three quarters of an hour with clients on the maternity ward. Most women will want to join in the exercises in order to get their figure back. We do exercises that will strengthen the pelvic muscles and bladder. I have to make sure that I maintain the client's dignity, particularly those who have had a caesarean delivery.

After this session I go back to group or individual exercises with clients who are outpatients.

One session is usually for older people. It is important to be cheerful in my work as this will encourage clients. At about 4.45 p.m. I generally do the typing up of records and preparation for the next day.

### 11.1.2 Interview with a Nursery Nurse working in a nursery

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My main job role is to take responsibility for children at the nursery. We take children from two to five years of age. This means that we have to change them, wash, and feed them as well as supervising their play. We have story time and a sing along as well as lots of creative activities for the children to do.

I have an NVQ in Child Care at Level 3 besides having a nursery nurse qualification. I got my NVQ while doing this job.

I start work around 8.30 a.m. and work through until 5 p.m. Most of the children stay with us for the whole day, but some leave at lunch time while others join us. Most of their parents are at work and we look after the children while they are away. We have to be quite sure that we know what each individual child is allowed to do or eat. We also have to be sure that we have a contact number for the parents in case of an emergency.

The children's names and family records are kept on computer, but only two of us have access to the information.

When I arrive at 8 a.m. we have a short staff meeting to sort out who is taking responsibility for various activities during the day. The younger children are cared for in another room as the older children are too boisterous for them. I am going to concentrate on the day for the three to five year olds as these are the children I directly supervise.

After the staff meeting we get out all the equipment and activities ready for when the children arrive. The first come in at about 8.30 a.m. and the last arrives around 9 a.m.

We greet each child individually and make sure we have asked the parent about any special things that have happened or they want us to do. It is very important that we make sure the parents' wishes are followed and that we establish trusting relationships with the parents. As the children arrive, a register is kept so that we know exactly which children are in the building. The parents know that they must actually hand the child to a member of staff and not just leave them to play.

Each helper looks after three children if they are over three years old, but those who look after the children who are between two and three years only have two children to care for. This is because they are more dependent.

At 9.30 a.m. the three to five year olds all join together for 'Start of the day'. I lead this and we all greet one another. We have to make sure that the cultural needs of each child are observed when we are greeting one another. We have different poems and short sayings read out each day during the greeting. This session usually lasts for fifteen minutes.

We then divide into groups for the different activities. Some children will paint, some will stick and glue, some will colour. Each helper supervises an activity. We make sure there are lots of different materials, from a range of cultures, for the children to use.

At 11 a.m. there is a drinks break. The children sit in a circle and have a drink and a piece of fruit.

At 11.15 a.m. we have 'story time'. This is led by one of the staff but the children join in and take part in the actions or mime.

Before lunch we have 'large activity' which means the slide and trampoline are brought out and all the large tractors and cars. The children can go outside if they wish. Sometimes we organise a walk to the park to find things for the 'interest table'.

The children love the dressing up corner and the home corner. We provide toys that would be used by people from different cultures so that the children can learn about other ways of living and dressing.

After lunch the children lie down on their mats for rest time. Quiet music is played to help them relax. Each day a tune from a different culture is played. We try to be sensitive to the needs of all children whatever their race, creed or colour.

The children can choose which activity table they sit at in the afternoon. Some activities are different from those provided in the morning. Sometimes we have some cooking or papier mache work for the older ones.

Around 4 p.m. we have a sing along for five minutes before the free play that ends the day. Parents arrive at different times but the staff try to communicate with each one as they arrive to give them information about how their child has coped. If we are doing a special activity we will give an information leaflet to the parent a few days before the event. This leaflet has information in three languages so that the parents can understand exactly what we are planning to do. For some, English is not their first language, and we think the information should be available to all the parents who use the nursery.

At the end of the day all the equipment has to be packed away as the hall is used by different groups in the evening.

I enjoy working with the children. It is very satisfying to watch them develop and become more independent and confident.

### 11.1.3 Interview with a Care Assistant working in a Residential Home:

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My day starts at 7 a.m. giving the residents a cup of tea and their medication, while they are still in bed is my first task.

Next I help get the residents out of bed, then wash and dress them. I always ask them if they would like help with washing. If I am helping, I make sure I ask them which parts they would like me to wash first, for example, hands or face. I always tell them what I am about to do so that they are not surprised or frightened. When they are washed I open the wardrobe and ask them what they would like to wear. I think it is important that they are given a choice. I have to get three residents up each morning. I get to know these people very well and we often have a laugh about the different things that happen in the home.

When they are dressed I take the residents to the dining room for breakfast. This is served between 8.30 a.m. and 9.30 a.m. I ask each one what they would like but I make sure they know what choices they have first. One resident needs feeding. I ask her what she would like to eat first and tell her what I have on the spoon. The feeding takes some time as the resident cannot swallow very quickly. I try to make sure the feeding maintains the client's dignity, by not spilling food down her chin or on her clothes.

When clients request, I take them to the toilet. I make sure that the door is not left wide open and stand where I can hear them calling but give them enough space to maintain their dignity. When the residents are settled in the lounge, this is usually by 10 a.m., I help to clear the table. Then I tidy the residents' rooms ready for the domestic staff to clean. Some residents like me to read the morning paper to them, or help them to write a letter. One lady likes knitting, but she is always dropping stitches and cannot pick them up, so I help with this. The morning seems to go quite quickly.

Lunch is served at 12.30 p.m. Before this, I lay the tables and help to get the residents seated. They choose their menu the day before so I help to bring in the food and then I feed the resident who needs help.

Once lunch is over I help the residents back to the lounge, but some go back to their rooms for a 'nap'. I have my lunch at this time.

In the afternoon, I might take one or two residents for a walk around the garden. If it is wet we play cards. They like Whist. On other occasions, we play Scrabble or Snakes and Ladders. Saturday afternoon is always a bingo session for those that want to join in.

Tea is served at 5 p.m., but I go off duty at this time. I have to hand over to another care assistant. When doing this I have to make sure that I go through the notes that I have made during the day so that the person taking over knows exactly what has happened.

I am taking my NVQ in Care while I am working. I go to college for one day each week. Before I worked at the residential home I took a VCE in Health and Social Care at the college.

## 11.2 The care values

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The care value base is particularly important in care work, it is derived from ideas about human rights and is informed by the rights granted in UK legislation. The care value base is a way of putting rights into practice.

The care value base has three component parts:

- fostering people's rights and responsibilities;
- fostering equality and diversity;
- maintaining confidentiality.

It is a statement of the values that underpin practice.

### 11.2.1 Fostering/promoting people's rights and responsibilities

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The rights of individuals include:

- the right to be different;
- freedom from discrimination;
- confidentiality;
- choice;
- dignity;
- effective communication;
- safety and security.

### 11.2.2 Fostering/promoting equality and diversity

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This includes:

- understanding prejudice, stereotyping, labeling and their effects;
- understanding the values and benefits of diversity;
- understanding the basis of discrimination, such as gender, race, age, sexuality, disability or social class;
- understanding own beliefs, assumptions and prejudices.

