Applied AS/A Level GCE

Teachers' Handbook

GCE in Applied Health and Social Care

OCR Advanced Subsidiary GCE in Applied Health and Social Care H103

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

OCR Advanced GCE in Applied Health and Social Care H503

OCR Advanced GCE in Applied Health and Social Care (Double Award) H703

This handbook is designed to accompany the revised OCR GCE in Applied Health and Social Care specification.

Contents

Introduction

These specifications are designed to provide candidates with an introduction to Health and Social Care.

These specifications are set out in the form of units. Each teaching unit is assessed by its associated unit of assessment. Guidance notes are provided with these specifications to assist teachers in understanding the detail necessary for each unit.

It is important to make the point that the Teacher Support plays a secondary role to the Specification itself. The Specification is the document on which assessment is based and specifies what content and skills need to be covered in delivering the course. At all times, therefore, this teacher support should be read in conjunction with the Specification. If clarification on a particular point is sought then that clarification should be found in the Specification itself.

OCR recognises that the teaching of this qualification will vary greatly from school to school and from teacher to teacher. With that in mind, this Teacher Guide/Notes for Guidance is offered as guidance but will be subject to modifications by the individual teacher.

Unit F910: Promoting quality care

Guidance on Delivery

As a general point, centres are advised that only one relevant piece of legislation needs to be taught for each group of people identified in the specification, e.g. vulnerable adults. Questions in the question paper will not specify legislation; instead, they will ask candidates to choose one piece of relevant legislation related to a particular group of people.

Attitudes and prejudices

Candidates need to explain the process of *socialisation* by which individuals learn their values, beliefs and norms of behaviour, and how this can lead to holding certain attitudes and beliefs.

Candidates need to identify examples of negative attitudes and prejudice that can occur within health, social care and early-years settings, and show understanding of how these can affect a person who uses service's health and well-being, self-esteem and sense of empowerment, and the care they receive, e.g. if a health practitioner holds prejudices towards asylum seekers, this could affect the quality of care they provide to a person who uses services. This, in turn, could mean that the person who uses services is reluctant to ask for help because they develop a sense of helplessness, and may go without vital health care.

This part of the specification could be delivered through the use of case studies/ examples in the media to enable candidates to pick out the attitudes and prejudices reflected in the actions of health practitioners, before discussing the possible effects on the person who uses services.

Rights and responsibilities of people who use services and providers

Candidates could be encouraged to complete a mapping exercise of each act, including the main legal rights of people who use services, so that they can correctly identify the appropriate piece of legislation that would protect the right of an individual in a given situation, and give examples of the rights they are entitled to by law.

Facilitation of access to services

Candidates will be tested on their evaluative skills to make reasoned judgements and draw valid conclusions about the effectiveness of the ways in which service providers facilitate access to services.

Values of Care

Candidates need to appreciate that the values of care are derived from ideas about human rights and that these underpin all practical caring. They need to explain, with examples, and demonstrate an in-depth understanding of the ways in which these underlying principles and values are applied in the day-to-day work with people who use services in health, social care and early-years settings, e.g. how knocking on the door of a resident's room can promote their rights, because the practitioner has shown respect for the resident's private space, given them the choice of whether to allow them into the room, and avoided the possible embarrassment of the practitioner walking in at an inappropriate time. Therefore, this simple action promotes the resident's rights of privacy, choice and dignity.

How organisations promote quality care

It would be beneficial for candidates to look at some codes of practice but, for testing purposes, they will not be asked specific details.

Candidates will be tested on their knowledge of the components of an equal opportunities policy although they do not need to know detailed information about the content of other policies. Rather, they need to explain their purpose.

Candidates will be tested on evaluating given evidence to make reasoned judgements and draw valid conclusions about the effectiveness of codes of practice and organisational policies in promoting quality care.

Guidance on Assessment

This unit is externally assessed.

Resources

Organisations	Equality and Human Rights Commission Centre for Policy on Ageing The Equality Commission for Northern Ireland The Information Commissioner The Health Service Ombudsman Age Concern Royal Association for Disability and Rehabilitation Mencap Mind NSPCC
Publications	Nursing Times Magazine Health Matters
Textbooks	Sociology texts will explain the process of socialisation
Websites	www.ace.org.uk www.cpa.org.uk www.dataprotection.gov.uk www.health.ombudsman.org.uk www.mencap.org.uk www.mind.org.uk www.nspcc.org.uk www.radar.org.uk www.socialexclusionunit.gov.uk

Unit F911: Communication in care settings

Guidance on Delivery

Teaching strategies

This practical unit gives candidates the opportunity to develop and practice important communication skills. It introduces them to the theoretical concepts behind communication, such as imbalance of power, service-user empowerment and learned helplessness.

Types of communication

Candidates need to have an overview of the different types of communication used in care settings. Candidates also need to recognise the purposes of the different types of communication, e.g. results of SATs kept electronically to inform teachers, parents and government departments of a child's progress. Examples of written, oral, electronic and special methods of communication should be given in context.

Information could be obtained from visiting a care setting or from inviting a member of a care setting to the centre to discuss the different types of communication methods used. Tables could be used to provide the information, but for each table some conclusions should be drawn.

Factors that support and inhibit communication

When looking at factors that enhance communication, candidates find it relatively easy to identify certain factors such as body language and trust. However, they also need to recognise why content, empathy, responsiveness, attentiveness and respect are so important. Whilst not turning candidates into counsellors, many of the skills in this unit – prompts, reflection, empathy, open-ended questions – can be developed in a counselling-type training format. Others, like assertiveness, can be developed by role-play. When developing their assertiveness skills, candidates need to distinguish between being assertive and being aggressive.

Candidates need to understand why applying the values of care can have a major impact on the quality of care received by people who use services. Role play could be used to demonstrate both the incorrect and the correct way of applying the values of care when interacting with people who use services. Group discussion could be used to consider the effects of appropriate and inappropriate application of values of care.

Candidates need to understand the principles of the legislation in this unit and the effects of its application. They are not required to have a detailed knowledge of the individual pieces of legislation. They need to understand that confidentiality is a key value in health and social care. Candidates also need to be aware that they might be faced by confidentiality dilemmas. They should understand what they have to do if they have been given information that they feel they should share. Especially if they feel that it might directly benefit or protect the person who uses services.

Candidates need to undertake exercises to help them understand the limitations of confidentiality. These exercises need to be based on:

- how much information they can share;
- what a practitioner should do if someone confides in them and they feel they should pass on that information;
- when it is acceptable to break a confidence.

They need to be aware when making difficult decisions that the relationship they have is based on trust.

Candidates need to be aware of disabilities and differences and how they affect communication. This is so that they can accommodate these when interacting. It is not necessary to teach sign language, but candidates need to be familiar with ways of improving communication with people who use services who are impaired.

Communication skills

It is important that candidates understand what constitutes effective and poor communication. They need to understand how communication can be used to break down barriers, and also how, if used incorrectly, it can create barriers.

Considering what makes ineffectual communication could be a starting point on which to build. Candidates may be able to identify times when someone did not listen to them, looked through them or patronised them. Considering how they felt when they were treated this way may bring the topic closer to their experience. Considering their own experiences gives candidates an insight into being on the receiving end of poor practice. It also helps them to see how self-esteem is inextricably linked with good communication practices.

Theories relating to communication

Theory can help to reinforce, and give reasons, why certain actions are important when communicating with others. Candidates do not need to have an in-depth knowledge of theorists, but should have an overview of their views and opinions. Paired or group secondary research could be used as a method of gathering information about different theories relating to and underpinning communication. Groups could give presentations to enable them to share the information collected. Theories can include any of those included in Sub-section 2.2 4 (), or additional theories if so desired.

It is not necessary to study counselling or psychological models for this unit, but it may be useful to utilise some of the more commonly used concepts. For example, the *person-centred model* outlines important personal attributes such as respect and being genuine, as well as appropriate empathy.

Interaction with the person who uses services(s)/practitioner(s)

The interaction can be carried out on a one-to-one basis or with a small group of people who use services/practitioners. (It should be noted that, for the purpose of this specification, early-years is up to the age of **eight** and that teachers of children over the age of eight are not 'practitioners'. However, there are exceptions to this rule – teachers of children with special/additional needs are accepted as practitioners.)

Candidates may wish to produce a transcript of their interaction. They could use the transcript to analyse the skills, values of care, theories of communication and factors used when carrying out their evaluation.

Many centres have nurseries or luncheon clubs attached to their premises, in which candidates may already be gaining useful practical experience as part of their course. Others may consider inviting a person who uses services/practitioner into the centre for a coffee morning or an activities afternoon. Such events can be used for the interaction. Alternatively, simulation is permissible. It will, however, be important that the person taking the part of the person who uses services/practitioner is correctly prepared.

The quality of interaction is measured by how effectively the candidate uses their communication skills and how well the values of care are applied. It is therefore important that candidates are aware that these skills and the application of these values are important in any interaction. A range of skills should be incorporated within the interaction. Candidates need to clearly define whether the interaction is to give information, to obtain information, to exchange ideas and opinions, or a combination of these. For example, the interaction could be carried out while being involved in an activity where information is both given and received. Another example would be finding out what type of food a person who uses services likes in order to develop menus for a week. The interaction could be simulated if assessment in the workplace is not possible.

There are several stages in the process of evaluating (see Sub-section 2.2.5). If peer evaluation is used, candidates must provide feedback in a sensitive and constructive manner.

Candidates may wish to video the interaction. If they do, they need to make sure that they have permission from the person who uses services/practitioner. Video is often useful in contributing to the evaluation as it can be used to examine the skills and factors that contributed to the interaction.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 2.3)

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

Each row in the *grid* comprises a strand showing the development of an assessment objective, each row corresponding to an assessment objective descriptor in the banner (the top section of the *grid*).

