

GCE

Edexcel Advanced Subsidiary
GCE in Health and Social Care
(Single and Double Awards)

Edexcel Advanced GCE in
Health and Social Care (Single
and Double Awards)

August 2005

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Teacher's guide

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Authorised by Jim Dobson
Prepared by Sarah Harrison

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Edexcel Advanced Subsidiary GCE in Health and Social Care
(Single Award) (8741)

Edexcel Advanced Subsidiary GCE in Health and Social Care
(Double Award) (8742)

Edexcel Advanced GCE in Health and Social Care (Single Award)
(9741)

Edexcel Advanced GCE in Health and Social Care (Double Award)
(9742)

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Introduction

This teacher's guide accompanies the Edexcel GCE Health and Social Care specification and has been designed to help teachers prepare their students for first teaching in 2005.

This guide should be used in conjunction with the specification. It provides sections to help with planning teaching programmes and managing the assessment requirements.

The second part of the document includes sample items of internally assessed work. This will give further guidance on the application of the mark bands in the assessment grids and provide a first indication of the standards expected.

The materials within this document do not have to be used. They are designed to make the teaching of this qualification easier and provide examples of activities for lessons. The assessment guidance gives further information on each internally assessed unit, to help teachers and students with their assignments.

Throughout this document the term 'service users' is used when referring to the client or the person receiving care.

Specification summary

Edexcel Applied GCEs

This suite of qualifications comprises General Certificates of Education in:

- Applied Art and Design
- Applied Business
- Applied ICT
- Engineering
- Health and Social Care
- Leisure Studies
- Media
- Performing Arts
- Travel and Tourism.

They are designed to provide a broad introduction to a vocational area in an applied context. They are available for first teaching as two-year courses from September 2005 and one-year courses from September 2006. First awarding of Advanced Subsidiary qualifications is in summer 2006 and Advanced GCE qualifications in summer 2007.

GCE Health and Social Care specification structure

Word	Code
Optional	O
Compulsory	C
Not available	N/A

Unit	Code	Title	Level	AS (Single)	AS (Double)	GCE (Single)	GCE (Double)	Assessment mode	Assessment availability
1	6938	<p>Human Growth and Development</p> <p>Health and Social Care practitioners need to develop a knowledge base for working with people at every stage of their lives.</p> <p>This unit will develop knowledge and understanding of patterns of human growth and development. It will explore the key aspects of human growth and development and the experience of health and well-being.</p>	AS	C	C	C	C	<p>External</p> <p>A 1½ hour external test consisting of short answer and extended writing questions. All questions must be answered, no pre-release material.</p>	January/June
2	6939	<p>Communication and Values</p> <p>This unit will give an understanding of the importance of communication in all caring activities, and about values involved in care. The students will be taught about the value base of care and the transmission of values through communication.</p>	AS	C	C	C	C	<p>Internal</p> <p>A report of an interaction in a relevant work-related context with a client from one of the four service-user groups.</p>	January/June

Unit	Code	Title	Level	AS (Single)	AS (Double)	GCE (Single)	GCE (Double)	Assessment mode	Assessment availability
3	6940	<p>Positive Care Environments</p> <p>The knowledge gained from this unit will allow an understanding that positive care practice relies on practitioners having a comprehensive understanding of the diverse society we live in, and that the promotion of a care value base can enhance service users' opportunities in accessing services.</p>	AS	C	C	C	C	<p>Internal</p> <p>A report on how one of the four service-user groups accesses services.</p>	January/June
4	6941	<p>Social Aspects and Lifestyle Choices</p> <p>The knowledge gained from this unit will help with understanding the importance of social factors in effective health and social care practice. It will develop knowledge and understanding of how social factors can affect a service user, and how these factors impact on care practice.</p>	AS	N/A	C	N/A	C	<p>External</p> <p>A 1½ hour external test consisting of short answer and extended writing questions. All questions must be answered, no pre-release material.</p>	January/June
5	6942	<p>Activities for Health and Well-being</p> <p>This unit will investigate activities in health and care settings. The students will be taught about types of activities, their benefits, and their value in terms of health and well-being.</p> <p>Students will gain practical experience and skills in choosing, planning, implementing and evaluating activities for service users.</p>	AS	N/A	C	N/A	C	<p>Internal</p> <p>A report of an activity undertaken in a relevant work-related context, with a client from one of the four service-user groups.</p>	January/June

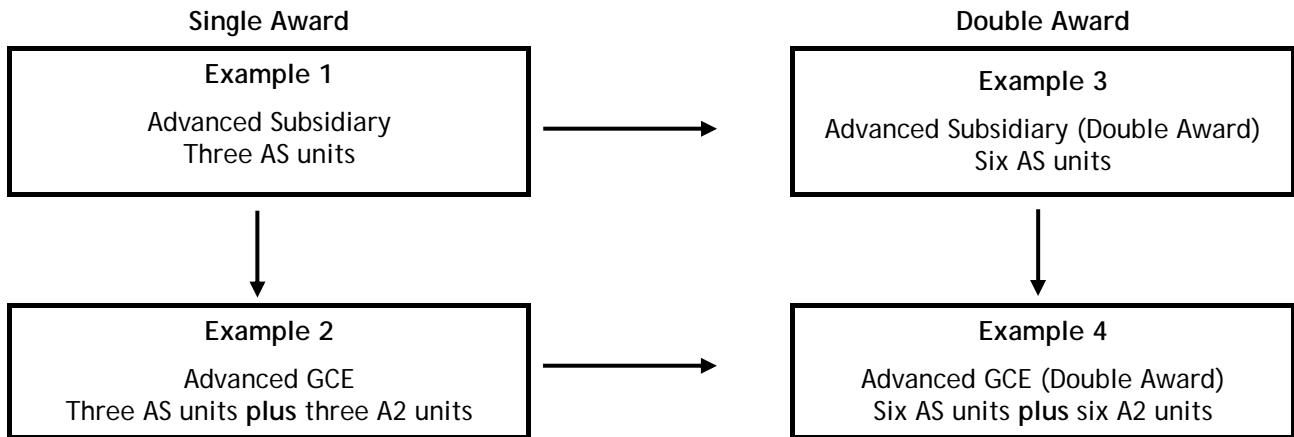
Unit	Code	Title	Level	AS (Single)	AS (Double)	GCE (Single)	GCE (Double)	Assessment mode	Assessment availability
6	6943	<p>Public Health</p> <p>This unit will develop knowledge and understanding of current public health issues, politics and practices in the UK.</p> <p>The public health field focuses on factors that affect the health and well-being of large populations of people. Students will be aware of the impact that social and economic factors and lifestyle choices have on the health status of populations and communities in the UK. Students should also understand how public health problems arise and know about the methods used to monitor, prevent and combat major public health issues.</p>	AS	N/A	C	N/A	C	<p>Internal</p> <p>A report of an investigation into a public health issue. The issue should be one that affects, or may in the future affect, the health, development or well-being of one of the four service-user groups.</p>	January/June
7	6944	<p>Meeting Individual Needs</p> <p>This unit will focus on how services are tailored to meet individual needs through the use of care plans, and on the importance of working in a multi-disciplinary environment.</p> <p>The unit allows the students to demonstrate understanding of how accountability is maintained through quality assurance procedures, put in place both by the organisation and by government.</p>	A2	N/A	N/A	C	C	<p>External</p> <p>This is the synoptic test. A 1½ hour external test consisting of short answer and extended writing questions. All questions must be answered, no pre-release material.</p>	January/June