### 11.2.3 Maintaining confidentiality

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Confidentiality is important for building trust between clients and carer and for protecting the safety of the client.

This includes the legal framework of:

- Data Protection Acts of 1984 and 1998;
- Access to Personal Files Act 1987.

# 12 Suggested client groups and services

Client group	Health care services	Social care services	Early years services
<b>Babies and children</b>	Primary health care (including maternity services, health visitors), general hospital services, mental health care, speech therapy, dentistry.	Foster care, residential care, child protection, child and family support group services.	Childminders, pre-school and nursery education, family centres, crèches, after school care, toy libraries, child guidance, parent and toddler support groups.
<b>Adolescents</b>	School medical services, primary health care, general hospital services, dentistry, mental health care, health promotion (smoking, sexual health, drugs, alcohol).	Foster care, residential care, youth offending services, child protection, youth work, support group services.	
<b>Adults</b>	Primary health care (including community provision of district and community mental health nursing), general hospital services, dentistry, mental health care, family planning clinics, health promotion (smoking, sexual health, drugs, alcohol), complementary therapies, hospices.	Housing/homelessness services, residential care, refugees, day centres, counseling support (e.g. Samaritans), information and advice services, social work, support groups, service user organisations.	
<b>Older people</b>	Primary health care (including district and community mental health nursing), occupational therapy, complementary therapies, dentistry, chiropody/podiatry, specialist hospital services (general and mental health), nursing homes, hospices.	Sheltered/supported housing, residential care, home helps, day centres, lunch clubs, information and advice services, social work, support group services, service user organisations.	
<b>Disabled people (additional services)</b>	Any of the above according to individual and local needs. Additionally, specialist medical and nursing services, physiotherapy, psychology, occupational therapy, complementary therapies, specialist education and training services (e.g. work-related and rehabilitative training schemes).	Any of the above according to individual and local needs. Additionally, specialist support and provision through service user organisations, direct payment personal assistance, social education (e.g. life skills education and supported work schemes).	Any of the above according to individual and local needs. Separate, specialist education provision and support services are provided in addition to integration within mainstream provision.

## 12.1 Health settings, services and job roles

Examples of health services:

Health Setting	Examples of Services Provided	Examples of Direct Care Job Roles
<b>Hospital</b>	Maternity, nursing care, surgery, x-ray, physiotherapy, pharmacy, speech therapy, occupational therapy, orthodontal clinic, ophthalmic clinic, outpatient clinics, geriatric care, clinical counseling/psychology, chiropody, nutrition clinic.	Nurse, doctor, consultant, midwife, physiotherapist, radiographer, hospital social worker, counselor, speech therapist, occupational therapist, occupational therapist's aid, geriatrician, paediatrician, chiropodist, dietician, dentist.
<b>Dentist</b>	Treatment for teeth and gums, oral hygiene, advice.	Dentist, oral hygienist, dental nurse.
<b>Health Centre</b>	Health diagnosis, physiotherapy, chiropody, health advice, counseling, maternity, family planning.	GP, physiotherapist, chiropodist, practice nurse, community midwife, counselor, health visitor, district/community nurse.
<b>Pharmacy</b>	Making up prescriptions, advice.	Pharmacist, assistant pharmacist.
<b>Community Services (Health)</b>	Nursing care, advice about health, psychiatric nursing.	District/community nurse, health visitor, psychiatric nurse, speech therapist.
<b>Optician</b>	Eye testing, diagnosis of conditions of the eye, advice.	Optician



## 12.2 Local authority settings, services and job roles

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Examples of statutory Local Authority services:

<b>Local Authority Setting</b>	<b>Examples of Services Provided</b>	<b>Examples of Job Roles</b>
<b>Day care centre for older people</b>	Personal support, supervision, advice, chiropody, aids and adaptations, meals.	Health assistants, care assistants, chiropodist, social worker, occupational therapist.
<b>Community care and support</b>	Advice and guidance, counseling, psychiatric support, home care services.	Social worker, counselor, home care officer/ assistant, psychiatric counselor.
<b>Fostering and Adoption</b>	Children's homes (temporary and permanent).	Children's officer, care assistants, social workers.

## 12.3 Independent settings, services and job roles

Examples of services available through the Independent Sector (non-profit making and profit making):

<b>Independent Setting</b>	<b>Examples of Services Provided</b>	<b>Examples of Direct Care Job Roles</b>
<b>Day Centre for older people (Private)</b>	Meals, chiropody, personal support, aids and adaptations, leisure activities, care planning, counseling.	Care manager, care assistant, chiropodist, occupational therapist, social worker, community nurse, counselor.
<b>Residential Home (private)</b>	24 hour care and support, chiropody.	Care assistant, social worker, chiropodist.
<b>Nursing Home (private)</b>	Medical care and support 24 hours a day.	Nurse, health assistant, care assistant, chiropodist, physiotherapist.
<b>Pre-school/Nursery (private)</b>	Care and support, education.	Pre-school/nursery teacher, pre-school/ nursery assistant, nursery nurse.
<b>BUPA Hospital (private)</b>	Surgery, medical nursing, physiotherapy, x-ray, consultations about health conditions, audiology.	Doctors, consultants, nurses, physiotherapists, radiologists, health assistants, care assistants, chiropodists, audiologists.
<b>Help the Aged Day Centre for older people (voluntary)</b>	Meals, leisure activities, personal help and support, chiropody.	Care assistant, social worker, chiropodist.
<b>Community Services (private)</b>	Nursing care in client's own home.	Macmillan Nurse.
<b>Hospice</b>	Medical care, personal care and support.	Doctor, consultant, nurses, care assistant, health assistants, social workers.

# 13 Barriers to accessing health, social care and early-years services

Barrier	Examples
Physical Barriers	<ul style="list-style-type: none"> <li>• Client working shifts, therefore unable to access service as the service is not available when they are not working</li> <li>• Stairs</li> <li>• Lack of adapted toilets</li> <li>• Lack of ramps</li> <li>• Lack of lifts</li> <li>• Lift controls being out of reach.</li> </ul>
Psychological Barriers	<ul style="list-style-type: none"> <li>• Fear of losing independence</li> <li>• Stigma associated with using some services</li> <li>• Not wanting to be looked after by others</li> <li>• Mental health problems.</li> </ul>
Financial Barriers	<ul style="list-style-type: none"> <li>• Charges/fees</li> <li>• Lack of money for transport</li> <li>• Lack of money to provide the service.</li> </ul>
Geographical Barriers	<ul style="list-style-type: none"> <li>• Living in a rural area where facilities are limited</li> <li>• Living in a rural area where transport is not available when the services are open</li> <li>• A long bus/train journey may not be practicable.</li> </ul>
Cultural and Language Barriers	<ul style="list-style-type: none"> <li>• Using English may deter some people from using services</li> <li>• Not having practitioners who are of the same sex, for example, women doctors/consultants for women</li> <li>• Written information not in the person's own language (including Braille/large print)</li> <li>• Not knowing what is available</li> <li>• Some treatments being considered unacceptable to certain cultures.</li> </ul>
Resource Barriers	<ul style="list-style-type: none"> <li>• Lack of staff</li> <li>• Lack of information about services (absence of information resources)</li> <li>• Lack of money to fund services</li> <li>• A large demand for a particular service (exceeding supply).</li> </ul>

# 14 Top tips

## **Quantity vs. Quality**

Focus on quality, not pages of detail that does not support the requirements of the assessment evidence grid.