The maximum mark for each strand is shown in the far right hand column of the *grid* and this maximum mark is further broken down into a number of mark bands across each row with a range of descriptors.

You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	Royal National Institute for the Blind (RNIB), 224 Great Portland Street, London, WC1N 6AA
	Royal National Institute for the Deaf (RNID), 105 Gower Street, London, WC1E 6AH
	The Council for the Advancement of Communication with Deaf People, Pelaw House, School of Education, University of Durham, DH1 1TA
Publications	Hayman M *'A protocol for people with hearing impairment'*, Nursing Times, Oct 28 Volume 94, No 43, 1998.
	Tuckman B/W *'Developmental sequences in small groups'*, Psychological Bulletin, (1965), 633-849-9
Textbooks	Bales R/F *Personality and Interpersonal Behaviour*, (1970) Rinhart and Winston New York Burnard P *Communicate!* (1992) Edward Arnold Tschudin V *Counselling skills for Nurses* (1982) Bailliere and Tindall Walsh *et al* *Advanced Vocational Health and Social Care* (2001) Collins 000 329 100 6 London
Websites	NHS: www.nhs.uk

Unit F912: Promoting good health

Guidance on Delivery

Evidence for this unit is likely to be collected from a range of primary and secondary sources. A copy of the White Paper – Our Healthier Nation, would be an essential resource to introduce the importance of promoting good health to candidates.

Primary sources could also be used if candidates were to interview or hold discussions with local health-promotion officers and individuals about their perception of health promotion.

When candidates are planning their own health-promotion campaign, it will be important for them to concentrate on content and the approaches to be used. There may be little time for them to produce posters and leaflets which are generally already available. Therefore, it is recommended that, where possible, candidates use existing campaigning materials, which for the most part, can be readily obtained from health-promotion departments, health centres, social services, shops, etc.

Principles of health and well-being

An understanding of the different principles of health and well-being needs to be established before candidates can plan their health-promotion campaign. Candidates could explain what health means to them and then develop their understanding of health through the positive, negative and holistic definitions of health. Candidates should relate their findings to the medical and social models of health. Candidates could use primary and secondary research to find out about health issues in the local areas. They could then follow this through with a visit to the health promotion unit to see what materials exist to address these issues.

Factors affecting health and well-being

Both primary and secondary research would be useful to enable candidates to develop an understanding of the different factors affecting health and well-being, and the effects of ill-health on individuals in various settings. It is expected that candidates explore at least one example, taken from two different factors (different bullet points) on page 26 of the specification. It is not intended for candidates to give detailed information about substance abuse – the focus needs to be on how this can affect health and well-being. Also, candidates should not purely consider factors in isolation but rather how factors interrelate to affect an individual's health and well-being.

Preventative measures and job roles

Candidates are expected to recognise the responsibilities of both health and care practitioners and third sector workers for whom health promotion is part of their job role. They could be encouraged to meet with these individuals to research both their role and application of preventative measures. It is likely that they will gain a great deal of information relating to job roles, responsibilities, preventative measures implemented, campaign planning and development.

Health visitors, school nurses, community nurses, environmental health officers and GPs usually have responsibility for promoting health for their own target groups,
e.g. health visitors often provide information about feeding and weaning campaigns. School

nurses, on the other hand, may concentrate on safe sexual practices or immunisation programmes. Often their individual group is comprised of both children and parents.

Candidates need to recognise the implications of current health promotion initiatives, e.g. The National Healthy Schools Standard

Planning a Health promotion Campaign

In their assessment, candidates will be expected to provide an explanation of the health-promotion approach they have adopted in the planning and implementation of their own campaign. It will be important for candidates to have a sound understanding of these approaches. Candidates are not expected to have an in-depth knowledge of each approach which could be used, but need to demonstrate a good understanding of the applied approach.

The preventative approach seeks to reduce or avoid the risk of ill health primarily through medical interventions. The empowerment model seeks to encourage individuals to take control of their own health, and occasionally the environment, as well as the choices they make. On the other hand, another common method adopted is the educational approach which seeks to inform and educate to promote healthy practices. Increasing in popularity is the use of fear as an approach, particularly when used on television, e.g. using vivid images of the consequences of unhealthy lifestyle choices to instill fear into those who watch. 'Client-directed' approaches are used to work with individuals to identify their needs prior to organising a campaign which is then aimed to meet those needs specifically.

It is important for candidates to set clear aims and objectives in the plan for their campaign. These will vary depending on the intended outcomes. For example, improving health and well-being may be the aim of a campaign provided for people who are overweight and inactive and thus at risk of coronary heart disease. Alternatively, a campaign to promote safe sexual practices to young adults may have **two** aims, firstly to reduce the number of sufferers of sexually transmitted diseases, and secondly to reduce the number of unplanned pregnancies.

The objectives of the campaign will link directly to the different stages and tasks which need to be completed, to ensure the campaign takes place as efficiently as possible. Candidates also need to be encouraged to identify the intended outcomes of their campaign so that effectiveness can be measured accurately. They also need to recognise the skills they will be using, e.g. practical skills, organisational skills and communication skills.

When planning the campaign candidates should identify the costs involved even if exact figures cannot be put on these. Candidates need to consider what resources would be needed and the timescales involved when putting together a health promotion campaign.

Evaluating a Health Promotion Campaign

The evaluation needs to include evidence of candidates' ability to reflect on their achievements in the health-promotion campaign. They need to make judgements about their performance and the skills they have used. When evaluating the success of the campaign candidates should use measures such as estimated cost, timescales and pre-set criteria. Candidates who aim to achieve higher marks need to develop analytical skills and the ability to make reasoned judgements. They may also explain the achievement of the intended outcomes, together with any unintended outcomes of the campaign, e.g. a campaign which encourages counselling may result in long waiting lists.

Please note: candidates may wish to work in groups to collect materials and when participating in the health-promotion campaign; however, for all other aspects of this unit, candidates are required to produce their own individual portfolio of evidence.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 3.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

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You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	HMSO Health education/promotion units primary care groups local health authorities environmental health departments health education personnel large supermarkets or pharmacies community health councils.
Publications	*Health Development Today*
Textbooks	Ewes L *Promoting Health*
Websites	Department of Health www.doh.gov.uk Health Development Agency www.hdaonline.org.uk Patient Website www.patient.co.uk Public Health Electronic Library www.phel.gov.uk Our Healthier Nation www.ohn.gov.uk www.nhs.uk

Unit F913: Health and safety in care settings

Guidance on Delivery

The influence of current legislation on safe practice in care settings

The Health and Safety at Work Act 1974 requires employers to carry out actions that are reasonable and practicable in order to protect their workforce. Candidates need to have a broad understanding of the Act in relation to the responsibilities of employers and employees. They do not need to know the details of the Act.

Only those regulations that are mainly relevant to health and social care settings have been included in the specifications. Candidates only need to have a broad overview of the key features of each of those included in the specifications. However, you may wish to raise candidates' awareness of all those regulations included in the 'Six Pack' 1992.

These **six** sets of regulations are:

- Management of Health and Safety at Work Regulations, updated 1999;
- Workplace (Health and Safety, and Welfare) Regulations;
- Provision and Use of Work Equipment Regulations, updated 1998;
- Manual Handling Operations Regulations, updated 1998;
- Health and Safety (Display Screen Equipment) Regulations;
- Personal Protective Equipment at Work Regulations.

The test for this unit will focus on knowing the name of the Act/Regulations, their purpose and key features. Candidates need to be able to apply this information to show how the Act/Regulations affect workplace practice. It would also be useful to obtain a copy of the Health and Safety Law poster which is published by the Health and Safety Executive since the test may focus on the purpose of the poster and the information required on it.

Safety and security

Candidates should be provided with at least **two** diagrams/illustrations on which they could carry out a risk assessment. Ideally, a visit to a care setting to carry out a risk assessment of **one** particular area could be very helpful. Group visits or work experience could be used for this purpose. For example, **one** group of **four** candidates could visit a pre-school, while others visited a day-care setting or sheltered accommodation.

The test could require candidates to examine a diagram or illustration to identify potential risks, and to describe/explain how the risks could be reduced. They will also be required to discuss safety features and measures that could be applied in care settings.

Safe moving and handling techniques

Candidates may not, *under any circumstances*, move and handle people who use services. Recent laws and directives give very strict guidelines relating to moving and handling of people. Candidates could be given a demonstration of how to use equipment such as hoists, slings, slide boards etc, but people who use services must not be involved. They need to know the theory relating to moving and handling, but will be unable to put this into practice.

Contribution to infection control

The Environmental Health Officer could be invited to give specialist input relating to the control of infection. He/she may also be able to supply video material to introduce the topic, particularly when covering how infection is spread and the major disease-causing agents. The emphasis, however, should be on how infection is spread in health, social care and early-years settings.

When considering the disposal of waste, candidates do not need to study the topic in detail, but need to have an overview of how to deal with clinical waste, soiled linen and recyclable instruments.

Resources

Organisations	British Safety Council National Safety Centre, 70 Chancellors Road, London W6 9RF Health and Safety Executive PO Box 1999, Sudbury, Suffolk CO10 2AW Red Cross 9 Grosvenor Crescent, London SW 1X 7EJ Royal Society For the Prevention Of Accidents (ROSPA) Edgebaston Park, 115 – 123 Pentonville Road, London N1 9 LZ St Andrew's Ambulance Association 74 Menzies Road, Torry, Aberdeen, AB11 9AJ St John Ambulance National Headquarters, 27 St John's Lane, London EC1M 4BU
Publications	Health and Safety publications
Textbooks	Duncan M *et al* *Health and Safety At Work – Essentials* Law Pack Publishing Ltd Nazarko L *NVQs In Nursing and Residential Homes* Blackwell Science Nolan Y *Care S/NVQ* Heinemann Five Steps to Risk Assessments (INDG 163) The Food Hygiene Handbook (The Institution Of Environmental Health Officers) – Highfield Publications or local Environmental Health Officers
Websites	www.britishsafetycouncil.org www.firstaid.org.uk www.hsebooks.co.uk www.hse.gov.uk – free leaflets to download www.open.gov.uk/hsehome.hrm www.redcross.org.uk www.rospa.co.uk www.sja.org.uk

Unit F914: Caring for people with additional needs

Guidance on Delivery

Candidates need to gather information for their assessment through primary and secondary research.