Unit	Code	Title	Level	AS (Single)	AS (Double)	GCE (Single)	GCE (Double)	Assessment mode	Assessment availability
8	6945	<p>Promoting Health and Well-being</p> <p>This unit will develop a knowledge and understanding of promoting health and well-being. Students will find out why health promotion campaigns are carried out and how topics and target groups are identified.</p> <p>Students will carry out their own small scale health promotion and will learn the different approaches to health education and how they are put into practice. Students will develop skills in planning, implementing and evaluating an activity to promote health and well-being.</p>	A2	N/A	N/A	C	C	<p>Internal</p> <p>A report on a small scale health promotion that the students have carried out. This promotion should take approximately 15 hours. The target group for the health promotion should be from one of four service-user groups.</p>	January/June
9	6946	<p>Investigating Disease</p> <p>This unit develops concepts about disease including the biological basis of disease, the ways in which a diagnosis may be made, the availability of treatment, the factors that may influence the outcomes of the treatments, the strategies for preventing the spread or occurrence of the disease, and epidemiological methods for tracking disease.</p>	A2	N/A	N/A	C	C	<p>Internal</p> <p>A comparison of a communicable and a non-communicable disease. Any diseases chosen will be from the four service-user groups.</p>	January/June

Unit	Code	Title	Level	AS (Single)	AS (Double)	GCE (Single)	GCE (Double)	Assessment mode	Assessment availability
10	6947	<p>Using and Understanding Research</p> <p>This unit will develop knowledge and understanding of research methods and the research process.</p> <p>Research awareness is increasingly important in this field because of the emergence of evidence-based care practice. Research plays a key part in developing and improving policies, service provision and care interventions.</p>	A2	N/A	N/A	N/A	C	Internal A research investigation obtaining primary and secondary data. The investigation should cover a topic drawn from one of the four service-user groups.	January/June
11	6948	<p>Social Issues and Welfare Needs</p> <p>In this unit students will be able to identify and investigate a variety of social issues and welfare needs, which exist in our society. They will investigate both contemporary and historical issues and how they impact on service users in different health and social care settings.</p>	A2	N/A	N/A	N/A	C	Internal A report on a social issue or a welfare need of interest, that affects one of the four service-user groups.	January/June
12	6949	<p>Understanding Human Behaviour</p> <p>This unit will develop knowledge and understanding of how human behaviour is understood and how it is applied to health and social care practice.</p> <p>Students should understand influences on behaviour and the affects that can result, and how theories of behaviour can be used in practice to make sense of the way people behave, think and feel.</p>	A2	N/A	N/A	N/A	C	External A 1½ hour external test consisting of short answer and extended writing questions. All questions must be answered, no pre-release material.	January/June

Planning a teaching programme

This section contains diagrammatic illustrations of possible ways the programme can be delivered.



Example 1: Advanced Subsidiary GCE (Single Award)

Three AS units

Unit title	Type of assessment	Date
Unit 1: Human Growth and Development	External	January/June
Unit 2: Communication and Values	Internal	January/June
Unit 3: Positive Care Environments	Internal	January/June

This can be taught as a one-year programme with an externally assessed unit available in January or June.

Example 2: Advanced GCE (Single Award)

Three AS units plus three A2 units

Unit title	Type of assessment	Date
Unit 1: Human Growth and Development	External	January/June
Unit 2: Communication and Values	Internal	January/June
Unit 3: Positive Care Environments	Internal	January/June
Unit 7: Meeting Individual Needs	External	January/June
Unit 8: Promoting Health and Well-being	Internal	January/June
Unit 9: Investigating Disease	Internal	January/June

This can be taught as a fast track one-year programme (starting in September 2006) or more commonly a two-year programme. The AS units are taught in the first year and the A2 units in the second year.

Example 3: Advanced Subsidiary GCE (Double Award)

Six AS units

Unit title	Type of assessment	Date
Unit 1: Human Growth and Development	External	January/June
Unit 2: Communication and Values	Internal	January/June
Unit 3: Positive Care Environments	Internal	January/June
Unit 4: Social Aspects and Lifestyle Choices	External	January/June
Unit 5: Activities for Health and Well-being	Internal	January/June
Unit 6: Public Health	Internal	January/June

This can be taught as a fast track one-year programme or a two-year programme.

Example 4: Advanced GCE (Double Award)

Six AS units plus six A2 units

Unit title	Type of assessment	Date
Unit 1: Human Growth and Development	External	January/June
Unit 2: Communication and Values	Internal	January/June
Unit 3: Positive Care Environments	Internal	January/June
Unit 4: Social Aspects and Lifestyle Choices	External	January/June
Unit 5: Activities for Health and Well-being	Internal	January/June
Unit 6: Public Health	Internal	January/June
Unit 7: Meeting Individual Needs	External	January/June
Unit 8: Promoting Health and Well-being	Internal	January/June
Unit 9: Investigating Disease	Internal	January/June
Unit 10: Using and Understanding Research	Internal	January/June
Unit 11: Social Issues and Welfare Needs	Internal	January/June
Unit 12: Understanding Human Behaviour	External	January/June

This is double teaching and takes the same time as two Advanced GCE courses.

You should normally teach AS units before the A2 units because A2 units are designed to be synoptic to AS units.

A synoptic test (or synoptic unit) is one that draws on information from other units.

Unit 7: Meeting Individual Needs is externally assessed by a synoptic test. This means that students must draw on knowledge from other units when answering the questions, as well as knowledge from Unit 7.

Delivery of assignments

Planning

It is recommended that, for each unit, the assignment brief should be given to students at an early stage in the delivery of the unit. This is to enable students to think carefully about how they are going to carry out their activity. They will need to consider whether they wish to carry out the activity within the following settings or service-user groups:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Students will also need to consider whether they wish to undertake the activity individually or as a group, whether a large or a small group.