## **Language**

Candidates will be assessed on the quality of their written language. Check spelling, grammar and punctuation. Is language technical/non-discriminatory? Don't use 'text' speech.

## **Internet research**

This is a very useful resource if used appropriately. Encourage candidates to refer to the relevant Internet-produced work in their portfolio and attach as an appendix.

Check the origins of the site – remember, not everything produced on the Internet is accurate.

## **Relevance**

Focus on keeping to the requirements of the assessment objectives.

Candidates are not required to 'parade their knowledge'.

When guiding candidates on which service(s), practitioner(s), etc. to focus their portfolio on, check that the one chosen does not limit the candidates' ability to attain the higher mark bands.

Focus on the positive as well as the negative.

## **Coursework Consultancy Service**

Use this service as and when candidates have completed a unit and it has been assessed.

# 15 Suggested programme of study

Qualification	Term 1	Term 2	Term 3
<b>AS Single</b> (Jan exam)	Unit F910	Unit F911	Unit F912
<b>AS Single</b> (June exam)	Unit F912	Unit F911	Unit F910
<b>AS Double</b>	Unit F910	Unit F911	Optional Unit
	Optional Unit	Unit 3	Optional Unit

Qualification	Term 1 AS	Term 2 AS	Term 3 AS
<b>Advanced GCE</b> (Single Award)	Unit F910	Unit F911	Unit F912
	<b>Term 4 A2</b>	<b>Term 5 A2</b>	<b>Term 6 A2</b>
	Optional Unit	Optional Unit	Unit F919

Qualification	Term 1 AS	Term 2 AS	Term 3 AS
<b>Advanced GCE</b> (Double Award)	Unit F910	Unit F911	Optional Unit
	Optional Unit	Unit F912	Optional Unit
	<b>Term 4 A2</b>	<b>Term 5 A2</b>	<b>Term 6 A2</b>
	Optional Unit	Optional Unit	Unit F919
	Optional Unit	Optional Unit	Optional Unit

## 15.1 Progression routes by career path (GCE Single Award)

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### Health

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F921	Unit F925

### Social Care

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F923	Unit F920

### Early Years

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F922	Unit F924

## 15.2 Progression routes by career path (GCE Double Award)

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### Health

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F921	Unit F922
Unit F913	Unit F916	Unit F917	Unit F920	Unit F923	Unit F925

### Social Care

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F923	Unit F924
Unit F918	Unit F916	Unit F914	Unit F920	Unit F922	Unit F925

### Early Years

AS Units			A2 Units		
Unit F910	Unit F911	Unit F912	Unit F919	Unit F922	Unit F924
Unit F913	Unit F914	Unit F915	Unit F925	Unit F923	Unit F920

# 16 Portfolio action plan

Centre Name:		Centre Number:					
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Candidate Name:		Candidate Number:				
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UNIT ....: .....

Task	Activities	Time	Monitor and Review Progress	Date/sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

<b>14</b>				
<b>15</b>				
<b>16</b>				
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				
<b>21</b>				



## 16.1 Portfolio feedback sheet

<b>Centre Name:</b>		<b>Centre Number:</b>					
<b>Candidate Name:</b>		<b>Candidate Number:</b>					

**UNIT NUMBER/TITLE:** .....

<b>FIRST SUBMISSION DATE:</b>				
Teacher feedback				
	<b>Mark Band 1</b>	<b>Mark Band 2</b>	<b>Mark Band 3</b>	<b>Marks awarded</b>
<b>AO1:</b>	Achieved/Not achieved* [0 1 2 3 4 5]	Achieved/Not achieved* [6 7 8 9 10]	Achieved/Not achieved* [11 12 13 14 15]	<b>/15</b>
<b>AO2:</b>	Achieved/Not achieved* [0 1 2 3 4 5]	Achieved/Not achieved* [6 7 8 9 10]	Achieved/Not achieved* [11 12 13 14 15]	<b>/15</b>
<b>AO3:</b>	Achieved/Not achieved* [0 1 2 3 4]	Achieved/Not achieved* [5 6 7]	Achieved/Not achieved* [8 9 10]	<b>/10</b>
<b>AO4:</b>	Achieved/Not achieved* [0 1 2 3 4]	Achieved/Not achieved* [5 6 7]	Achieved/Not achieved* [8 9 10]	<b>/10</b>

Indicate which Mark Band the candidate has achieved for this first submission.  
Provide brief guidance on how the candidate could improve the mark achieved so far.

Note where, if any, improvements have been made:

<b>SECOND SUBMISSION DATE:</b>				
Teacher feedback				
	<b>Mark Band 1</b>	<b>Mark Band 2</b>	<b>Mark Band 3</b>	<b>Marks awarded</b>
<b>AO1:</b>	Achieved/Not achieved* [0 1 2 3 4 5]	Achieved/Not achieved* [6 7 8 9 10]	Achieved/Not achieved* [11 12 13 14 15]	<b>/15</b>
<b>AO2:</b>	Achieved/Not achieved* [0 1 2 3 4 5]	Achieved/Not achieved* [6 7 8 9 10]	Achieved/Not achieved* [11 12 13 14 15]	<b>/15</b>
<b>AO3:</b>	Achieved/Not achieved* [0 1 2 3 4]	Achieved/Not achieved* [5 6 7]	Achieved/Not achieved* [8 9 10]	<b>/10</b>
<b>AO4:</b>	Achieved/Not achieved* [0 1 2 3 4]	Achieved/Not achieved* [5 6 7]	Achieved/Not achieved* [8 9 10]	<b>/10</b>

**General comment** *(if applicable)*:

Complete the appropriate Unit Recording Sheet for this unit, a master copy of which is available in this Guidance document.

Your ref:

Date:

To:

**Requesting permission to use  
photographic/video/record evidence of  
individuals**

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Unit ...:** .....

I am writing to request your permission to photograph/video/record\* (*insert individual's name*) whilst they are assisting one of our candidate's, (*insert candidate's name*), in the production of their portfolio of evidence for AS GCE Health & Social Care Unit (*insert unit number*): (*insert unit title*).

Please be assured that we will not use the actual names/personal details of the individual assisting (*insert candidate's name*).

Please complete and return the tear off slip below at your earliest possible opportunity. If you require any further information, please do not hesitate to contact me.

Yours faithfully

TEACHER

✂ .....