It is possible that candidates may wish to gather information for this unit while undertaking work placements. If this approach is used, you need to make sure that candidates have planned very carefully the observations, questions and interviews to be conducted, as many of the topics are of a sensitive nature. Permission would need to be obtained from the supervisor within the workplace environment and from the people who use services themselves. Candidates also need to be aware of the issues relating to confidentiality.

Suitable work experience placements could include, for example:

day centres;

sheltered accommodation;

day-hospital units;

adult resource centres;

special schools;

learning-support departments;

audiology departments.

It is possible that you may wish to consider undertaking a residential experience with candidates to gather evidence for this unit. The 'Winged Fellowship Trust' and the Young Volunteers Project are examples of organisations that rely upon the support of volunteers. The Winged Fellowship Trust provides holidays for people who use services with a range of additional needs at specialist centres around the country. When undertaking the residential placement, volunteers provide support to people who use services throughout the day, working alongside the trained staff for a whole week. Alternatively, role play/simulated conditions may be considered.

Common causes of additional need

Candidates are expected to select three common causes of additional need from the seven listed on page 44 of the specification. In order to demonstrate their understanding of the cause, a candidate should identify a condition/disorder linked to that cause. For example when describing chromosomal abnormalities as a cause for additional need, a candidate may focus on Down's Syndrome.

Science departments or health promotion units may have video materials which could be used to introduce the topic. Human development and biology textbooks are another useful source. In addition, there are a range of support groups working with, and on behalf, of people who use services with additional needs. These are often an excellent source of information about conditions and their impact.

When considering common causes of additional needs, candidates need to apply their knowledge of them to their case studies. This will require them to suggest the causes of additional needs and to consider the reasons for the definitions.

The care management process

It would be extremely helpful if a specialist, such as a social worker or occupational therapist, could be invited to the centre to give input on the subject of care planning.

Candidates need to know which service providers could be involved at each stage of the care-planning cycle and their roles. It will also be important for them to understand the differences between *monitoring* and *evaluation* and the purposes of each. Candidates need to be aware of the benefits of partnership working for both the service providers and the people who use services.

Models and approaches

Social policy, welfare and social care textbooks and the websites of disability rights organisations (usually run by disabled people themselves) provide extensive material on the contrasting nature and implications of the *social* and *medical* model approaches to disability. Candidates must ensure that they do not confuse the social/medical approaches to disability with the social/medical models of health in Unit 3.

Candidates could use observation to provide examples of both negative and positive experiences, as these relate to people who use services in a variety of different settings, e.g. social, education, employment and domestic, in order to analyse the attitudes and values of society towards people who use services and to understand how stereotyping, prejudice and discrimination can affect people who use services.

When investigating the barriers experienced by people with additional needs, candidates could plan and conduct a survey relating to access to health, social care, education and social activity for a person who uses services. They need to be aware of services and facilities which may be used by the person who uses services, or those which the person who uses services would like to use, but which they may be unable to access. Barriers considered must link directly to the chosen person who uses services and the additional needs experienced.

When considering *economic barriers*, information could be obtained through personal interview, but if such an approach is used, candidates need to be appropriately prepared, perhaps by undertaking role plays/simulations in order to check the suitability of the questions and the ways in which they can be asked.

Profile of an individual with additional needs

Many Local Authority day centres have an attached unit from which people who use services can rent or loan specialist aids or equipment. It may be helpful if candidates could visit such a unit to see for themselves the variety of aids available. Alternatively the Red Cross and Disability Living Foundation may be a source of information.

The occupational therapist at the Local Authority Social Services Department may be able to give a talk to candidates about the assessment of people who use services for the provision of aids and adaptations within the home.

Guidance on Assessment

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Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio (Section 5.3)

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets.* Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids.*

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The maximum mark for each strand is shown in the far right hand column of the *grid* and this maximum mark is further broken down into a number of mark bands across each row with a range of descriptors.

You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark.*

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	The Calvert Trust The Disabled Living Foundation The John Groom Association MENCAP SCOPE RADAR RNIB RNID Vitalise (formerly known as The Winged Fellowship Trust) *Many conditions have an organisation or support group that provides useful information.* *Details of registered charities can be found from the Charities Commission.*
Publications	Local areas have publications to support users with additional needs. Third sector groups produce their own publications and newsletters on a regular basis.
Textbooks	Social policy, social welfare and social care texts; Meggitt C *Special Needs Handbook* Hodder & Stoughton *for Health and Social Care* Skelt A *Caring for People with Disabilities* Longman AS Health and Social Care Baldock, Manning and Bickerstaff Social Policy Oxford University Press Doel M and Shardlow S Modern Social Work Policy
Websites	Disability Alliance Disabled People International the organisations listed above Disability and the Equality and Human Rights Commission www.dh.gov,uk www.somerset.gov.uk/somerset/socialservices/learningdisabilities www.sain.org.uk www.nhs.uk *Most UK support groups and organisations have websites; insert the name in a search* *engine and you will find several to access.*

Unit F915: Working in early-years care and education

Guidance on Delivery

Care and education provision for early years in the local area

Once candidates' awareness has been raised that care and education are one, they could be encouraged to participate in a mind-mapping exercise or paired work to identify the different types of care and education services. They then need to be encouraged to think about the different sectors that provide early-years services, recognising that there may be some overlap in provision.

Candidates could be encouraged to conduct a survey of the local area to collect information about what provision is available, from/for whom, when available and the costs. Candidates must consider the purpose of each service and ensure this is signposted within their portfolio. It will also be important to consider how national policy can influence the provision of early-years services. For example, if the government has a policy of getting women back to work, it is likely that money, in the form of grants, will be available for early-years providers. This could mean that there will be an increase in the number of pre-school places available. A specialist speaker from the early-years sector could be invited to the centre to talk about how government policy influences the provision and to give up-to-date information about the grants that are available to service providers.

Job roles and responsibilities available within early-years care and education

It will be important for candidates to gain a wide perspective of the main job roles available in early-years sectors. Information could be gathered through the use of interactive programmes such as 'Kudos' or through careers advisors or the Internet. Candidates may wish to use some assessment materials to find out about their own strengths and weaknesses, to explore for which jobs they may be most suitable. Candidates need to research the qualifications required for jobs and this could lead to consideration of the different types of routes that can be taken to gain the entrance qualifications needed.

Candidates could be encouraged, through work experience, to collect primary evidence to find out about the day to day tasks in **one** early-years setting, and the skills and qualifications needed. Day to day tasks could be presented in the form of a day plan, where times within the day have set tasks explained beside them e.g.

8.30 Put out the equipment for my section, check fit for purpose and arrange it ready for children.

If work experience is not an option, it may be possible to invite three or four people who work in early-years settings to the centre to talk to candidates for 15 minutes about their specific jobs. Values and principles of the early-years sectors

If candidates are gathering primary evidence, it would also be feasible to find out at the same time how the values of care are applied by practitioners. It needs to be remembered that values of care for early years are different from those that are applied in health or social-care settings. Candidates may need help in understanding how these are applied in the day to day tasks of practitioners. For example, working in partnership with parents means keeping the parents

GCE in Applied Health and Social Care

informed, telling them when there is a concern, e.g. anti-social behaviour, and helping them to participate in the decision-making process as to the solutions and actions that can be taken.

It may be helpful to divide the class into groups and to give each group a short scenario, asking them to work out how values of care would be applied. Role play could be used to present the wrong and the right way of applying the values of care for each situation. This underpinning knowledge would be best completed before primary evidence was gathered.

The ways children learn and factors that affect performance

A primary-school teacher or an early-years specialist would be an ideal speaker/person to talk about this topic and the strategies that can be used to aid learning. Candidates need to be encouraged to carry out individual research as well, so that they have sufficient relevant theoretical knowledge. If a centre is able to arrange for groups of candidates to 'observe' children for **20** minutes, candidates would be able to apply theory to practice. A group discussion would then enable candidates to reflect on their findings and to address any issues that have arisen. An example of a factor that can influence learning could be 'feeling secure'. If the child comes from a loving, stable background and feels secure both at home and when at the nursery, they are more likely to be willing to try new experiences.

How to plan and implement activities for children in care and education settings

When planning an activity, some input from an early-years play specialist would be helpful, if at all possible.

If it is not possible for a candidate to carry out their activity with a child, or a group of children in an actual setting, they could use a sibling, or a small group of children could be invited to your centre. Although simulation could be used, it is not recommended as this would provide a less effective experience.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 6.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

Each row in the *grid* comprises a strand showing the development of an assessment objective, each row corresponding to an assessment objective descriptor in the banner (the top section of the *grid*).