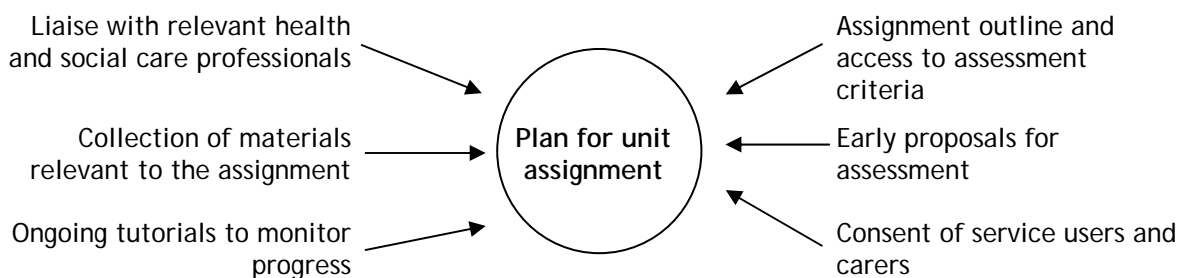
An early identification of the setting and the people to be approached will also enable the relevant consent to be obtained and the student should refer to this in the report.

The specification asks students to complete a concise series of tasks supplemented by visits, videos and/or visiting speakers.

The teacher needs to ensure that the series of tasks, as a whole, provides evidence for all assessment criteria and matches all of the assessment evidence.

Care should be taken when using published tasks and materials to ensure they are in line with the assessment criteria.

Regular tutorial sessions for students should be set up in order to monitor their progress with the assignment.



Students need to be involved in the planning of their assignments in terms of which tasks they are going to cover first and how to extend the assignment to achieve the higher grades.

All students should be given a copy of the assessment criteria grid. This should help with the planning and in enabling students to be aware of the need to work as independently as possible to achieve the higher marks.

All students are entitled to initial guidance in planning their work.

Assessment evidence must meet the requirements of the assessment guidance and criteria. All evidence must remain confidential. Witness statements may be appropriate to support evidence.

Proformas can be found in *Appendices A* and *C*.

One suggestion for the final format of the report could be a front page, contents page, introduction, assignment evidence in appropriate sections, a conclusion with analysis and a bibliography.

There is a guide to report writing in *Appendix E*.

Assessment

Students should be given clear deadlines for the submission of assignment tasks. Prompt feedback should be given on a regular basis with the opportunity for students to improve their assignment work before the final assessment.

Assignments should be marked strictly to the assessment criteria grid. Annotation of where and how marks have been awarded is good practice.

Students can be awarded marks in different bands for each assessment task from the assessment evidence.

Work placements

It is not a mandatory requirement for students to attend a work placement. Some of the internally assessed units do require students to collect evidence in order to complete their assignment. This could be undertaken in a range of ways.

- a visit, or series of visits
- a visit to the school/college by a service provider
- a series of morning or afternoon placements
- interviews
- observations
- work placement

The key is to be flexible. Carefully examine the assessment criteria for each assignment and ensure the students have the opportunity to produce work across all mark bands.

If centres wish to offer extended work placements to students this is acceptable. Work placements can be a good way of gaining practical experience, and students can gather evidence in one work placement for a variety of assignments.

It is important that centres do not just follow the existing pattern for the AVCE in Health and Social Care. Assignments at GCE level are expected to be more concise, and the suggested word limits are:

- AS assignments – 800 to 1200 words
- A2 assignments – 1500 words.

These are suggested word limits and students who produce assignments that are longer will not be penalised.

It is important that this GCE in Health and Social Care moves in this way so that students have the opportunity to show their skills. This is in line with the requirements of other GCE advanced level courses.

Unit 2: Communication and Values

Here is a more detailed explanation of the assignment required for Unit 2.

This is to aid teachers in delivering this assignment and to clarify any problems relating to the requirements for Unit 2.

Assignment outline

- 1 The student needs to produce a report of an interaction in a relevant work-related context between him/herself and a service user (this would be a one-to-one interaction) or between him/herself and a small group of service users (this would be classified as a group interaction) in one of the following settings:
 - health
 - early years (care and education)
 - care of older people
 - individuals with specific needs.

As can be seen in the section referring to the application of the assessment criteria, one interaction only needs to be carried out by the student to obtain marks in Mark Bands 1 and 2 for each assessment objective (AO). However, more than one interaction will need to be carried out to access marks in Mark Band 3. These interactions may be group interactions as well as one-to-one. To achieve marks in Mark Band 3 a comparison of the interactions will need to be made.

A relevant work-related context could be helping a young child in a day nursery at a meal time, carrying out a painting activity in a nursery class with a small group of children, helping a resident in a residential home to get up, washed and dressed, carrying out a reminiscence session with a small group of elderly clients at an Age Concern centre, or supporting a client with learning difficulties doing their shopping.

As shown above, the interaction may be either a one-to-one or a group interaction. However, the centre is asked to note that in all cases the student **must** take the role of the carer and the interaction **must** be carried out with a service-user group from one of the relevant settings as specified above. Witness statements can be used to provide some evidence of the student's ability to use appropriate communication skills. If the assessor uses this form of supporting evidence, the statements must give a clear account of the skills demonstrated by the student and this statement should be signed by a person holding a relevant position/qualification in the chosen work-related setting.

It is suggested that the student is given this information at an early stage in the programme so that he or she can think carefully about how they are going to undertake this interaction or interactions. It may be easier for them to choose a setting or settings they know and, perhaps, a person or people they know. Examples are a grandparent in a residential home and a younger sibling or child in a neighbouring family who goes to a nursery. Both group and one-to-one interactions can be considered.

An early identification of the setting and person to be approached will also enable the relevant consent to be obtained and the student should refer to this in the report.

The report should also refer to how confidentiality has been maintained eg through the use of pseudonyms for people and places. On no account must private information, photographs or promotional literature be included in the report.

The maintenance of confidentiality will, in itself, provide evidence towards an awareness of the care value base and the principles underlying health and social care practice.

The interaction or interactions will provide evidence towards assessment objective A02 in terms of demonstration of application of knowledge and understanding.

- 2 The report must also include evidence of all of the following:
- the types and range of communication skills used as identified in Section 2.1 of the specification. As well as different types of communication, a number of skills should be included here such as location, personal space, body language, listening and reflecting, appropriateness of language, questions, pace and pitch
 - possible barriers to communication such as the environment, time, culture, age
 - identification of possible barriers to communication as well as the development of strategies to overcome these
 - awareness of the care value base and the legislation which supports this with respect to the rights of service users and care workers as identified in Section 2.2 of the specification
 - with respect to a group interaction a range of skills needed should be identified, such as planning, managing and concluding, skills of support and encouragement, inhibiting factors, negotiation skills and the stages that groups go through as identified in 2.1 of the specification.

This will provide evidence towards assessment objective A01.

- 3 In addition, the report must show understanding of how values are transmitted during the communication process as well as demonstrating this in the interaction(s). This is identified in Section 2.3 of the specification.

An example of how values could be transmitted could be encouraging independence and empowerment in an older person by encouraging them to do things for themselves. Another example could be raising self-esteem in a young child or somebody with learning difficulties by giving praise.