**AS GCE HEALTH & SOCIAL CARE**

I, (*insert parent/guardian name*) give/do not give\* my permission for (*insert candidate's name*) to photograph/video/record\* (*insert individual's name*) for the production of their portfolio of evidence for AS GCE Health & Social Care Unit (*insert unit number*): (*insert unit title*).

Signed: ..... Date: .....  
*Parent or Guardian*

Printed: .....  
1

<sup>1</sup> \*delete as applicable

Your ref:

Date:

To:

***Requesting work experience opportunities***

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Unit ...:** .....

I am writing to request your assistance in placing candidate(s) as part of their AS GCE Health & Social Care course. It would be very much appreciated if you would consider accepting candidate(s) into your establishment for a duration of *(insert number of days)* during the period of *(insert timeframe)*. Work experience forms an extremely constructive element of this vocational course and can greatly assist candidates to gain valuable insight to workplace practices, along with supporting decision-making with regard to future career choices.

Feedback from both myself and candidate(s) will be made available following the work experience. We would also welcome feedback from yourself, in order for us to improve the service we provide both for our candidates and work experience providers.

Should you wish to discuss the possibility of accepting candidate(s), please contact me at the earliest possible opportunity.

Yours faithfully

TEACHER

## 16.2 Work experience feedback

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<b>Candidate Name:</b>		<b>Centre Name:</b>	
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***From candidate:***

<b>Duties participated in:</b>
<b>Insight gained:</b>
<b>Recommendations for future:</b>

**Value of work experience:**                      Excellent    Good            Fair            Poor  
*(please circle)*

***From work experience provider:***

<b>General thoughts/comments:</b>
<b>Recommendations for future:</b>

**Value of work experience:**                      Excellent    Good            Fair            Poor  
*(please circle)*

Your ref:

Date:

To:

***Inviting Care Worker to Centre  
(NB Could be written from candidates  
themselves)***

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Subject:** .....

I am writing to invite to *(insert Centre name)* in order to talk to our GCE A level Health & Social Care candidates about your job, what it involves, the issues you experience as part of your job role and the practices you utilise to reduce the negative impact of these issues. Our candidates have expressed an interest in your area of expertise and would greatly appreciate the opportunity to gain insight through your experience in *(insert area of expertise)*.

Please be assured that your personal details will not be revealed to any third party.

I would be most grateful if you could contact me at the earliest possible opportunity to arrange a convenient date and time for you to visit us.

Yours faithfully

TEACHER

Your ref:

Date:

To:

***Inviting Service User to Centre  
(NB Could be written from candidates  
themselves)***

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Subject:** .....

I am writing to invite you to (*insert Centre name*) in order to talk to our GCE A level Health & Social Care candidates about your experience as a service user in (*insert area of experience*). Both the candidates and myself feel that it would be extremely useful for them to gain insight into the services you have experienced, both positive and negative, from the viewpoint of a service user.

Please be assured that your personal details will not be revealed to any third party.

I would be most grateful if you could contact me at the earliest possible opportunity to arrange a convenient date and time for you to visit us.

Yours faithfully

TEACHER

Your ref:

Date:

To:

***Requesting permission to interview a care  
worker/service user  
(NB Could be written from candidates  
themselves)***

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Subject:** .....

I am writing to seek your permission for *(name of candidate(s))* to visit you at *(insert name of service provider/service user's residence)* in order to interview you using the questions on the enclosed sheet *(we strongly advise Centres to provide this information in advance so as to minimise the possibility of causing offence)*. Both the candidates and myself feel that it would be extremely useful for them to gain insight into *(your role/the services you have experienced\*)*, both positive and negative, from the viewpoint of a *(care worker/service user\*)*.

Please be assured that your personal details will not be revealed to any third party.

I would be most grateful if you could contact me at the earliest possible opportunity to arrange a convenient date and time for us to visit you.

Yours faithfully

TEACHER



Your ref:

Date:

To:

***Sending questionnaires/surveys for  
completion  
(NB Could be written from candidates  
themselves)***

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Subject:** .....

I am writing to request your assistance with data collection for my GCE Health & Social Care candidates. As part of their course they are required to conduct research and I would be extremely grateful if you could distribute the enclosed copies of the questionnaire/survey\* to your people who use services/care workers\* in order for the candidates to gain valuable insight into (*insert research area*).

You will note from the questionnaire/survey\* that there is no requirement for participants to provide names or other means of personal identification. Complete anonymity is assured.

Should you wish to receive notification of the results of our research, please do not hesitate to contact me.

I will contact you again week beginning (*insert date*) to arrange a convenient time to collect the completed questionnaires/surveys\*. If you require any further information, please do not hesitate to contact me.

Yours faithfully

TEACHER

Your ref:

Date:

To:

**THANK YOU letter**  
**(NB Could be written from candidates themselves)**

Dear Sir/Madam

**ADVANCED GCE HEALTH & SOCIAL CARE**

**Subject:** .....

I am writing to express my sincere appreciation of your assistance with *(insert area of assistance)*. Feedback from candidates has confirmed that your participation has provided valuable insight into *(insert area)*, an insight which would have been denied them had they relied upon text books and case studies as their only sources of information.

I would very much appreciate the opportunity to work with you again in order to reproduce such a valuable learning experience for future candidates; to this end, I would welcome any feedback, both positive and negative, you consider would assist with future collaborations.

Once again, many thanks for your assistance. If you require any further information, please do not hesitate to contact me.

Yours faithfully

TEACHER

# AS GCE in Health and Social Care Witness Statement

Centre Name:		Centre Number:					
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Candidate Name:		Candidate Number:				
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## UNIT F911: COMMUNICATION IN CARE SETTINGS

Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO4	You produce <b>records of an interaction with a service user/care worker or a small group of people who use services/care workers</b> , including a basic evaluation of your own performance and giving an outline of improvements;  <b>[0 1 2 3 4]</b>	you produce <b>records of an interaction with a service user/care worker or a small group of people who use services/care workers</b> , including a detailed evaluation of your own performance and making realistic recommendations for improvements;  <b>[5 6 7]</b>	you produce <b>records showing your effectiveness in the interaction with a service user/care worker or a small group of people who use services/care workers</b> and an in-depth evaluation of your own performance, making realistic and informed recommendations for improvements.  <b>[8 9 10]</b>	<b>/10</b>

**OVERVIEW OF ACTIVITY:**

**PERFORMANCE OF CANDIDATE:**

**FURTHER COMMENTS (if applicable):**

I am able to confirm that ..... has participated in and completed the tasks described above.

Witness (signature):..... Date: .....

Witness (printed): .....