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However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	CACHE – Council For Awards In Children's Care and Education 8 Chequer Street, St Albans, Hertfordshire, AL1 3XZ National Childminders Association 8 Masons Hill, Bromley, Kent, BR2 9EY Pre-school Learning Alliance 69 Kings Cross Road, London, WC1X 9LL Professional Association of Nursery Nurses 2 St James Court, Friar Gate, Derby, DE1 1BT
Publications	*Children Now* *Community Care* *Nursery World*
Textbooks	Bruce T & Meggitt C *Child Care and Education* Hodder & Stoughton Gilbert P *Nursery Nursing – The Essentials* Stanley Thornes Hobart C & Frankel J *A Practical Guide to Working With Children* Stanley Thornes Sprinthall N, Sprinthall RC & Oja SN *Educational Psychology* McGraw-Hill Tassoni P *Child Care and Education* Heinemann AS Health and Social Care Heinemann Understanding Children's Play J. Lindon (Nelson Thornes 2001) Play in Early Childhood M. Sheridan (Routledge 1999) The Playworker's Handbook T. Kamen (Hodder Arnold 2005)
Video	BBC Panorama 'Early Education' 5/10/98
Websites	BBC Web site: www.bbc.co.uk CACHE www.cache.org.uk Pre-school Learning Alliance www.pre-school.org.uk Newspaper and Internet websites, eg http:guardian.chadwyck.co.uk Children and Young Peoples Workforce www. www.childcarelink.gov.uk

Unit F916: Health as a Lifestyle Choice

Guidance on Delivery

You may find it helpful to invite specialists to your centre to discuss the issues in this unit with candidates. Specialists might include, home economists, dietitians, health promotion officers and health visitors. Work experience placements may introduce candidates to individuals with dietary restrictions or candidates may have personal contacts with people who exclude certain foods. Research into groups with special dietary requirements may be undertaken by personal interview, case study or secondary research. Permission must be gained and confidentiality respected if personal interviews are used.

Nutritional value of food and the dietary function of nutrients

Candidates need to have a broad overview of the nature and function of each nutrient and the main food sources of the nutrient in the diet. Candidates do not need to complete a nutritional analysis using computer software, in order to make recommendations for improvements. Candidates could ask the individual to record all they eat and drink on a weekly diet record, being as specific about types of food and quantity of food consumed as possible. From these records, candidates could assess the pros and cons of the diet and suggest recommendations for improvements. When assessing an individual's diet the broader picture must be considered, such as state of health, age, gender and occupation.

Positive effects of exercise

Evidence for this is most likely to be collected from a range of primary and secondary sources. These could include exercise promotion campaigns as well as texts, journals and the Internet. Another useful source of information could be exercise professionals. It is also likely that in some cases the candidate's own experiences can be used.

Candidates are not expected to study body systems in detail.

Health and safety considerations when designing an exercise programme

Candidates need to understand fully the need to keep individuals safe during all stages of an exercise programme.

They need to produce a detailed warm-up/cool-down routine which demonstrates theoretical research. They could use primary sources such as aerobics instructors to investigate factors that must be included in a safe exercise programme.

Candidates could display an overview of the programme as a grid that shows the activities to be performed. A more in-depth grid for each aspect may be needed in addition.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio (Section 7.3)

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

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However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

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Resources

Organisations	YMCA BAWLA RSA PEA BAALPE

	Local Health Authorities health promotion unit independent health and fitness clubs primary care groups
Publications	Food Industry Publications, Sports Industry Magazines, Independence publications The Food Bible Judith Wills
Textbooks	The Bender Food Tables PE to 16 PE for You Advanced Level Physical Education Advanced Studies in Physical Education Physical Education Study of Sport AS Heinemann Health & Social Care AS Folens Health & Social Care
Websites	The British Nutrition Foundation http://www.nutrition.org.uk The Department of Health http://www.doh.gov.uk The Food Standards Agency http://www.foodstandards.gov.uk The National Food Survey http://www.defra.gov.uk/esg/Work_htm/Index/food.htm NHS choices Saving Lives: Our Healthier Nation http://www.ohn.gov.uk http://www.thefitmap.co.uk/exercise/tests/index.html http://www.health-calc.com/ http://www.brianmac.co.uk/eval.html http://www.nutrition.org.uk/home.asp?siteId=43&sectionId=s http://www.exrx.net/Testing.html http://www.bbc.co.uk/health/healthy_living/nutrition/ http://www.food.gov.uk/healthiereating/ http://www.eatwell.gov.uk/ Sport-specific and fitness sites, Local Health Authority

Unit F917: Complementary therapies

Guidance on Delivery

The complementary therapies studied do not have to be any of those specifically listed but do need to be sufficiently popular so that enough information is obtainable to satisfy the evidence requirements for this unit.

It is anticipated that candidates will produce a couple of paragraphs of written evidence for each category identified in the specification. AO1 should not be a lengthy piece of work and need only reflect one example for each of the five categories identified. AO1 could be addressed through mini group work, where a particular category of complementary therapy is researched and presented to the class. It would make sense but is not compulsory that of the five examples covered in AO1, two are the ones identified as appropriate for the person who uses services in AO2. Centres could invite practitioners into lessons to discuss and possibly demonstrate complementary therapies. They would be able to inform candidates of their role and how they address a variety of needs.

In AO2, candidates should only research in detail two complementary therapies. Depending upon the size of the group a visit to a practitioner may be useful or a person who uses services could be invited into the centre to talk about how they feel complementary therapies have/are helping them.

Candidates need to study a range of physical, mental and emotional needs that individuals may have and again this does not have to be restricted to the list given, but does has to be a condition where it is recognised that complementary therapies may have a part to play in the treatment of that condition.

The original information gathering can be carried out as group work, class activities, visits, etc. However, each candidate will need to produce their own evidence on the development, use and provision of complementary therapies.

Meeting physical, emotional and social needs

Candidates need to evaluate the evidence they have collected from primary and secondary sources to compare how well complementary therapies and orthodox medicine have each met the physical and emotional needs of the chosen individual. The impact of the individual's own approach to life, lifestyle and beliefs will form part of the analysis. This may well involve another interview or questionnaire. Candidates also need to show how the individual's experience compares to other people's experiences.

Value of complementary therapies

Candidates need to do primary research to determine the views of members of the public on the value of complementary therapies. The research needs to use accepted techniques to produce data. Candidates need to present evidence accurately using standard methods such as tables, line graphs, etc. A range of secondary sources can provide evidence on the views of healthcare practitioners about the role of complementary therapies. It may be possible to gain primary qualitative evidence from healthcare practitioners to support the data.

Guidance on Assessment

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You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 8.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

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Resources

Organisations	Association for Dance Movement Therapy Association of General Practitioners of Natural Medicine Association of Holistic Medicine British Acupuncture Council British Association of Art Therapists British Chiropractic Association

	British Complementary Medical Association British Council for Complementary Medicine British Homeopathic Association The British Massage Therapy Council Council for Complementary and Alternative Medicine Guild of Naturopathic Iridologists Holistic Nurses School of Nursing Institute for Complementary Therapies Yoga for Health Foundation
Publications	Almost all complimentary and alternative therapies produce their own publications (see websites).
Textbooks	Literally thousands of books in this area, library classification 615.5 Complementary therapy in general AS Health and Social Care Heinemann
Websites	A start page for research into complementary therapies http://www.uwic.ac.uk/library/information/subjects/llandaff/complementary%20therapies%20info.htm British Library http://www.bl.uk/collections/health/comalmed.html Link site from Bury St Edmund http://www.stedmunds.co.uk/lifestyle/complimentary.html Complementary Healthcare Information Service – UK http://www.chisuk.org.uk/ Useful sources of information for Complimentary Therapies: www.therapiesguide.co.uk The Princes Foundation for Integrated Health http://www.fihealth.org.uk/ A-Z of Complimentary Therapies http://www.internethealthlibrary.com/Prime-pages/A-ZDirAltTherapies.htm Support group websites often have a complimentary therapy section e.g. Motor Neurone Disease http://www.mndassociation.org/life_with_mnd/what_is_mnd/complementary.html

Unit F918: Caring for older people

Guidance on Delivery

Physical effects of ageing on body systems

Candidates are not expected to know every disorder associated with each body system. They should study one disorder for each body system in detail and develop a thorough understanding of the physical effects of the disorder. Case studies could be used to develop their understanding. Candidates could talk to older people they know who have a disorder to find out about the physical effects they have experienced. Practitioners who provide support to older people who have disorders could be invited into the centre to talk to candidates and further develop their understanding.

The Science Department within a centre and regional Health Promotion Units may be able to provide materials such as anatomical models and video material that would help with the delivery of 'dysfunctions and disorders' of body systems. A Trust Hospital Training Department or a University may also be able to help with the delivery of this sub-section.

Social, emotional and economic aspects of ageing

When considering *economic* aspects of ageing, you could present candidates with **two** case studies. **One** for an older person who only has a state pension, and **one** for an older person who has an occupational pension and a state pension. Candidates could compare the different choices available to each, and how each older person is likely to be affected as a result. You could also encourage candidates to research relevant benefits which older people may be entitled to depending upon their current income.

Alternatively, older people with different economic and/or social experiences could be invited to the centre to talk about any restraints that living on a pension can bring. Older people are often quite eager to be involved in this type of activity. However, care needs to be taken **not** to ask each person who uses services the exact amount of their income. Sensitivity should be shown towards the older people with regard to the emotional aspects of ageing; however older people are renowned for talking freely about their lives, therefore candidates should not ask inappropriate questions on this aspect.

Community care and support services for older people who use services

It is often useful to establish contact with older people who live in sheltered accommodation in order to gather information. Contact could be made with the warden. Other useful contacts are day-care settings or older relatives who are willing to share their experiences. Residential homes are also a good source of information. Centres could arrange for older people to visit the centre and participate in social activities organised by the candidates. This would give the older people the opportunity to meet others in a similar situation to themselves and also have conversations with the candidates to share their experiences.

It must be remembered that confidentiality must be maintained and the requirements of the Care Standards Act 2000 observed.

Practitioners

If it is not possible to visit a care setting, inviting a practitioner into the centre could be an alternative way of obtaining the information needed. A care assistant, social worker or home-care assistant would be able to provide information about the application of the values of care, and how older people can be protected from abuse.