This will provide evidence towards assessment objective A02.

- 4 The student must also collect information and gather evidence from relevant sources, which may be both primary and secondary.

Primary evidence should be in the form of notes or transcripts of the interaction/interactions, ideally supported by witness statements where possible (see comments on page 13 re witness statements) and secondary sources should include books and journals as well as any other relevant secondary material.

This will provide evidence towards assessment objective A03.

- 5 Finally, the student must include an evaluation of the interaction/interactions and draw conclusions from the evidence collected.

This will provide evidence towards assessment objective A04.

Sample assignment briefs

Sample assignment brief for Unit 2: Communication and Values

Background to the assignment

The aim of this assignment is to allow students to develop an understanding of the importance of communication skills in all caring activities and about values involved in care. Students will show knowledge of the care value base and how this can be transmitted through communication skills. Students will demonstrate understanding of their own ability to communicate with clients by carrying out at least one communication interaction with a client or clients from one of the following chosen work-related care settings:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Examples of appropriate interactions are given in the exemplar internally assessed work for Unit 2, on page 241. The student does not have to choose to carry out these specific interactions; they are given as guidance only. Teachers are advised to ensure that they have taken note of '*Delivering this unit*' on page 31 of the specification.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- Communication:
 - different types of communication including language, Braille, signing
 - interpersonal interactions and the skills involved that enable effective communication
 - barriers that may prevent effective communication from occurring including environmental barriers, sensory and cultural barriers
 - how to overcome these barriers.
- Care value base:
 - the care value base and the principles that underlie it including the importance of legislation and regulations that relate to how service users are treated.
- Transmission of values:
 - how values are communicated in caring situations.

Assignment brief

The assessment for this unit will consist of a written report that demonstrates understanding and knowledge of communication skills and transmission of values and how these can be applied to an interaction(s) that you have carried out with a client or group of clients from one of the following service-user groups:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

The report will describe how communication skills and the transmission of values are related to the service-user group chosen.

The interaction undertaken by you can be either a one-to-one interaction between yourself and a client or a group interaction between yourself and a group of clients. However, in all cases you **must** take the role of the carer in the interaction and **must** interact with a suitable client or client group from the chosen service-user group. Note also that consent should be obtained from the client or client group involved in the interaction and that confidentiality must be maintained at all times throughout your work.

Carrying out **one** interaction will allow you to access both **Mark Band 1** and **Mark Band 2**. To access **Mark Band 3** you will need to carry out at least **two** interactions and make comparisons between them regarding the use of communication skills and the transmission of values.

To assist you in completing the assignment the assignment brief is broken down into four subsections.

Part 1

Carry out at least one interaction with a client or a group of clients from the service-user groups given above.

Demonstrate your knowledge and understanding of communication skills and report on the types and range of skills you have shown in your interaction(s) showing awareness of the care value base. You may wish to include a witness statement in your evidence. This should clearly state the skills demonstrated, the client group and the work-related context and be signed and dated by both an appropriate professional and by the student.

Part 2

Apply your knowledge and understanding of relevant communication skills and the transmission of care values to your chosen work-related context. For Mark Band 3 you will need to extend this information to cover a range of work-related contexts.

Part 3

Using both primary and secondary research sources identify possible barriers to communication in your chosen work-related context. Report on how you were able to overcome these barriers.

Part 4

Evaluate the communication skills and transmission of values that you have used in your interaction(s). Draw valid conclusions from the evidence that you have gathered regarding the use of communication skills in your chosen context and how they support the transmission of values that underlie the care value base.

Sample assignment brief for Unit 3: Positive Care Environments

Background to assignment

The aim of this assignment is to allow students to develop awareness that positive care environments rely on practitioners having a comprehensive understanding of the diverse society we live in, and that the promotion of a care value base can enhance service users' opportunities in accessing services.

Students will also gain an understanding that organisations and society also have a responsibility to protect and safeguard the rights of those who are vulnerable and that the only effective way to do this is through policy and legislation.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- values and individual rights
- barriers to access
- creating a positive environment
- how society promotes service-users rights.

Assignment brief

The assessment for this unit will consist of a written report on how one of the service-users groups specified access services.

Evidence presented will be applied to one of the following service-user groups:

- health
- early years
- care of older people
- individuals with special needs.

To assist you in completing the assignment, the assignment brief will be broken down into four subsections.

Part 1

Demonstrate your knowledge and understanding by explaining the rights of the service user you have chosen when accessing services.

Suggested word limit 100-200 words

Part 2

Apply your knowledge and understanding of the potential barriers that your service-user group may encounter when accessing services.

Suggested word limit 100-200 words

Part 3

Undertake primary and secondary research to identify the factors that influence the creation of a positive care environment for your user group.

Analyse these factors on how they impact on the care setting or the service-user group.

Suggested word limit 300-400 words

Part 4

Evaluate how legislation safe guards and promotes the rights of your chosen service-user groups or setting.

Critically explain organisational responsibilities under the legislation and methods of redress open to service-user groups.

Suggested word limit 300-400 words

Sample assignment brief for Unit 5: Activities for Health and Well-being

Background to the assignment

The aim of this assignment is to allow students to develop an understanding of the benefits to service users of different types of activities and their value in terms of health and well-being. Students will gain practical experience and skills in selecting, planning, implementing and evaluating activities for service users in health and social care.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- the types and benefits of activities that meet the needs of different service users. These activities can be physical, intellectual, social and emotional activities
- the planning and implementation of activities
- how to evaluate activities that have been carried out.

Assignment brief

The assessment evidence for this unit will consist of a written report of an activity that you have carried out with a client or a group of clients from a relevant service-user group in health and social care in a relevant care setting. You may choose to carry out your activity with a client from one of the following service-user groups:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Throughout your assignment you must demonstrate your knowledge of the content of the unit found in the '*What you need to learn*' section of the specification.

You can carry out your chosen activity with an individual client from one of the service-user groups listed or you may choose to carry out an activity with a small group of clients.

Please note that when you carry out any interaction with clients you must obtain their consent and the consent of the care setting and you must maintain confidentiality throughout including in the written report submitted for the assessment.

To assist you in completing the assignment it has been broken down into four subsections.