## AS GCE in Health and Social Care Witness Statement

Centre Name:		Centre Number:					
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Candidate Name:		Candidate Number:				
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### UNIT F912: PROMOTING Good Health

Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO4	You produce a plan for a small-scale health-promotion campaign and <b>records to show how it was implemented</b> , including a basic evaluation of your own performance; <b>[0 1 2 3 4]</b>	you produce a plan for a small-scale health-promotion campaign and <b>records to show how it was implemented</b> , including an evaluation that draws valid conclusions about your own performance; <b>[5 6 7]</b>	you produce a plan for a small-scale health-promotion campaign and <b>records to show how it was implemented</b> , including an evaluation that makes reasoned judgements about your own performance. <b>[8 9 10]</b>	<b>/10</b>

#### OVERVIEW OF ACTIVITY:

--

#### PERFORMANCE OF CANDIDATE:

--

#### FURTHER COMMENTS (if applicable):

--

I am able to confirm that ..... has participated in and completed the tasks described above.

Witness (signature):.....

Date:.....

Witness (printed): .....

**AS GCE Health and Social Care**

**Revision Schedule [v2]**

**Unit F910: Promoting Quality Care**

<b>Topic</b>	<b>Details</b>	<b>Completed</b>
<b>Attitudes and Prejudices</b>	<p>Definition of attitude, stereotype, prejudice, and discrimination.</p> <p>Define socialisation, Primary = family. Secondary = education, media, work, peers.</p> <p>How do they influence attitudes?</p> <p>Define and give examples of: direct, indirect and institutional discrimination.</p> <p>Effects of discrimination on individuals?</p>	
<b>Legislation</b>	<p>Sex Discrimination Act 1975/1986 – what it makes illegal/where it applies/commission set up/strengths and weaknesses.</p> <p>Race Relations Act 1976 - what it makes illegal/where it applies/commission set up/strengths and weaknesses.</p> <p>Disability Discrimination Act 1995 - what it makes illegal/where it applies/commission set up/strengths and weaknesses.</p> <p>Protection of Vulnerable Adults (PoVA) – basic outline of this act/strengths and weaknesses.</p> <p>Every Child Matters – the main duties for practitioners and services and rights enforced for children.</p>	
<b>Confidentiality</b>	<p>When should information be kept confidential?</p> <p>When should information not be kept confidential?</p> <p>What is a ‘need to know’ basis’?</p>	

Topic	Details	Completed
<b>Access to Services</b>	<p>Definition of social exclusion.</p> <p>Barriers that affect access:</p> <p>Physical Psychological Financial Geographical/location Cultural Language</p> <p><i>For each type give examples</i></p> <p>How can service providers try to improve access for people who use services?</p>	
<b>Care Values</b>	<p>What are the three main Care Values?</p> <p>How are the 'early years' care values different? Be able to identify at least four 'additional' early care values.</p> <p>Think of practical examples of how different care workers could apply the care values in their everyday work.</p>	
<b>Policies, Codes of Practice and Charters</b>	<p>What are the components of an Equal Opportunities Policy? <i>NB: the components of other policies mentioned in the specification will be the same.</i></p> <p>What is the purpose/benefit of an EOP for the service providers and the people who use services?</p> <p>What is the purpose of a harassment/bullying/confidentiality policy?</p> <p>What is a Charter? Give an example.</p> <p>What is a Code of Practice? Give an example.</p> <p>How can policies, etc be communicated to care workers?</p> <p>What support systems could be put in place for staff?</p> <p>How could advertising and interviewing staff reflect equal opportunities?</p>	

## AS GCE Double Award Health & Social Care

### Revision Schedule

#### Unit F913: Health and Safety in Care Settings

Topic	Details	Completed
Influence of Legislation	<p>What is the Health and Safety Executive? What is its role?</p> <p>Health and Safety At Work Act 1974 – purpose and key features. Focus on responsibilities of employers/employees – no need for details.</p> <p>Management of Health and Safety At Work Regulations 1992 - purpose and key features.</p> <p>RIDDOR 1995 - purpose and key features.</p> <p>Health and Safety (signs and signals) Regulations 1996 -purpose and key features.</p> <p>Control of Substances Hazardous to Health 1999 Regulations – what are the substances and how do they need to be stored.</p> <p>The Fire Precautions (Workplace) (Amended) Regulations 1997 – a broad overview of this act.</p> <p>Health &amp; Safety (signs and signals) Regulations 1996 – a broad overview of the key features of this.</p> <p>What health and safety information needs to be available to employees – look at the Health and Safety Law poster/leaflet – what details need to be on this?</p> <p>What is the purpose of a health and safety policy document? How often should it be reviewed?</p>	

Topic	Details	Completed
<b>Safety and Security</b>	<p>You need to know the stages of a risk assessment and details of what happens at each stage:</p> <p>Stage 1 – look for hazards  Stage 2 – assess who may be harmed  Stage 3 – consider the risk – whether precautions are adequate  Stage 4 – document the findings  Stage 5 – review the assessment and revise it if necessary</p> <p>How are formal risk assessments carried out?</p> <p>How can risks be reduced in different types of settings? Look at – training /early warning systems/ H&amp;S policies/warning signs/PPE.  What are the benefits of these to both people who use services and care workers?  Identify warning signs and explain their purpose.  Fire safety – look at smoke and fire alarms, fire fighting equipment. How do you evacuate a building? Special measures to be taken during evacuation of particular settings, e.g. nursery, residential home, hospital, etc.</p> <p>Security – what systems are in place within early-years settings to keep children secure?</p> <p>What systems are used in residential homes to ensure privacy and security of people who use services?</p>	
<b>Safe Moving and Handling Techniques</b>	<p>What are the key features of the following legislation that is related to moving and handling:</p> <p>Manual Handling Operations Regulations 1992, Revised 1998  Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)</p> <p>How to assess risks when moving/handling people – details of an appropriate checklist.</p> <p>How to prepare yourself and the service user when someone is going to be moved. What would you say? What questions do you need to ask? How would you reassure them?</p> <p>How do you prepare their clothing, check the equipment? How would you encourage independence for the service user?</p> <p>What equipment is available to aid moving and handling? Basic description of how to use equipment, such as, hoists and slides boards.</p>	



Topic	Details	Completed
<b>Contribution to Infection Control</b>	<p>What is meant by 'infection control'?</p> <p>What is meant by 'cross-infection'?</p> <p>What is meant by 'standard precautions'?</p> <p>Look at the following protective clothing and give a summary of the purpose of each:</p> <p>Gloves</p> <p>Plastic aprons</p> <p>Masks</p> <p>Overshoes</p> <p>Personal hygiene</p> <p>Hand washing technique</p> <p>What are 'special precautions'?</p> <p>How do you maintain personal safety when dealing with/disposing of, clinical waste and instruments?</p> <p>What is an accident report form? What does it contain and how would you complete one?</p> <p>Why is it so important to fill in such a form?</p>	