Legislation

When considering the impact and effectiveness of current legislation on the care of older people, practitioners could be interviewed directly. Use could be made of charters, policies and guidelines that are used to make sure the care given to older people meets the requirements of the legislation. Candidates should be encouraged to find out about a range of different legislation, including charters, policies and guidelines covering the care provision for older people and their carers. The following are relevant examples:

- NHS and Community Care Act 1990;
- Care Standards Act 2000;
- Carers Recognition and Services Act 1995;
- Mental Health Capacity Act 2005;
- Health Act 1999;
- National Service Framework for Older People

Resources

Organisations	Age Concern BBC Television programmes Help The Aged Home Care Agencies Hospital Trusts Primary Care Trusts Social Services Departments	
Publications	Community Care	
Textbooks	Moore S	Social Welfare Alive
	Nazarko L	NVQ In Nursing and Residential Homes
	Nolan Y	S/NVQ Level 3 Health and Social Care
	Stoyle J	Caring For Older People
Websites	Age Concern www.ageconcern.org.uk Department of Health www.doh.gov.uk Help The Aged www.helptheaged.org.uk NHS Direct www.nhsdirect.nhs.uk	

Unit F919: Care practice and provision

Guidance on Delivery

Planning and provision of services

This topic could be introduced by inviting guest speakers from the local Primary Care Trust, NHS Trust, Social Services and/or the children and young people's services department to the centre to talk about how they make use of local demographic data and national/local standards, targets and objectives to plan local provision[*]. The guest speakers would probably be able to bring along examples of local strategic plans and use case studies to illustrate how the plans translate into action. This could be reinforced through a simulated exercise whereby candidates are given information, such as local demographic data, national targets and a 'budget', and are required to produce their own local strategic plan. Each candidate could take the role of a key stakeholder. This will help candidates to understand how and why stakeholders are important to the planning process.

Alternatively candidates could choose to download a copy of a local strategic plan, as many authorities now provide access to these documents via the Internet. However, as these documents tend to be lengthy and complex, it may be more appropriate to keep the most recent copy available within the centre's library or resource area.

The demographic influences on service provision should be applied to the candidate's own area. For example, in some areas, local 'Health Action Zones' may still be in existence but in other areas Primary Care Groups will be the main focus, where Trust Hospitals and GPs have formed working groups. When considering early-years care and education, candidates need to be aware of the working partnerships that are in place in their local area, for example, the close liaison between education, health and social services.

Effects of national policy and legislation on care, practice and provision

Candidates need information on recent national policies and legislation. They need to be discouraged from downloading HMSO documents as they tend to be lengthy and too complex. Candidates could be encouraged to collect newspaper articles which summarise and evaluate the effects of different national policies and legislation. They could also use the Internet to access interest groups, such as *Age Concern* and *Mencap*, who provide fact sheets on national policies and legislation affecting their members.

Candidates should focus on relevant, current national policies and legislation. For example:

* '*Our Health, Our Care, Our Say*' 2006 sets out a vision to provide people with good quality social care and NHS services in the communities where they live;
* the NHS Plan or Clinical Governance sets standards of care;
* The Care Standards Act 2000 introduces a range of standards focusing mainly on quality practice in residential and nursing homes – although sections of the report do address issues relating to other services;
* The Mental Capacity Act 2005 provides a statutory framework to protect vulnerable people, carers and practitioners;

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[*] For the purpose of this unit, local provision should focus on the immediate geographical area, or, in rural areas, the nearest large town, in order to provide a sufficient range of information/materials.

GCE in Applied Health and Social Care

- The Health and Social Care Act 2008 introduces significant measures to modernise and integrate health and social care.
- If considering early-years services, candidates could examine the impact of literacy strategies, national curriculum and *Sure Start*, for example.

How quality assurance is promoted by services

'Quality care' will be a concept that candidates are already familiar with. Candidates could be encouraged to draw upon their experiences of part-time and voluntary work to help identify examples of procedures to ensure a quality service – this may help them to appreciate how *private sector* ethics have influenced *public sector* practices.

Inviting a speaker from a Trust Hospital or a specialist in quality assurance from Social Services or Early Years could be used to help gather information.

Conducting a survey relating to quality assurance

Candidates need to carry out a survey to find out the effects of a national policy or legislation on people who use services. If candidates are working together to produce, carry out and collate the results of the survey, you need to ensure that the evidence collected is written up *individually* for portfolio evidence. If candidates are intending to carry out the survey with 'real' people who use services or practitioners working for a service, informed consent will be needed from the service and the participants *before* the survey is conducted.

How services and practitioners meet individual needs

You need to emphasise to candidates, when choosing a person who uses services on whom to base their evidence, candidates need to make sure that the individual chosen is using **two** services, e.g. a child may be attending an early-years service but may also be attending a Trust Hospital for health care; an individual who has had a stroke may be visiting the physiotherapy department of a Trust Hospital and be receiving day care from a local Social Service or voluntary day-care centre.

Services could include, for example:

- hospitals
- day-care centres
- GP surgeries/health canters
- community care services
- children and young people's services

Representatives e.g. workers, managers, from different services could be invited into the centre to talk to candidates about the services they deliver, the approaches used by practitioners who work there. They could also be asked questions about and how they work together with other services/practitioners from other services to meet the individual needs of people who use services.

Candidates could be given case studies and asked to identify relevant services to meet the needs of the person who uses services. They could then identify practitioners who work there, the approaches used and how these apply to meeting the needs of the person who uses services. They could then carry out some individual research, e.g. talking to people who use services. Fictitious case studies could be used if 'live' situations are difficult to arrange. Links with placements and work experience would make a valuable contribution when collecting evidence for this unit.

Ways in which services and practitioners work in partnership

You need ensure that candidates understand the importance of working in partnership to ensure all of the individual needs of people who use services are met. Collaborative and integrated working are also used to refer to partnership working. Partnerships may exist within larger services and also across different types of services. Some may be formal, others informal. The 'third sector' have become valuable 'partners' in meeting the needs of people who use services. You could give candidates examples of partnerships that exist in the local area and ask them to assess why the partnerships were set up and how these partnerships ensure the needs of people who use services are met.

To illustrate how practitioners work in partnership, a simulated exercise focusing on a case conference for a fictitious person who uses services could be carried out. Each candidate could play the role of **one** of the practitioners who is likely to contribute to the person who uses service's care. The simulated case conference could focus on the initial assessment, or be based around a review of current care provision. Candidates need to recognise how working in partnership has an impact on people who use services. They should consider the benefits and also the consequences should things go wrong, e.g. lack of communication – case studies or television documentaries could be used to this effect.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 10.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

Each row in the *grid* comprises a strand showing the development of an assessment objective, each row corresponding to an assessment objective descriptor in the banner (the top section of the *grid*).

The maximum mark for each strand is shown in the far right hand column of the *grid* and this maximum mark is further broken down into a number of mark bands across each row with a range of descriptors.

You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at A2 level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	Local Aurthority Children and Young People's Services Early-Years Development and Childcare Partnerships Local Primary Care Trusts and other NHS Trusts, eg NHS trust hospitals Local Social Services departments Private organisations, for example, BUPA Third sector organisations, for example, Age Concern, Citizens Advice Bureau
Publications	Community Care Health Matters Health Matters Nursing Times Magazine
Textbooks	Fisher A et al *Applied A2 Health and Social Care OCR* Folens Glasby J *Partnership Working in Health and Social Care* The Policy Press Moonie N et al *A2 Level for OCR Health & Social Care* Heinemann Moore S *Social Welfare Alive* Stanley Thornes Walsh et al *Social Policy & Welfare* Stanley Thornes
Websites	www.dcfs.gov.uk www.doh.gov.uk www.qca.org.uk www.surestart.gov.uk www.nhs.uk www.ukhca.co.uk http://www.direct2communications.com/downloads/how_nhs_works.pdf Healthcare Commission www.healthcarecommission.org.uk Clinical Governance Support www.cgsupport.nhs.uk Quality Care Commission www.cqc.org.uk General statistics website www.statistics.gov.uk/default.asp Local authority websites, e.g. www.solihull.gov.uk Local Primary Care Trust websites, e.g. www.solihull-pct.nhs.uk National third sector organisations, e.g. www.ageconcern.org.uk www.mariecurie.org.uk www.mencap.org.uk Private organisations, e.g. www.bupa.org.uk

Unit F920: Understanding human behaviour

Guidance on Delivery

Factors Influencing Human Development

Candidates need to understand how human development and behaviour are shaped by factors and influences that can be both biological and/or the result of experiences or the effects of others. Candidates may be asked questions relating to specific factors/influences or they may be asked more general questions that require them to discuss the balance between nature and nurture.

When dealing with inherited influences it is not expected that the candidates will demonstrate a biological knowledge of genetics nor will they be asked questions on specific conditions or examples. The questions will require the candidates to use examples of their choice to illustrate how genetic factors influence the development and needs of individuals (PIES). Candidates do need to be aware that some conditions or factors will affect certain age groups more than others.

When considering the influences of the physical environment it is hoped that candidates will develop a broad view of how conditions in the 21st century can affect an individual's development and behaviour. Candidates may wish to consider factors relating to the increased amount of traffic; MRSA and other similar hospital borne illnesses; severe flooding and storm damage.

Theories of human development

Candidates need to know why these theories are important in all types of care work and so, rather than teaching them in isolation, they need to be applied to the different care settings listed in Sub-section 11.2.3 (Application of theories to aid the understanding of human behavior and development).

Candidates will not be asked questions on specific theories or theorists but on the perspectives. Thus centers may wish to teach only one of the theorists associated with a particular perspective although it would be recommended that for the constructivist perspective both Piaget and Vygotsky are covered, as both hold particular relevance to early years education. Alternatively, centres may wish to cover more than one in order to understand how different theorists address the various issues associated with the perspective.