<p>Part 1</p> <p>Demonstrate your knowledge and understanding by explaining the types of activities you considered undertaking and the reason for your choice of the activity that you carried out with the service user(s). For Mark Band 1 you will give at least one example of the type of activity that you considered and a reason for your choice. For Mark band 2 at least three examples and explanations of the types of activities considered are required with clear reasons for the choice of activity actually carried out. For Mark Band 3 at least four examples are required.</p> <p>(A01)</p>
<p>Part 2</p> <p>You need to apply your knowledge and understanding of the benefits of the chosen activity to the health and well being of the chosen service user(s). For Mark Band 1 you will need to indicate at least one benefit that the service user may gain from undertaking the chosen activity. For Mark Band 2 at least three benefits will be considered and for Mark Band 3 at least four benefits will be explained.</p> <p>(A02)</p>
<p>Part 3</p> <p>Using relevant research sources show how you planned for your chosen activity. Your report on planning should include analysis of the care setting paying particular attention to work-related issues and problems such as safety requirements, resources and time constraints. Links should be made to the work-related context and problems such as barriers to undertaking the activity should be reported on. There should be evidence to show how these barriers were overcome.</p> <p>For Mark Band 1 you will need to show that you have used at least one source of information, for Mark Band 2 you will need to show that you have drawn information from at least three different sources and for Mark Band 3 the information used should be extensive and drawn from at least four sources of different types.</p> <p>(A03)</p>
<p>Part 4</p> <p>Carry out an evaluation of the activity that you chose including comments on the benefits of the activity to the service user(s). For Mark Band 1 you will carry out a basic evaluation and indicate the benefits for the service user(s). For Mark Band 2 you will evaluate at greater depth and draw conclusions regarding the activity based upon solid evidence. For Mark Band 3 your evaluation will be thorough. Detailed, well-reasoned and valid conclusions regarding the activity will be based on clear and relevant evidence.</p> <p>(A04)</p>

Sample assignment brief for Unit 6: Public Health

Your local primary care trust has asked you to carry out an investigation on their behalf into the future health needs of children. They are concerned that the current lifestyle demonstrated by today's children could lead to major health risks in the future. These health risks have the potential to create additional burdens on the provision of health and care services to adults in 30 or 40 years time. Plans to meet these needs have to be started now.

You have been requested to provide evidence from your research in a report format. The primary care trust has specifically requested that you follow the sections identified below:

- introduction to the report
- lifestyle issue being investigated with evidence to support the problem
- links between the lifestyle issue and social and environmental conditions of the children including evidence to show the links
- suggestions of actions that could be taken to minimise the risks to the future health of the children
- a comprehensive bibliography demonstrating all the sources of information that you have used throughout your research and report writing.

It is important that you link this task to the assessment guidance provided by the awarding body.

Make sure you are aware of the Mark Bands applied to the assessment and aim high.

Sample assignment brief for Unit 8: Promoting Health and Well-being

You are required to carry out and write a report of a small scale health promotion relevant to one of the following settings or service-user groups:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

The promotion may be carried out on your own or as part of a group and should take about 15 hours to complete. If you work as part of a group, your report must be an individual piece of work carried out entirely by you. You may choose a topic for the promotion from any area of health and social care relevant to your chosen target group.

You are advised to examine the published Mark Bands of the assessment criteria so that you can plan to achieve the highest marks (as seen on pages 97-99 of the specification).

Your report should demonstrate your knowledge and understanding of the promotion of health and well-being and show your ability to carry out a small scale health promotion. You are advised to keep a plan or diary of the tasks undertaken and the secondary information obtained, as you will need to include these in your final report. You must observe confidentiality in your work and obtain the consent of your client/s.

The written report should contain approximately 800-1200 words and provide evidence of:

- knowledge and understanding of the topic of your promotion; this will be gathered from secondary information sources of different types such as interviews, text references or the internet
- explanation for your choice of target group
- planning of your promotion including the stated aims and objectives
- explanation for your choice of health promotion approach
- the ways in which you will measure the success of your promotion
- the materials that you use and/or create in the promotion
- analysis of the success of your promotion
- the evaluation of the outcomes of your promotion.

Sample assignment brief for Unit 9: Investigating Disease

Background to the assignment

The aim of this assignment is to allow students to develop awareness of both communicable (infectious) diseases and non-communicable diseases such as degenerative diseases, deficiency diseases, those diseases associated with lifestyle choices and inherited diseases. Students should understand the biological basis of diseases, the differences between communicable and non-communicable diseases, the diagnosis and treatment of diseases and the strategies available for the prevention of diseases including the use of epidemiological methods for tracking diseases.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- health, disease and epidemiology
- differences between communicable and non-communicable diseases
- diagnosis, treatment and facilities to support individuals with disease
- strategies for the prevention of disease, including national and local strategies and personal lifestyle choices.

Assignment brief

The assignment for this unit will consist of a written report that **compares two diseases**. One disease chosen for the assignment must be a **communicable** disease and the other must be a **non-communicable** disease. Students should choose diseases that are relevant to one of the following service-user groups in order to be able to collect data concerning the causes and distribution of the diseases.

Evidence should be drawn from one of the following settings:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Throughout your assignment you should ensure that you show understanding and knowledge, related to your chosen setting, of the content as specified in the *'What you need to learn'* section of the specification for Unit 9.

To assist you in completing the assignment, the assignment brief is broken down into four subsections.

Part 1

Demonstrate your knowledge and understanding of the biological basis of the diseases chosen for study and the body's responses to them.

For Mark Band 1 you will briefly describe a relevant communicable and non-communicable disease. At least one sign and symptom of **each** disease will be reported on and there will be a report of how the body responds to **each** of the two diseases.

For Mark Bands 2 and 3 increasing depth and breadth of knowledge are required to be demonstrated. For example, For Mark Band 2 at least two different signs and symptoms are reported on for **each** disease. For Mark Band 3 at least three signs and symptoms are required for **each** disease.

(AO1)

Part 2

Apply your knowledge and understanding of the causes and distribution of **both** your chosen communicable and non-communicable diseases.

For Mark Band 1 you must identify at least one of the factors that affect the cause and distribution of **each** disease.

For Mark Band 2 at least two factors for **each** disease need to be identified and these factors need to be compared.

For Mark Band 3 at least three factors need to be identified for **each** disease and these factors need to be compared and reviewed.

(AO2)

Part 3

Undertake an analysis of the availability of support and facilities for diagnosis and treatment, for **each** of the two diseases chosen, in your locality, including factors that may affect the availability and outcome of the treatments. In order to do this you need to draw on information that you have sourced.

For Mark Band 1 you need to identify at least one method of diagnosis and treatment for **each** disease and list factors that could affect the outcome of treatment. You also need to describe the role of professional and/or voluntary support where appropriate.

For Mark Band 2 you need to explain at least two methods of diagnosis, making clear how your chosen diseases are differentiated from those with similar signs and symptoms. You will highlight the differences in provision for your two diseases and describe the factors that can affect the outcome of the treatments, examining the role of professional and/or voluntary support where appropriate.

For Mark Band 3 you need to examine at least three factors that can affect the outcome of the treatments of the two diseases. Support available needs to be compared, as do the treatments available locally and nationally. You need to draw information from a number of sources of different types and make appropriate links to work related issues and problems encountered in your chosen setting.

(AO3)

Part 4

You need to evaluate the strategies for the prevention of your two chosen diseases and the factors that might affect them.