**AS GCE Double Award Health and Social Care**

**Revision Schedule**

**Unit F918: Caring for Older People**

Topic	Details	Completed
Physical aspects of ageing on body systems	<p>Which body systems can be physically affected by ageing?</p> <p>Where are the main organs of the body situated?</p> <p>What is the structure and function of the main organs?</p> <p>How do different parts of the body interrelate?</p> <p>What illnesses and disorders are associated with each body system?</p> <p>What are the physical effects of illnesses and disorders on older people? <i>(You need to know at least <b>one</b> in detail for each body system).</i></p> <p>What coping strategies might be used by people who use services to help relieve the effects of illnesses or disorders?</p> <p>How do the physical effects of ageing affect the daily living of older people?</p>	
Social, emotional and economic aspects of ageing	<p>What social changes can older people have to cope with? What is the impact of social aspects on older people?</p> <p>What emotional changes can older people have to cope with? What is the impact of emotional changes on older people?</p> <p>What economic changes can older people have to cope with? What is the impact of economic changes on older people?</p> <p><i>Consider the differences between an older person who receives a state pension only and an older person who has an occupational pension and a state pension.</i></p> <p>How would their choices be different? How would each person be affected as a result?</p>	

Topic	Details	Completed
Community Care and support services for older people who use services	<p>What types of community care services are available for older people who use services in the local area?</p> <p>What are the purposes of each type of community care service?</p> <p>Make a list of examples of service providers available in your local area for each community care service type.</p> <p>How do different examples of community care services support older people who use services?</p>	
Professional care workers	<p>Which practitioners provide care within community care services?</p> <p>What is a typical day at work for health-care workers?</p> <p>What is a typical day at work for social-service care workers?</p>	
Care Values	<p>What are the three main Care Values?</p> <p>How do health care workers apply the care values in their day-to-day tasks?</p> <p>How do social service care workers apply the care values in their day-to-day tasks?</p>	
Legislation	<p>What is the impact of current legislation on the provision of care for older people?</p> <p><b>NHS and Community Care Act 1990:</b> impact, strengths, weaknesses.</p> <p><b>Care Standards Act 2000:</b> impact, strengths, weaknesses.</p> <p><b>Carers Recognition and Services Act 1995:</b> impact, strengths, weaknesses.</p> <p><b>Mental Health Act 1993:</b> impact, strengths, weaknesses.</p> <p><b>Health Act 1999:</b> impact, strengths, weaknesses.</p>	

# 17 Example assignments

## Example assignment Unit F911: Communication in care settings

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

Effective communication in care settings is the key to providing quality care.

You will need to research the different communication skills used in **one** health, social care or early years setting. The report you produce of your findings will be used to help trainee care workers improve their understanding of the importance of communication.

Throughout your portfolio you must respect confidentiality in relation to the chosen setting, care workers and people who use services.

### Activity 1 (AO1)

Research the different types of communication used in care settings. You must include examples of:

- oral communication
- written communication
- computerised communication
- special methods

Describe the purpose of each type of communication – what it is used for and why it is important?

### Activity 2 (AO1)

Explain how each type of communication could support and value people who use services by:

- promoting equality and diversity
- maintaining confidentiality
- promoting individual rights and beliefs

### Activity 3 (AO1)

Assess ways communication can be improved and inhibited by a range of different factors. You must include examples of:

- positioning
- emotion
- environmental condition
- special needs

### Activity 4 (AO2)

Arrange to visit a health, social care or early years setting of your choice, or, organise for a care worker to come into your centre to be interviewed.

You must observe the care worker using **four** different communication skills, or question them about their use of communication skills.

Choose the skills from:

- tone
- pace
- eye contact
- body language
- clarifying
- summarising
- paraphrasing
- empathising

Describe how each communication skill is used by the care worker and why it is important.

Explain how the people who use services are valued and supported by the care worker through communication. Include examples of interactions to show how the care values are applied and appropriate communication skills used.

Your examples of interactions could include:

- one-to-one
- group
- formal
- informal

You must use specialist vocabulary when completing this activity.

### **Activity 5 (AO3)**

Choose **two** theories that relate to communication from:

- group structure
- the communication cycle
- the structure of interactions
- SOLER
- theories of formation

Research each theory and gather relevant information using different sources of information, e.g. textbooks, publications, websites or organisations. You must include each source in your bibliography.

Explain how each theory provides guidance to care workers about how to communicate effectively with people who use services. You must include information about the theorists' views of the effects of effective and inappropriate communication on people who use services and/or care workers.

### **Activity 6 (AO4)**

Plan and carry out an interaction with a service user/care worker or small group of people who use services/care workers. This could take place in a care setting, work placement or in your own Centre.

Write a plan for the interaction:

- Who will be involved?
- Where will the interaction take place?
- Aims and objectives of the interaction.

Ask your teacher and/or peers to complete an observation of your interaction if possible. You could video the interaction but must make sure you have the permission of the participants before doing so.

### **Activity 7 (AO4)**

Evaluate the effectiveness of the interaction.

Your evaluation must include:

- a description of the communication skills you used;
- how different factors supported and/or inhibited the interaction;
- detailed information about how you applied the care values;
- a transcript of the interaction and include examples of the points you have made in your evaluation;
- the views of the service user(s)/care worker(s), your own perspective and the views of your assessor and/or peers;
- conclusions about how well the aims and objectives were met;
- realistic ways you could improve the interaction if you did it again.

## Example assignment Unit F912: Promoting good health

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

### Activity 1 (AO1)

Carry out research on the different concepts and models of health and well-being including:

- personal responsibility for health;
- health as the absence of illness;
- illness-wellness continuum;
- concepts of ill-health

### Activity 2 (AO1)

Devise and use a simple questionnaire to find out different people view health.

### Activity 3 (AO1)

Research **two** different factors that can affect health from the following:

- attitudes and prejudices;
- lifestyle choices;
- social factors;
- environmental issues;
- financial factors;
- physical factors.

Use examples to explain how your chosen factors affect health and well-being.

Describe **two** ways in which individuals' quality of life could be affected by ill-health.

### Activity 4 (AO1)

- Describe and compare the medical and social models of health and well-being;
- Use these models to explain why individuals often fail to conform to health education advice.

### Activity 5 (AO2)

- Research current health initiatives
- Explain the implications of these initiatives

### Activity 6 (AO2)

Choose **two** key workers who are involved in promoting health from:

- health education specialist;
- health visitor;
- community nurse;

- environmental health officer;
- GP.

Arrange to interview them or for them to visit your centre to find out about the job they do and how they contribute to health-promotion.

Use the information you have gathered to describe their job roles. You must include:

- the different tasks they perform;
- skills needed;
- qualities needed;
- how their skills and qualities ensure people who use services needs are met;
- **two** different preventative measures they could apply in their work.

### **Activity 7 (AO2)**

Describe in detail the two preventative measures identified in Activity 6 and give reasons for their use. These reasons should be linked to the current health initiatives described in Activity 5 and may be supported by the inclusion of statistics.

### **Activity 8 (AO3)**

Research the different approaches or models used in health promotion to include:

- the preventative model
- the empowerment/client directed model
- the educational approach
- the behavioural approach
- the fear approach

### **Activity 9 (AO3)**

Research ways used to measure the success of health promotion campaigns including:

- aims and objectives
- pre-set criteria
- pre- and post- questionnaires
- witness statements/feedback from others

### **Activity 10 (AO3)**

Plan a small-scale health-promotion campaign.