In the *psychodynamic* perspective, candidates should know about Sigmund Freud and his emphasis on how early experiences can influence how people think and feel in later life. His stages of psychosexual development and defence mechanisms could be taught with the emphasis on the power of early experience to influence the adult personality. Candidates could explore Erikson's development of Freud's work into the **eight** life stages. As with Freud, emphasis should be on Erikson's thought that unresolved issues in earlier stages of development could affect an individual's ability to cope in later stages. Both Freud's and Erikson's theories emphasised the role of biological maturation and sexual development in influencing the workings of the unconscious mind and the outcomes for adult personality though Erikson also emphasised the social influences.

For the *biological* perspectives, candidates should be aware of trait theory and how genetics might influence how people behave. Hans Eysenck's and Raymond B. Cattell's theories could be used to illustrate this. Candidates would benefit from a basic understanding of how hormones and nerve responses could explain different personality traits but detailed science is not expected. The

deterministic nature of these theories needs to be emphasised and could be discussed in relation to social learning theory to show the contrast in perspectives.

Humanistic perspectives will tend to focus on the work of Carl Rogers and Abraham Maslow. Each stage of Maslow's hierarchy of needs should be explained in relation to individuals who, for one reason or another, cannot reach self-actualisation. Deficit needs can be applied to groups of people who use services who may not have the support or motivation to meet needs. Rogers work should be especially considered in relation to adolescence and the development of self-concept/self-esteem.

For the *constructivist* perspective, candidates need to concentrate on Piaget's work on accommodation, assimilation and equilibrium in order to understand how children (and adults) develop schema and hence develop cognitively. This should be related to people working in education, stressing that in Piaget's view children cannot learn new skills until they are sufficiently mature. Candidates would find it useful to have knowledge of Piaget's stages of cognitive development. Vygotsky's internalisation, zone of proximal development and the importance of social interaction should be covered with application of themes such as 'scaffolding' to educational support.

For the *behavioural* perspectives, candidates could cover both classical conditioning (Pavlov) and operant conditioning (Skinner). The latter is especially relevant to early year's education and it would benefit candidates to understand the various forms of reinforcement. It can be applied through behavioural strategies such as 'star charts' as reward systems in education.

For the *social learning* perspective, candidates could look at social influences, which teach a person how to behave, i.e. social role, social categorisation and social identity (Tajfel's work), social impact theory (Bibb Latane) and/or imitation/observational learning (Albert Bandura). The importance of role models and reinforcement should be stressed and that therefore perspectives cannot always be seen in isolation when dealing with development.

Candidates need to also be aware that some of the perspectives discussed above also apply to the theories of language development whilst theorists such as Chomsky and Lennerberg argue that language has a biological component that if not activated during early development will prevent full language abilities in later life. Reference can be made to cases such as 'Genie', the so-called 'feral children' and examples of severe deprivation in children. This again allows opportunities to discuss the nature vs. nurture debate

Candidates should also have an understanding of Bowlby's theory of attachment and appreciate the importance of bonding with a primary carer in early year's development and how this may well influence future development and actions. This will allow candidates to make connections with the psychodynamic perspective.

Questions may be asked that require the candidate to outline a theory from a particular perspective, but they are not expected to give an answer that would include the justification, analysis or evaluation expected in advanced level psychology, although an overview of the strengths and weaknesses of each perspective will enable candidates to discuss them critically.

Application of theories to aid the understanding of human behaviour and development

Candidates need to appreciate how the above concepts and perspectives are used to understand and meet services users' needs on a daily basis. Questions may be directed towards a choice of appropriate settings or towards a specific stage of the lifespan. For example questions relating to the psychodynamic perspective may be directed either to late adulthood or adolescence rather than a specified setting. On the other hand a question on humanist theory may relate to the care offered in a day center for older people. Questions on the constructivist, behavioural and social

learning perspectives could be directed towards the relevance to practitioners in an early years setting.

In this section the candidates really need to apply the perspectives and this may involve a more practical than psychological approach. For example when exploring the constructivist perspective candidates may like to examine the toys, resources and activities used in early years development whether at home or in educational settings. This could be done using catalogues or by visits to determine how play benefits development and what skills are being developed and how. This can then be related back to Piaget or Vygotsky. It is the ability to give reasoned examples that will earn marks rather than regurgitated theory from psychology textbooks.

Resources

Organisations	Association of Teachers of Psychology (ATP) The British Psychological Society		
Publications	Philip Allan Updates The Psychologist Psychology Review		
Textbooks	Allen BP	*Personality Theories: Development, Growth and Diversity*	Pearson Education
	Hayes N	*A First Course in Psychology*	
	Kanen T	*Psychology for Childhood Studies*	Hodder & Stoughton
	Miller J (ed)	*Care in Practice for Higher Still*	Hodder & Stoughton
	Moonie N et al	*Human Behaviour in the Caring Context*	Nelson Thornes
	Mukherji P	*Understanding Children's Challenging Behaviour*	Nelson Thornes
	Thompson H & Meggitt	*Human Growth and Development for Health and Social Care*	Hodder & Stoughton
	Walsh M et al	*BTEC National Care*	Heinemann
	Woods B	*Basics in Psychology*	
Websites	BPS		http://www.bps.org.uk/index.cfm
	BPS – Student Members Group		http://smg.bps.org.uk/index.htm
	Psychology Information		http://www.apa.org/psycinfo/
	Social Science Information Gateway		http://www.sosig.ac.uk

Unit F921: Anatomy and physiology in practice

Guidance on Delivery

It needs to be stressed that only one dysfunction has to be covered for each body system and that this choice rests with the centre. It is recommended that candidates or centres choose one from the specifications as these will be covered by the examination mark schemes. Other dysfunctions may be chosen but could possibly disadvantage a candidate.

It also needs to be emphasised that this unit is intended to be part of the suite offered for GCE Health and Social Care and is designed to be accessible to both candidates with scientific interests and expertise and those without. A general or holistic understanding of the anatomy and physiology of the body's systems together with a range of common dysfunctions is all that is required. The terminology/nomenclature is the minimum that is needed to aid this understanding. It is not the intention for the unit to be a 'pre-med' course although if centres wish to explore diagnosis and treatment in depth they may choose to do so.

Information relevant to this unit can be found in its most basic form in A-level Biology texts and health encyclopedias. The Internet will be useful for up-to-date information about treatments, and a local health centre or gym may be able to assist with monitoring equipment and give demonstrations to candidates.

The specification attempts to make clear the depth of study required when considering the anatomy and/or micro-anatomy involved and it needs to be emphasised that this unit is not attempting to explore anatomy and physiology to the same depth as traditional advanced level biological science. The intention is for candidates to be able to link human dysfunctions to the normal workings of the body. In some instances, for example when studying the kidney some elementary micro-anatomy is required. In most cases gross structures is all that is required. In the examination diagrams that will require identification of parts will refer only to gross structures. Candidates will not be required to draw their own diagrams unless they wish to clarify their answer.

Whilst diabetes is not strictly a dysfunction of the digestive system it has been included as it is a common and relevant dysfunction with links to a number of body systems. Even if not chosen as a dysfunction to be studied candidates should be aware of its implications in heart and kidney disease and strokes.

The musculo-skeletal and neural systems have been put together as it is the intention to explain the causes and effects of some common dysfunctions. It is not intended that candidates will cover the biology of the systems in depth but will be able to identify the parts of a joint and some of the main neural structures and/or regions. This very basic coverage will then allow the candidates to relate the effects of the identified dysfunctions to the structures involved. Strokes have been included under both these systems and the cardiovascular system as obviously the cause is under one and the effect is on the other! It would therefore be possible for a candidate to cover strokes as a dysfunction of both systems although this could be considered rather limited and perhaps not best practice.

It may be useful for candidates to work in small groups to research the various topics and then share their findings in the form of handouts.

The use of annotated diagrams is helpful in showing how structure relates to the functions of organs and tissues. The use of dissections may be appropriate as long as safe practice is observed and any objections by candidates on ethical grounds respected. Alternatively dissections carried out by third parties could be filmed and used. Simple paper and card models can easily be used to emphasise structures and some functions.

Research on diagnostic techniques needs, ideally, to be linked to care settings and real cases/case studies. Visits to local hospitals or visiting speakers may be possible. Individuals who have experienced some of these techniques (such as ultrasound during pregnancy) should be encouraged to share first-hand experiences.

It needs to be stressed that the dysfunctions given have been chosen because they illustrate important biological structures, principles and functions. Candidates are **not** expected to have an in-depth understanding of the dysfunctions, but need to understand how they affect the body systems, e.g. a basic understanding of the physiology of cystic fibrosis will illustrate the function of the respiratory mucosa, without requiring any detailed cellular knowledge or that of the genetic mechanisms involved.

When considering the methods of monitoring or testing, it is not expected that candidates should have detailed knowledge of the equipment, or the underlying physics/chemistry. They should understand what the information obtained tells us about the biology of the condition, e.g. how an ECG trace relates to the events of the cardiac cycle.

Candidates need to understand that monitoring procedures such as ECGs show the electrical activity of the heart, whilst tissue biopsies and sperm samples allow cellular effects of diseases and dysfunctions to be examined, and similarly, blood/urine tests demonstrate chemical disturbances.

Candidates need to recognise that diseases and dysfunctions may have more than one treatment. They need to be able to discuss, in general terms, the possible treatments and their value. Candidates also need to understand that some treatments can lead to difficulties e.g. in tissue rejection after a transplant, therefore making tissue matching vital. Candidates need to recognise that some of the dysfunctions can be caused by the person who uses service's lifestyle. For the purposes of testing, candidates need to be aware that heart disease and lung function can both be influenced by poor diet, lack of exercise, obesity and smoking. They also need to be able to discuss how treatment and changes in lifestyle can affect the body systems, and so the quality of the person who uses service's life. Candidates need to be aware of the general effects of dysfunction and treatment on the lifestyle of the person who uses services referring to PIES, and the effect on those who share their lives.