For Mark Band 1 you need to identify at least one factor for **each** disease that may affect the cause and distribution of the disease.

For Mark Band 2 two factors need to be identified and these factors need to be compared for both diseases.

For Mark Band 3 your report needs to identify and review at least three factors that could affect the distribution of both diseases. You need to clearly compare and contrast the communicable and non-communicable disease.

(AO4)

Sample assignment brief for Unit 10: Using and Understanding Research

Background to the assignment

The aim of this assignment is to allow students to develop knowledge and understanding of research methods and the research process. Students will carry out a research project using both primary and secondary data that will allow them to apply their knowledge of the research process in a practical manner. The research investigation should cover a topic that is relevant to the health and social care field.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- the aims and use of research in health and social care
- research methods
- how to plan, conduct and evaluate a research project.

Assignment brief

The assessment for this unit will consist of a written report based on the completion of a research project that you have planned and carried out. The project should involve you in collecting and using both primary and secondary data related to your research proposal.

Your research project should be relevant to one of the following service user settings:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

You may choose to base your research project on an issue related to one or more of the units within your GCE Health and Social Care qualification or you may wish to research an alternative health or social care topic that is relevant to one of the service user settings given above.

Your research evidence should consist of your research proposal and a written report that demonstrates your understanding of the aims of the research and research methodology.

To assist you in completing the assignment, the assignment brief is broken down into four subsections. Each subsection is mapped against the corresponding assessment objective (AO).

Within your assignment you must cover the topics specified in the '*What you need to learn*' section of the specification and you must relate this knowledge in your assignment to your chosen research in your chosen service user setting.

Part 1

Demonstrate your knowledge and understanding of research methodology.

You should show that you understand the role that research plays in the health and social care field that you have chosen to base your research in and how research findings affect the work of relevant health/social care practitioners.

Report on your chosen research proposal highlighting key issues of methodology relevant to the proposed investigation.

(AO1)

Part 2

Apply your knowledge and understanding of the research process by using relevant techniques and skills to obtain both primary and secondary research data for use in your investigation. Your collection of secondary research should involve a review of background literature and information sources relevant to your chosen research topic and research question or hypothesis.

(AO2)

Part 3

Carry out an analysis of the research data that you have collected. You should draw clear, valid and reasoned conclusions about your research based on the data you have collected. To gain marks in Mark Band 3 you will need to produce coherent arguments to support and justify your conclusions.

(AO3)

Part 4

Evaluate both your research project and the methodology that you employed. You need to highlight the strengths, weaknesses and outcomes of your research investigation and demonstrate an appreciation of the purpose and process of research in your chosen work context of health and social care.

In addition, for Mark Bands 2 and 3, you will need to acknowledge the limitations and weaknesses of the data you collected.

(AO4)

The overall report of your research investigation will form the second part of the evidence for AO1. You need to ensure that the report demonstrates both knowledge and understanding of the research process and research methodology. The depth and breadth of knowledge demonstrated in the report will be relevant to which Mark Band is awarded within this assessment objective.

Sample assignment brief for Unit 11: Social Issues and Welfare Needs

Background to assignment

The aim of this assignment is to allow students to gain valuable knowledge on a variety of welfare and social issues which exist in our society. Students will be able to differentiate between those that have existed for many years and those which are relatively new.

In addition it aims to prepare students for these and other issues which they will meet in the future as professional carers.

Learning outcomes

On completion of this assignment students will have gained an understanding of:

- origins of social and welfare issues
- demographic change and social welfare issues
- social issues in context
- government response to social issues and welfare needs.

Assignment brief

The assessment for this unit will consist of a written report on a social issue which is of interest to you.

The evidence you present needs to be applied to one of the following service-user groups:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

To assist you in completing the assignment, the assignment brief is broken down into four subsections. Each subsection is mapped against the corresponding assessment objective (AO).

Part 1

Demonstrate your knowledge and understanding of the origins of the social or welfare issue identified.

Suggested word limit 200 words

Part 2

Apply your knowledge and understanding of demographic change to your social or welfare issue identified.

Suggested word limit 200 words

Part 3

Undertake primary and secondary research to identify the social or welfare issue in context.

Suggested word limit 400-600 words

Part 4

Evaluate how government has responded to the social or welfare issue identified.

Suggested word limit 400-600 words

Units

These sections look at the units in more detail, giving information on the following:

- what teachers need to be familiar with (details of the specification, assessment evidence and grids)
- key areas to cover
- a table covering activities, suggested order of delivery and suggested resources.

Index of units

Unit 1: Human Growth and Development

Unit 2: Communication and Values

Unit 3: Positive Care Environments

Unit 4: Social Aspects and Lifestyle Choices

Unit 5: Activities for Health and Well-being

Unit 6: Public Health

Unit 7: Meeting Individual Needs

Unit 8: Promoting Health and Well-being

Unit 9: Investigating Disease

Unit 10: Using and Understanding Research

Unit 11: Social Issues and Welfare Needs

Unit 12: Understanding Human Behaviour

Unit 1: Human Growth and Development

Unit aims

The main aim of this unit is to help students develop an understanding of the patterns of growth and development and the factors that may affect these. This is important as health and social care practitioners need a good knowledge base for working with people in every stage of their lives.

The unit begins by looking at the life stages in turn and the acquisition of skills and abilities in the different areas of development – physical, intellectual, emotional and social. The student will gain an understanding of the difference between growth and development and that there are distinctive patterns in each of the different life stages. The unit goes on to look at the range of factors that influence growth and development and also those factors that have an impact on our experience of health and well-being. Students will gain an understanding of the nature – nurture debate, having studied the relative importance of genetic and environmental (life experience) factors. The unit looks at the different ways health may be defined, and emphasises that being healthy may mean different things to different people. Health promotion is looked at from the point of view of its aims and approaches. Students are encouraged to study real life examples.

In this teacher's guide, you will find this unit broken down into 35 sections that cover the three main unit topics. There are suggestions for delivery and resources. There are 15 activities, three of which are end of topic 'examination style' questions, based on case studies. There are more activities for the first unit topic (1.1), to help secure that knowledge so that the students have a firm foundation for the study of the rest of the unit.