This must include:

- aims and objectives;
- target group of people who use services;
- the approach/method to be used with reasons;
- resources to be used;
- timescales for completing each component/task;



- intended and unintended outcomes;
- costs.

You must state the pre-set criteria in your plan.

### **Activity 11**

Carry out your campaign.

Record the implementation of your campaign.

Include assessor/peer observations or records of assessment to confirm competence, confidence and that the small-scale health-promotion campaign was carried out independently.

### **Activity 12 (AO4)**

Evaluate your performance in the small-scale health-promotion campaign. Include the following points in your evaluation:

- your own performance;
- the skills used;
- timing
- strengths and weaknesses.

### **Activity 13 (AO4)**

- Analyse the impact of your campaign and the benefits to the service user.
- Analyse the success of your campaign as measured against your aims and objectives and pre-set criteria.

### **Activity 14 (AO4)**

Using conclusions drawn from Activities 12 and 13 make recommendations for improvements giving reasons for your suggestions.

## Example assignment Unit F914: Caring for people with additional needs

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

You need to produce a guide which can be given to care workers to improve their understanding of caring for people who use services with additional needs. The guide will include:

- three causes of additional needs;
- effects of three additional needs on people who use services;
- the care management process;
- roles of two service providers;
- comparison of the medical and social models;
- analysis of attitudes and values of society towards people who use services;
- a profile of a service user.

### Activity 1 (AO1)

Plan and prepare a questionnaire or interview questions which you will use with people who use services to collect information about **three** different causes of additional needs.

Research fully the **three** causes of additional needs using books, journals and/or Internet sources.

### Activity 2 (AO1)

Using the information you have gathered write a factual account of:

- the **three** causes of the additional needs;
- the affects on body function of each cause;
- short and long-term effects of each cause covering all aspects of PIES.

You must include a bibliography and reference within the text the sources of information you have used.

You may choose to present the information as a factual account or an information leaflet which could be given to people who use services.

### Activity 3 (AO1)

Write a detailed account of each stage of the care management process. You must include:

- the purposes of the care management process;
- how assessment of PIES needs is carried out;
- how care/learning plans are produced;
- how plans are implemented;
- the monitoring of care/learning plans;
- evaluation/review procedures followed;

To help with the gathering of information you could invite a specialist, social worker or occupational therapist into your centre to talk about the care management process.

#### **Activity 4 (AO2)**

Identify a person who uses services and plan collection of information/research about the causes and effects of their additional needs.

You must respect confidentiality at all times and have permission from the service user to include their information in your profile.

Your profile must include information about:

- the additional needs are and the causes of the additional needs;
- effects of the additional needs on the service user;

Collect information from the person who uses services or carry out research into the causes and effects of their condition.

#### **Activity 5 (AO2)**

Choose **two** service providers (**one** service provider that meets physical needs and **one** that meets social or emotional needs).

Research the job roles of each service provider. You could do this by interviewing them, inviting them into your centre to give a talk or using books/Internet sources.

For each service provider you must include information about:

- their key roles;
- skills needed;
- qualities needed;
- how their skills and qualities ensure people who use services needs are met;
- how they interact within a multi-disciplinary team;
- the benefits of a multi-disciplinary approach to care for both service providers and people who use services.

#### **Activity 6 (AO3)**

Research how the social and medical models would interpret people who use services' additional needs. You could use questionnaires, interviews, books, journals or Internet sources to gather your information.

Write up your findings to include:

- how the medical and social models interpret additional needs;
- the differences between the social and medical models;
- examples to highlight the points you are making;
- the types/methods of support provided by each model;
- conclusions why the differences in interpretation would provide different support;
- comparisons of how well each model would provide support to meet individual needs.

### **Activity 7 (AO3)**

Carry out a survey to find out about the attitudes and values of society towards people who use services with additional needs.

Analyse your findings to show how people who use services can be affected by:

- stereotyping;
- prejudice;
- discrimination.

You must include examples of both positive and negative experiences of people who use services with additional needs in different settings.

### **Activity 8 (AO4)**

For identified person who uses services research the following:

- **two** barriers experienced by the service user;
- how each barrier restricts the service user;
- limitations of opportunities to participate in the social and economic life of their community;
- methods of support, aids and equipment used by the service user;
- evaluation of the impact of support, aids and equipment.

### **Activity 9**

Include a bibliography of all sources of information and reference those sources within the text.

## Example assignment Unit F915: Working in early-years care and education

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

New mums in your local area want to find out about the early-years provision available. You have been asked to produce a guide to inform them about the early-years care and education in your local area and explain the different ways in which children learn. The guide will include:

- information about different types of early-years care and education services available, **two** private, **two** statutory, **two** voluntary and **two** informal;
- influences of **one** national policy on **one** example of early-years service provision;
- **two** job roles in the early-years sector;
- **two** strategies that aid learning;
- **one** factors that affects learning and development from each of the **four** main groups;
- evidence of planning and implementing an activity to encourage learning and development;
- evaluation of the activity and an analysis on its impact on development.

### Activity 1 (AO1)

Collect information about early-years care and education services available in your local area.

Choose **two** examples from each sector:

- private;
- statutory;
- voluntary;
- informal.

For each example chosen you must:

- write about the purposes;

### Activity 2 (AO1)

Invite a speaker from an early-years sector to come into your centre to talk about the influences of a national policy on early-years provision.

Write up your findings about the influences of **one** national policy on **one** of your chosen examples.

### Activity 3 (AO2)

From within the early-years sector choose **two** job roles.

Collect information about the **two** chosen job roles. Information could be collected through questionnaires, interviews, observation, work experience, books, Internet etc.

For each job role you must include information about:

- **three** main features of the role;

- tasks carried out on a day-to-day basis;
- timescale or plan of their working day;
- qualifications required;
- **three** skills required with examples.

#### **Activity 4 (AO2)**

Describe the early-years' care values.

Include examples of how each care value could be applied by your **two** chosen care workers.

#### **Activity 5 (AO3)**

Gather information from a range of different sources (people, magazines, books, Internet, etc.) about how different factors can affect learning and development.

You could arrange to visit an early-years setting and observe how different factors can affect learning and development. If a visit is not possible, you could invite an early years' specialist to come into your centre and talk to the group.

Use the information you have gathered to explain how factors affect learning and development.

You must include **two** factors from each of the following categories:

- social;
- economic;
- environmental;
- physical.

Provide clear evidence of the use of your identified sources as well as listing them.

#### **Activity 6 (AO3)**

Analyse how **two** different strategies from the following list could be used to help children learn

- visual;
- listening;
- oral;
- experiential.

#### **Activity 7 (AO4)**

Plan and implement an activity which lasts for **10-15** minutes for a child/children in an early-years setting to encourage learning and development.

Your plan must include:

- aims and objectives to be achieved;
- outcomes expected;
- time plan;
- delivery methods with reasons;
- implementation methods with reasons;

- sources of feedback;
- criteria to be used to make judgements about success.