Resources

Organisations	Charities and self-help groups dealing with specific dysfunctions Clients with experience of diagnostic techniques Local Primary Care Trusts and other NHS Trusts, eg NHS trust hospitals Support organisations, eg for Crohn's disease, Coeliac disease, etc
Publications	Health Matters Nursing Times magazine Various leaflets provided by self-help groups and pharmaceutical companies etc.

Textbooks	GCE Biology textbooks GCE Physics textbooks for details of imaging techniques The British Medical Association *Family Health Encyclopaedia* Stoppard M *Family Health Guide*
Websites	http://omni.ac.uk/subject-listing/QS4.html http://www.ama-assn.org http://www.vh.org/adult/provider/anatomy/HumanAnatomy/ CrossSectionAtlas.html www.ask.co.uk www.bbc.co.uk/health www.howstuffworks.com Department of Health www.doh.gov.uk Private organisation www.bupa.org.uk Many national third sector organisations have websites

Unit F922: Child development

Guidance on Delivery

This unit relates to children aged between birth and **eight** years. Centres should note that, to fully compare the development of the child studied against the norms, the child must be at least eight years of age. It is recommended that candidates use themselves as the focus of study for this unit. When devising an aid/activity, best practice would suggest that the candidate chooses an element of their own development which failed to meet the 'norms' and trial the aid/activity on a child of that age group. Evidence for this unit could be collected from primary or secondary sources. Primary sources could include work experience, part-time employment or through younger members of the candidate's own family or from relatives; secondary sources could include a case study.

Photographic evidence that shows the identity of the child/children should not be used to support the work. Candidates also need to be aware of the issues of confidentiality and equal opportunities at all times.

Development and monitoring

A midwife, health visitor, educational psychologist, early year's worker or learning support worker could be invited to talk to candidates about the patterns of development of children from birth to eight years. They could also explain the monitoring they carry out to assess the development of children.

Candidates are required to cover two different patterns for each of the areas of development which are bulleted in section 13.2.1. The patterns should be covered fully from birth to eight years and include the milestones of development for each pattern. Developmental charts are readily available on the internet and in Child Care books to develop initial understanding of the patterns of development. Candidates understanding could be further developed by asking them to explain the progression from one milestone to the next in each pattern. Candidates should recognise that patterns often rely on the completion of the previous stage before the child can progress on to the next.

Candidates could bring their own child development record books (if their parents have them) into the centre and compare their development with each other. They could also produce display materials to put up in the local clinic/health centre or leaflets which could be given to parents to explain patterns of development.

Factors that influence development and norms of development

The child chosen by candidates for the remainder of their portfolio work should be at least eight years of age to ensure that they can fully meet the assessment criteria. A child who is younger would limit the evidence they can produce, for example, it is not possible to predict the development of a child and make comparisons with the norms.

Candidates are expected to identify factors that have actually had an effect on the development of the child studied. They could participate in a mind-mapping exercise to identify the different factors. Consideration of factors that affected their own development during their childhood by completing a timeline is another way of developing candidate's understanding of factors and how they can affect all areas of development. Alternatively, they could be given different scenarios about a child which show how factors have influenced that child's development, and they could be asked to select the factors and to discuss how they could have affected the child's development.

GCE in Applied Health and Social Care

When comparing the child's development to the norms, candidates should cover their development across all areas of development from birth to eight years. They need to be able to recognise when their child was advanced/ahead of the norms, when they were delayed/behind the norms or when they equal to the norm.

When explaining variations from the norms candidates should be encouraged to use the factors that have affected development to assist them, for example, a child may be ahead of the norms for language development if they have older siblings who talk to them a lot and therefore they are able to copy them. Candidates could consider the impact factors had on their own development by considering what helped/hindered their development and why this was the case. Alternatively, case studies could be used where the candidates assess why the child was advanced or delayed in their development and the impact of different factors.

The role of play in development

The use of work experience placements or visits to early year's settings would be beneficial to enable candidates to observe children playing and consider the role of play on their development. The candidates could be asked to complete observation charts where they record the different types of play and stages of play they see during their visit. Candidates could also interview early year's workers during their time at the placement to find out their views on the role of play.

Alternatively, early years workers or practitioners involved in play work could be invited to the centre to talk to candidates about the use of play in encouraging the development of children. This would also give them an insight into the use of play as learning tools in a variety of different environments and for different purposes, for example, with a child who has learning difficulties or one with physical disabilities.

The candidates could be given different toys/activities to use and complete an assessment of the role each could have in encouraging all areas of development for children. They could also be asked to identify which age group the toys/activities are suitable for to demonstrate their understanding of the suitability for different ages and stages. Visits to toy shops could also be used to raise awareness of the variety of play activities/equipment available.

How to plan and make a learning aid/activity for a child (0-8)

Case studies could be used to provide candidates with the opportunity to identify suitable learning aids/activities for the child in the case study. They could also be asked to explain their choice of learning aid/activity linking their justification to the developmental needs of the child.

Candidates could use the information gathered in their portfolio evidence for AO2 to help them identify particular developmental needs of the child studied. Through their comparison of the child's development with the norms they should be able to highlight particular areas the child may have had difficulty with or areas they need to be stretched and challenged in.

A learning aid could be an item to be used to help a child develop a physical skill such as hand and eye co-ordination, intellectual skills such as number/colour recognition, social skill such as sharing or taking turns or emotionally such as raising self-esteem or confidence. Alternatively, it could be something used to stimulate the child's interest, e.g. a tape or book. Candidates should be able to recognise how the learning aid can also help other areas of development as well as the intended purpose.

Candidates could use NVQ Early Years Care and Education text books and templates to assist with their planning of the learning aid/activity. These give an excellent framework to follow.

The RoSPA is also a useful source of information on safety features of toys which candidates may find appropriate to use when planning their learning aid/activity. Candidates could also assess the safety features of different toys/games or activities to develop their understanding of the requirements they need to consider.

Candidates could complete a chart to indicate the strengths ad weaknesses of different sources of feedback to enable them to make informed decisions about the most appropriate for them to use.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 13.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

Each row in the *grid* comprises a strand showing the development of an assessment objective, each row corresponding to an assessment objective descriptor in the banner (the top section of the *grid*).

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You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	Child guidance clinics/centres Health Promotion Units National Association of Toy and Leisure National Childminding Association Pre-School Learning Alliance
Publications	*Code of Practice* – for the delivery of training for early-years practitioners in England and Wales *Get that Job!* – a practical guide to starting your career in childcare *Getting the Basics Right in Early Years Care and Education* *Meet the Challenge* – general introductory flyer to working with children *The Little Red Jumper* – the official newsletter of the Early Years National Training Organisation – produced quarterly *Wanting to Work in Early Years Education, Childcare and Playwork* – a guide to qualifications and career opportunities in England
Textbooks	There are many books on this subject area but these provide a basic starting point: Beaver, M. et al *Babies and Young Children* — Nelson Thornes Bruce T & Meggitt C *Childcare and Education* — Hodder Arnold Bruce T *Learning through play, Babies, Toddlers and the Foundation Years* — Hodder & Stoughton Gilbert P *A Textbook of Nursery Nursing The Essentials* — Nelson Thornes Hobart C & Frankel J *A Practical guide to Activities for Young Children* — Nelson Thornes Lindon J *Understanding Children's Play* — Nelson Thornes Meggitt C *Child Development: An illustrated Guide* & Sunderland — Heinemann Minett P *Child Care and Development* — Hodder & Stoughton Moonie N et al *A2 Level for OCR Health & Social Care* — Heinemann Pound L *How children learn: From Montessori to Vygotsky* — Step Forward Publishing Tassoni P *Certificate Child Care and Education* — Heinemann Tassoni P et al *Children's Care Learning and Development NVQ Level 3* — Heinemann
Websites	www.parentlineplus.org.uk www.pre-school.org.uk www.safekids.co.uk www.rospa.com www.surestart.gov.uk

	www.bookstart.co.uk.
	www.raisingkids.co.uk/dev
	www.bbc.co.uk/parenting/your_kids
	www.parentlineplus.org.uk/index
	www.bbc.co.uk/cbeebies/grownups/about/howchildrenlearn/
	www.child-development-guide.com/child-play-development
	www.cwdcouncil.org.uk/
	www.cache.org.uk
	www.underfives.co.uk

Unit F923: Mental health issues

Guidance on Delivery

Evidence for this unit is most likely to be collected from a variety of secondary sources. Candidates need to have access to the appropriate current legislation. It may be possible for candidates to use primary sources, if they were to interview or hold discussions with a clinical manager, or other health practitioner, whilst on work placement. Alternatively, practitioners could be invited into the centre. When planning their study of **one** individual with mental-health needs, it is important to note that hypothetical case studies can be used; however, these need to be realistic and dealt with in a sensitive manner. If candidates are working directly with individuals, they need to be supervised carefully, and health and safety implications considered. They also need to be aware of issues of confidentiality, e.g. not divulging individuals' names and/or exact locations.

The concept of mental health

It is important for candidates to recognise that concepts of mental health change over time, as do methods of diagnosis. Candidates could look at the different ways of attempting to define abnormal behavior, e.g. standard deviations, maladjustments. Candidates also need to understand how concepts are influenced by developments in methods of assessment, and media portrayal.

When considering the role of the media, candidates are encouraged to use a range of sources of data. These could include advertisements, tabloid or broadsheet newspapers, radio, television, films and websites. It may be useful to ask candidates to conduct a content analysis of a media source, e.g. the portrayal of people with mental-health problems in advertisements. Candidates can explore how representations can have both positive and negative effects on society's attitudes towards people with mental-health needs.