Unit topics

- 1.1: Life stages and aspects of human growth and development
- 1.2: Factors affecting growth and development
- 1.3: Promoting health and well-being

1.1: Life stages and aspects of human growth and development

Topic	Suggested delivery plan	Resources
1 Overview of the different life stages	<ul style="list-style-type: none"> Introduce the idea that as we get older we pass through different stages. The students come up with their own ideas what they the stages should be. Learning outcome – students should be able to name the life stages and the age ranges for each stage. 	Activity 1
2 Infancy	<ul style="list-style-type: none"> The students could write down individually some key features of infancy, based on their experience of an infant they know. They could then discuss their ideas in pairs or groups and report back to the class. Introduce the idea of norms and also the idea of individuality. 	Activity 2
3 Early childhood	<ul style="list-style-type: none"> Carry out a similar exercise like the one for infancy. 	Activity 2
4 Adolescence	<ul style="list-style-type: none"> The students could imagine that an alien has landed from an other planet. They should try to explain to the alien what are some of the key features that adolescents have. They should think as widely as possible and not just concentrate on physical features. 	Activity 3
5 Early adulthood	<ul style="list-style-type: none"> This is a very wide age range and it would be useful to get the students to think of features that are similar to all people in this life stage. They might come up with events that happen to most people eg marriage, promotion at work, having children. 	
6 Middle adulthood	<ul style="list-style-type: none"> The students could start by discussing about what they understand by the term 'middle-age' or 'mid-life'. They could identify some of the key features, such as the menopause in women. Introduce the idea of looking back and also looking ahead. 	Activity 4
7 Later adulthood	<ul style="list-style-type: none"> Students often have different views of when this life stage begins. They should think of someone they know who fits into this life stage and describe what they are like, both in what they look like and the things they do. They could then describe their 'person' to the rest of the class. This should provide an interesting variety of 'character sketches' and lead well into the next topic. 	Activity 5

Topic	Suggested delivery plan	Resources
8 Overview of skills and abilities	<ul style="list-style-type: none"> Students should be introduced to development and the idea that it is different to growth. Most students will be familiar with physical development. Ask them if they can think of other ways in which people develop. Put their ideas on board, and group them into the four main areas – physical, intellectual, emotional and social (PIES). 	Activity 6
9 Physical skills	<ul style="list-style-type: none"> Students may know that motor skills refer to movement. Introduce them to the difference between gross motor skills (movement involving whole limbs) and fine motor skills (movement requiring fine control, usually carried out by the fingers). They should research the gross and motor skills acquired during infancy (and early childhood). For each skill, they should identify the age range it is normally acquired at. Additional physical skills acquired during the other life stages should be identified. Students could then look at the decline of physical characteristics, particularly during later adulthood, eg muscle wastage or loss of bone density. The higher-ability students should be encouraged to research explanations for the decline of their physical characteristics. 	Health and social care and biology textbooks Internet access Activity 7
10 Intellectual skills	<ul style="list-style-type: none"> Students should be introduced to the term cognitive ability. Whilst they do not need to know about theorists, study of the ideas of Piaget on cognitive development would be useful. Ask the students to think about the ways they learn best. Discuss with them the importance of someone to guide them. 	Health and social care and psychology textbooks
11 Emotional development	<ul style="list-style-type: none"> Students could make a list of the different ways that people show emotion. They should then construct a table showing the different ways that people show emotion at different stages in their life. They should be able to answer a question, such as how and when does a baby show emotion and how does this differ from someone who is an adolescent or a young adult. Introduce students to the term 'self-concept'. Ask them to identify some of the advantages of a good self-concept. They could then make a list of some of the factors that might affect a person's self-concept positively and negatively. 	Health and social care textbooks

Topic	Suggested delivery plan	Resources
12 Social skills	<ul style="list-style-type: none"> Introduce students to the idea of socialisation. They could describe the different ways that people interact with each other in the different life stages. They could also make a list of the people who are most important to us in each of the life stages. More-able students should be able to offer explanations for the differences. 	Health and social care textbooks
13 Summary	<ul style="list-style-type: none"> Use the case study and questions to help prepare students for an examination question on life stages and aspects of human development. 	Activity 8

1.2: Factors affecting growth and development

Topic	Suggested delivery plan	Resources
14 Genetic factors	<ul style="list-style-type: none"> • Make sure students are familiar with the terms: cell, nucleus, chromosomes and genes. Explain that we acquire genetic information from both our parents. Ask them to think of similarities between parents and their children. • Get students to think about some of their own characteristics that cannot be changed. They could find out about people who have 'sex' changes. Make it clear that a person's gender will not change (having a Y chromosome means a person is male). 	KS4 Science revision guides Health and social care textbooks Information on Karyotypes of people with chromosome abnormalities (from an internet search or a Biology textbook). Activity 9
15 Environmental factors	<ul style="list-style-type: none"> • Students could write down what they understand by the word 'environment' and compare their answers. Stress to the students that here the word 'environment' is used to refer to all the experiences someone has in their life. The students could then repeat the initial activity and then compare their answers. 	KS4 Science revision videos about the relative influence of genes and the environment in determining our characteristics.
16 Nature-nurture debate	<ul style="list-style-type: none"> • Students could make a list of characteristics that they think are controlled only by their genes. They could then discuss whether they think a person's weight is controlled by their genes or by their environment. This should stimulate a good debate and let them see that there is some degree of variation in what people think – point out to them this is exactly what the 'nature-nurture' debate is all about. • Students could research studies in determining whether characteristics are genetically or environmentally determined. 	Health and social care textbooks Internet access Activity 10
17 Lifestyle factors	<ul style="list-style-type: none"> • Students should be introduced to the idea that lifestyle factors are those over which they have some influence. See what factors they come up with themselves. Here, students need to be aware of diet, exercise, use of drugs, alcohol, and smoking tobacco. Each student could research at least two of these thoroughly, including the benefits or dangers to health. They should present their findings to the rest of the class. Each student should make notes on each presentation. There could then be a quiz or test with the 'presenter' contributing some questions (and answers) on their chosen topics for the others. 	Health and social care textbooks Internet access Activity 11

Topic	Suggested delivery plan	Resources
18 Social factors	<ul style="list-style-type: none"> • Students could come up with a list of the different types of people they interact with. Introduce them to any of the following they do not identify – family, friends, health services, community groups. They could then consider when they might come into contact with each of these groups. • Find out what students understand by ‘social class’ and what factors determine which social class someone fits into. • Depending of the cultural beliefs of the students in the class, they could identify different cultural beliefs and the effect some of these have in society eg Catholics and contraception. 	Health and social care textbooks Internet access
19 Physical environment factors	<ul style="list-style-type: none"> • See if students can identify different types of pollution, eg air, water and noise. They could consider the effects of polluted air and water on physical development. They could research specific cases of pollution, such as the release of poisonous gas in Bhopal in India in 1984. They could consider the adverse effect of noise on as many different areas of development as they can. • Students could also consider the effects of unemployment, income, education and safe neighbourhood on the different areas of development. They could draw on their own knowledge here or discuss with family and friends. 	Internet access Family and friends
20 Psychological factors	<ul style="list-style-type: none"> • Revisit ‘self-concept’ and expand into ‘self-esteem’. • Students could think about the relationships they have with different people. Students could make a list of positive aspects of relationships and negative aspects of relationships and then they could share these ideas with others in the class. This could expand into examples of positive and negative relationships in other life stages. They could draw on the experience of their family and friends here. • Students could write down what ‘stress’ means to them. Then they could research what stress means to different people and to record examples of what they find. 	Health and social care textbooks Family and friends Internet access
21 Summary	<ul style="list-style-type: none"> • Use the case study and questions to help prepare students for an examination question on factors affecting growth and development. 	Activity 12