### **Activity 8 (AO4)**

Use your own observations and feedback from other sources to evaluate the activity in terms of:

- your own performance;
- response of the child/children;
- achievement of aims and objectives;
- delivery methods;
- achievement of criteria used to judge success of the activity;
- effectiveness of purpose and degree of impact on the child's/children's development.

Make realistic recommendations for improvements which could be made to the activity.

### **Activity 9**

Include a bibliography of all sources of information and reference sources within the text.

## Example assignment Unit F916: Health as a lifestyle choice

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

You need to produce a report which will include:

- the positive effects of exercise on the physical, mental and social health of individuals;
- dietary needs of **one** individual;
- recommendations for improvements to the individual's diet based on current dietary guidelines;
- planning and designing a **three-week** exercise programme specifically for an identified individual that shows evidence of meeting their needs.;
- monitoring and evaluation of the likely success and effectiveness of the diet recommendations and exercise programme on the individual.

### Activity 1 (AO1)

Design a questionnaire or interview questions to collect information from individuals or fitness-industry professionals. Your questionnaire must find out about the positive effects of exercise on:

- physical health e.g. fitness, muscular strength, flexibility, coronary heart disease, high blood pressure, osteoporosis;
- mental health e.g. sense of well-being, self-esteem, stress relief, motivation, mental alertness;
- social health e.g. friendship network.

Use your questionnaire with individuals of your choice and record your findings.

Invite a fitness-industry professional into your centre to talk about the positive effects of exercise.

Use your interview questions to collect further information.

### Activity 2 (AO1)

Research, using books and the Internet, to find out more detailed information about the positive effects of exercise on individuals' physical, mental and social health.

Write up your findings and draw conclusions relating to the effects of exercise on daily living.

Use illustrations to highlight the physical effects where appropriate.

### Activity 3 (AO1)

Describe, using examples, how exercise may be integrated into everyday life.



#### Activity 4 (AO2)

Choose **one** individual. Write an introduction to your individual (you must respect confidentiality so the name should be changed).

For your chosen individual you must:

- describe the nature and dietary function of macro- and micro nutrients;
- describe foods that provide the main sources of nutrients;
- describe the roles of water and non-starch polysaccharide (NSP/dietary fibre);
- describe their dietary needs in relation to their age, gender, level of activity, religion/culture, dietary preferences and health.

#### Activity 5 (AO2)

Design a chart to record the dietary intake of your individual for one week.

Use the information you have gathered to:

- compare the dietary intake of the individual with their dietary needs;
- make recommendations for improvements which the individual could make to their diet to meet their dietary needs;
- give reasons for the recommendations you have made.

#### Activity 6 (AO3)

Design a **three-week** exercise programme for your chosen individual which includes **two** of the following types of exercise:

- continuous
- interval
- fartlek
- weight training

For the exercise programme designed you must include:

- the aims of the programme and how it will meet the needs of the individual in terms of: time available; lifestyle; costs; reasons for wishing to exercise; motivation; level of fitness.
- a description of the principles of exercise including specificity, overload and progression;
- **two** areas of fitness to improve – aerobic (cardio-vascular), muscle strength, muscular endurance or flexibility;
- an explanation of physiological benefits of warm-up and cool-down;
- an assessment of fitness level of the individual before and after the programme;
- monitoring techniques to be used;
- an advice sheet on safety factors to be considered whilst exercising.

Analyse how the programme will meet the needs of the individual.

#### Activity 7 (AO3)

Design and complete monitoring documents/charts to assess the likely success and effectiveness of the exercise plan.

### **Activity 8 (AO4)**

Evaluate the likely effects of the diet recommendations and exercise programme. Your evaluation should include:

- effectiveness of the diet recommendations and exercise programme;
- charts of the percentage improvements in each area;
- benefits to the individual;
- effects on the individual's physical health in the long-term;
- strengths of the programme;
- ways you would change the programme if you were to design it again.

### **Activity 9**

Include a bibliography of all sources of information and reference those sources within the text.

## Example assignment Unit F917: Complementary therapies

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The portfolio work you produce for this assignment will be assessed to decide your mark for this unit.

You need to produce a report which will include:

- a description of the types of complementary therapies, including their development and purpose;
- the suitability of two complementary therapies for a service user;
- the role of practitioners;
- views of the public and healthcare practitioners on the value of a complementary therapy;
- conclusions of how well the service user's needs have been met by complementary therapy and orthodox medicine.

### Activity 1 (AO1)

Research the development and purpose of complementary therapies one from each of the five categories: sensory, cognitive, expressive, physical and medical systems at least **one** must be the complementary therapy your chosen service user is receiving.

You could do this using primary (people who use services and practitioners) or secondary sources (books and internet).

Present your findings to include:

- historical and development;
- global use;
- how they work alongside orthodox medicine;
- how they are used;

### Activity 2 (AO1)

Compare the similarities and differences in the complementary therapies.

### Activity 3 (AO2)

Design a questionnaire to use with the service user to assess the suitability of **two** complementary therapies for your chosen service user.

The questionnaire must find out about:

- condition(s) of the service user;
- physical needs of the service user;
- emotional needs of the service user;
- social needs of the service user;
- lifestyle of the service user;
- beliefs of the service user;
- service user's attitude to life;

- amount the service user is willing to pay;
- concerns regarding use of complementary therapies.

Ask the service user to complete the questionnaire.

#### **Activity 4 (AO2)**

Use the information gathered from the questionnaire to show your understanding of the suitability of the complementary therapies to meet the needs of the service user.

Explain how the role of the practitioners would meet the needs of the service user.

Describe the beliefs and lifestyle of the service user and explain how these influence the choice and suitability of the complementary therapies.

#### **Activity 5 (AO3)**

Conduct a survey or use a questionnaire to find the views of the public and health care practitioners towards complementary therapies.

Your research should:

- use a suitable sample;
- use a range of information sources;
- present the information gathered using tables or graphs;
- analyse the results;
- compare similarities and differences between the views of the public and health care practitioners;
- analyse different views between members of the public;
- compare the views of different health care practitioners;
- compare your findings with stereotypes about complementary therapies;
- analyse how valid, reliable or biased the research is.

#### **Activity 6 (AO3)**

Explain how the research could be improved if it was repeated.

Suggest further areas for research that could be carried out.

#### **Activity 7 (AO4)**

Use information collected from the service user, healthcare practitioners, books and the Internet to compare how well the service user's physical and emotional needs have been met by using:

- complementary therapies;
- orthodox medicine.

Analyse the impact of the service user's approach to life, lifestyle and beliefs on the impact of the complementary therapies and orthodox medicine.

Compare how well the service user's needs were met with other people's experiences of using complementary therapies and orthodox medicine.

### **Activity 8 (AO4)**

Draw conclusions about how well complementary therapy could work with or replace orthodox medicine.

Clearly state the views of the service user and healthcare practitioners

### **Activity 9**

Include a bibliography of all sources of information and reference those sources within the text.