Candidates could use psychology and sociology texts when examining the use and misuse of the concept of mental health. The label of being mentally ill, whilst sometimes required, has often been misused, e.g. homosexuality, 'hysteria' in women. Candidates could also explore discrepancies in rates of mental illness in different ethnic groups and/or societies.

You need to be aware that mental-health legislation is likely to be reviewed Reference will need to be made to any appropriate current legislation and current requirements; in particular, the legal framework covering care and treatment of people with mental illnesses.

Types of mental illness

Candidates need to understand that, depending on the type of mental-health illness, people who use services may have a range of needs, e.g. people with dementia have psychological and emotional needs, but in the early stages of the illness may have shown depressive symptoms. They may also have physical needs if they are no longer capable of providing their own personal care or social needs if they have been discriminated against or isolated because of their mental illness. For the case study itself, candidates need to explain clearly the type of mental-health illness, and may wish to use professional journals and classification systems, e.g. the fourth edition of the DSM-IV-TR, published in 2000, (a revised edition, DSM-V, is due to be published after 2010) Summaries of this can be found via the Internet – candidates will not be expected to use the actual full diagnostic criteria listed.

Causes of mental illness

There are a number of different causes of almost any type of mental illness, and candidates could touch upon a few causes within each case study, e.g. depression has a number of possible explanations such as interpersonal or neurochemical. In the case study, candidates could compare and contrast possible explanations. When teaching the concept, it may be useful to link in the differences between 'common sense' explanations, and the evidence itself.

Preventative and coping strategies

Medication is used in many cases of mental illness, from mild to severe forms, and candidates could discuss the possible implications of widespread use. They could also explore some of the basic behaviourist techniques used, e.g. aversion therapy.

Support for people who use services with mental-health needs

Candidates need to understand the prevalence of people with mental-health needs, and they need to be aware of the implications of this.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 14.3).

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

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You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at A2 level.

However, for strands which include a quantified element, eg **two** practitioners or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity,* although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

Resources

Organisations	Department of Health, Mental Health Act Commission The Mental Health Foundation,
Publications	Community Care magazine,
Textbooks	Bell A and Lindley P *Beyond the water towers: the unfinished revolution in mental health services 1985-2005* Heller T et al *Mental Health Matters: A Reader* Palgrave Macmillan Fisher A et al *Applied A2 Health and Social Care OCR* Folens Rogers A & Pilgrim D *A Sociology of Mental health and illness* Ryan T & Pritchard J *Good Practice in adult mental health* Turner L *Atypical Behaviour* Hodder & Stoughton
Websites	www.communitycare.co.uk www.depressionalliance.org www.mencap.org.uk www.mentalwellness.com www.mind.org.uk www.nhs.uk/nhsguide www.rethink.org www.sane.org.uk www.mentalhealth.org.uk http://www.psychnet-uk.com/dsm_iv/dsm_iv_index.htm - recommended www.bbc.co.uk/health/mental www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/MentalHealth www.scmh.org.uk Mental Health Media awards www.mhmawards.org/ There are many organisations and support groups for people with mental health issues, each has their own website so it is worth trying a search using the name of the specific issue.

Unit F924: Social trends

Guidance on Delivery

Social trends and patterns of family life

A range of books is available which discusses the social trends and the reasons for the changes in the family. The Internet is also useful for up-to-date information, although candidates may need help in choosing sites and determining the value of data obtained this way.

It may be useful for candidates to work in small groups to research the topics, and share their findings in the form of handouts or in presentations. It is important, if group work is used, that candidates realise they need their own notes or records of *all* areas of content of this unit.

Candidates need to know how to analyse data to examine social trends. The study of the family requires candidates to know the different family structures, but you should not spend an inordinate amount of time on the structures themselves, instead focusing on *analysing data* showing these changes and considering the *reasons for* these changes. Although trends over the last **50** years only will be examined, you may find it useful to consider trends which may be over a longer timescale. When dealing with these family changes, care needs to be taken not to stereotype people or condemn minority lifestyles. Some data, such as that on same sex couples and homelessness, is difficult to obtain, and candidates need to understand the reasons for this. This sub-section concentrates on the work patterns and the number of people living in households. Economic and societal changes will be needed to explain the social trends. Using websites or books issued by the government, such as 'Social Trends' and 'General Household Survey', will provide the data.

Reasons for change in the structure of the family and roles of individuals

The reasons for changes in the structure of the family are many and varied. Although candidates need to understand each of them separately, it will be necessary to understand how they are often dependent on each other, e.g. the decreasing birth rate will lead to a smaller workforce, which will produce economic problems for families/households as there will be an increasing elderly population. It is important that candidates do not just use statements, such as *'women are better educated so they have fewer children'*, without explaining why this may be so. Candidates always need to realise that averages and trends do **not** mean that they apply to all people in the same way. The statement *'one-parent families are poorer'* is not an accurate interpretation of the fact that *'on average one-parent families have a lower income'*.

Changes to service provision available to family and individuals

It is important that candidates are aware of the range of provision available and show an understanding of the move away from cradle to the grave provision to greater dependency upon individual and family responsibility. This can be taught by reference to government policy with a recognition that an ageing population presents particular difficulties to any government in power. This can also be linked to the trends within the family towards diversity and fragmentation which makes informal support mechanisms weaker.

Using data to explore and draw conclusions about the trends and patterns of family life

It is important that candidates are made aware of the range of primary and secondary methods used by researchers. This can be achieved by reference to actual research produced by the government, the media, professional organisations and academics such as sociologists and psychologists. Candidates would benefit by undertaking small pieces of research using questionnaires, interviews and observation. This is already required for candidates studying Unit 16 and such candidates should cross reference these 2 units. When looking at each piece of research candidates must question the process involved and feel at ease when using terms such as validity, reliability and bias. Encourage candidates to question all data and look for possible reasons why the data may not be trustworthy e g the government might have a motive to distort data and the researcher may be trying to prove their point at the expense of accuracy. This section is extremely well covered in Advanced Level Sociology, Psychology and Health and Social Care textbooks.

If candidates are studying the subject alongside Sociology or Psychology make sure that they clearly see the links and make use of them.

Resources

Organisations	Health authorities Local Authorities Royal Statistical Society Centre for Statistical Education Social Services Departments Support groups and third sector organisations
Publications	*Annual Abstract of Statistics 2004* *Social Trends* and other HMSO publications
Textbooks	Sociology, social policy and social care textbooks, for example:
	Halsey AH & Webb J — *Twentieth-Century British Social Trends* — Palgrave
	Jorgenson — *Family and Households* — Collins Education
	Moore — *Social Welfare Alive* — S Thornes
	Walsh, Stephens & Moore — *Social Policy and Welfare* — S Thornes
	Webb & Tossell — *Social issues for Carers* — Arnold
	Young — *Mastering Social Welfare* — Macmillan
Websites	Census http://www.statistics.gov.uk/census2001/default.asp General household survey http://www.statistics.gov.uk/statbase/Product.asp?vlnk=5756&More=N Link page http://www.statistics.gov.uk/glance/default.asp#population Living in Britain http://www.statistics.gov.uk/lib2001/index.html Population trends http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=6303&Pos=&Col Rank=1&Rank=422 Regional trends

	http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=836&Pos=&ColRank=1&Rank=422 Social trends http://www.statistics.gov.uk/statbase/Product.asp?vlnk=5748&More=N

Unit F925: Research methods in health and social care

Guidance on Delivery

This unit aims to develop candidates' research skills. Initially, they need to choose an area of research which is of particular interest to them, which may well link with an area which has been studied for another AS/A2 unit.

Purposes and methods of research

It is anticipated that the less able candidates will rely mostly on secondary data (information collated and presented by someone other than themselves), interpreting this information to address the focus of their research project, whereas more able candidates will use one type of primary data (information they themselves have gathered) in addition to secondary data. Primary research data should seek to support their findings from secondary research sources (the methods of obtaining secondary data). When writing their rationale for the research they can look at current topics within the media, current government examples or previous research they have read.

When conducting their primary research candidates need to be guided to use a research issue, question or hypothesis which allows them to access all of the assessment criteria, but which is not so broad as to be unmanageable. *Ensure that candidates pick an area that is focused and realistic for a pilot study. No more than three aims are required.* Further suggestions for research titles can be found in the support materials for teachers.

Candidates should do no more that 20 questionnaire or structured interviews. If using unstructured interviews 6-8 would be a sensible number.

Planning, presentation, analysis and evaluation of findings from research

When candidates are presenting and analysing their findings encourage them to analyse them under each aim. Only use tables, graphs etc when they show something relevant to the research and support these with written evidence. Candidate should try and relate their findings to secondary research.

In the evaluation section candidates should look at their role as a researcher. What did they do well? How can they improve if this was to develop into a full scale piece of research? They could adjust aims, change the methods they chose or add an additional method. It is vital that candidates use the terms validity, reliability and representativeness with accuracy.

Guidance on Assessment

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.

You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 16.3).

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Resources

Organisations	Department of Health SHERPa	
Publications	Department of Health Research Governance Framework for Health and Social Care	
Textbooks	Green S *Research Methods in Health, Social and Early Years Care*	Stanley Thornes
	Bowling A *Research Methods in Health: Investigating Health and Health Services*	Open University Press
	Cowan D *Research Issues in Health and Social Care*	M&K Update

	Hucker K	*Research Methods in Health, Care and Early Years*	Heinemann
		Evaluating Research in Health and Social Care: A Reader	
Websites	http://www.dh.gov.uk/PolicyAndGuidance/ ResearchAndDevelopment/fs/en http://www.dhsspsni.gov.uk/publications/2002/researchframework.pdf http://www.invo.org.uk/new.htm http://www.sherpa.nhs.uk/Resource/html_files/resdevthink.htm		