1.3: Promoting health and well-being

Topic	Suggested delivery plan	Resources
22 What does it mean to be healthy?	<ul style="list-style-type: none"> Students could start by thinking about their own definitions of 'what it means to be healthy?' This should provide a variety of answers and stimulate a good discussion. Students should also consider the difference between health and well-being. 	Health and social care textbooks
23 Absence of disease definition	<ul style="list-style-type: none"> Introduce students to the medical/biomedical approach to health. They could interview someone who has been in hospital and ask them about their experience and how they felt. They could also research 'the medical model' and what it means. 	Health and social care textbooks Internet access
24 Holistic definition	<ul style="list-style-type: none"> Students could start by finding out what the word 'holistic' means. They could find out about the World Health Organisation, who first came up with a holistic definition. They should discuss some of the advantages and disadvantages of this definition compared to the 'absence of disease' definition. 	Health and social care textbooks Internet access
25 Personal definitions	<ul style="list-style-type: none"> Students should consider what 'good health' means to people in different life stages and circumstances. Students could interview people and canvass their opinions. They should then discuss their findings with the rest of the class – this should stimulate a good discussion. 	Friends and family Internet access
26 Definitions of ill-health and disease	<ul style="list-style-type: none"> Having thought about what it means to be healthy, students should be in a position to come up with some definitions of ill-health and disease. They should think about the way different ways in which diseases may be classified. Students could make a list of different diseases and then try to group them together in as many ways as possible. 	
27 Overview of aims of health promotion campaigns	<ul style="list-style-type: none"> As a beginning to studying health promotion, students could make a list of the different 'interest groups' who run 'health promotion campaigns'. They should also consider why these campaigns exist. Students should come up with their own list of the different purposes of health promotion, and discuss this with the rest of the class. They should then group their ideas into the three main aims in the specification. 	Health and social care textbooks

Topic	Suggested delivery plan	Resources
28 Increasing awareness	<ul style="list-style-type: none"> Students could think of different ways that could be used to let people know about health issues. They could think of some of the current health promotion campaigns, such as 'wash your hands after using the toilet' or 'eat five portions of fruit and vegetables per day' and interview people to find out if they know about them and how do they know. Students should try in to interview people in as many different life stages as possible. 	Health and social care textbooks Friends and family
29 Improving fitness	<ul style="list-style-type: none"> Students should find out what fitness means. They should research some of the ways fitness may be measured. Students could then measure each other's fitness, using such indicators as resting pulse rate, time taken for pulse rate to return to normal after exercise, blood pressure, lung volumes (vital capacity). 	Stopwatch, sphygmomanometer, spirometer Activity 13
30 Preventing ill-health	<ul style="list-style-type: none"> Students could think about the phrase, 'prevention is better than cure'. They should consider the benefits of preventing ill-health as opposed to treatment, including the benefits to the patients and the government or national health service. 	Health and social care textbooks Internet access Speakers, such as health visitor
31 Health promotion – different approaches	<ul style="list-style-type: none"> Having considered the different aims of health promotion campaigns, students should now consider the different approaches that may be used. 	
32 The medical approach	<ul style="list-style-type: none"> The medical model of health promotion focuses on preventing disease. Students will have already covered the benefits of prevention in topic 30, but here they will look at some examples in detail. Students should research a health promotion campaign, such as encouraging people to attend 'well-woman or well-man' clinics, have 'smear tests' or 'breast screening'. Students should also find out about immunisation, both active and passive. Students will need to understand about antibodies – how and when they are produced in the body and how they protect us. They could research the immunisation schedule for an infant, young child and an adolescent. Students should be aware of some of the concerns surrounding immunisation. 	Health and social care textbooks Internet access Local surgery Health visitor

Topic	Suggested delivery plan	Resources
33 The education approach	<ul style="list-style-type: none"> Here, students should focus on educating people about healthier lifestyles. They could look at anti-smoking campaigns, the dangers of binge drinking and poor diets. Each student could gather information and give a PowerPoint presentation to the rest of the group. They should consider whether knowledge of the dangers is enough to make people change their lifestyle. Students could interview people to gather information about this. 	Health and social care textbooks Internet access Leaflets from local surgery
34 The societal approach	<ul style="list-style-type: none"> This approach looks at political action to change the physical or social environment. Students could investigate the steps taken to ban smoking in public places as an example, and how this has progressed over the years. They could interview people who smoke and people who don't smoke, and canvass their views on the matter. 	Health and social care textbooks Internet access Activity 14
35 Summary	<ul style="list-style-type: none"> Use the case study and questions to help prepare students for an examination question on promoting health and well-being. 	

Activity 1 – How well do you know your life stages?

You need to know:

- the correct names for the different life stages
- the age range for each life stage
- some key features of each life stage.

(a) Circle from the following lists the correct name for each life stage:

baby	infant	infancy	infantile
early childhood	toddler	child	beginning of childhood
puberty	adolescence	teenager	teenage years

(b) Complete the table to show the six main life stages and the age range for each life stage. For each life stage, give one main feature.

Name of life stage	Age range/years	Main feature of life stage
	0-2	
early adulthood		

Activity 2 – What do you remember most about your child?

This is a questionnaire you could give to people who are parents. It is designed to tell you some of the key things they remember about their son or daughter's development when they were in infancy and when they were in early childhood.

You should give the questionnaire to between four and six people. You should then analyse the results to see if there are any common features in their answers.

Use the questions on this sheet and add two further questions of your own.

1 How many children do you have? _____

2 How many boys? _____

3 How many girls? _____

4 Identify two significant events that occurred between birth and two years in your children.

1 _____

2 _____

5 Identify two significant events that occurred between two years and eight years in your children.

1 _____

2 _____

6 Your question.

7 Your question.

Discuss your results with the other students in your class.

Activity 3 – Identify the adolescent

(a) Look at the following statements.

For each statement, write against it a number 0, 1, 2 or 3, depending on how strongly you feel the statement applies to an adolescent.

0 means you think the statement definitely does not apply to an adolescent.

1 means you think the statement might apply to an adolescent.

2 means you think the statement probably does apply to an adolescent.

3 means you think the statement definitely does apply to an adolescent.

Statement	Number
Puberty occurs	
The age range is 9-18 years	
Most people get married during this life stage	
People first interact with other people	
Menstruation stops	
Learn how to drive a car	
Friends are more important than family	
Learning stops during this life stage	

(b) Think of two more statements to which you would assign either a 2 or a 3.

1 _____

2 _____

Activity 4 – Having a midlife crisis

- (a) Before you start the main part of this worksheet, write down what you understand by the term 'midlife crisis'.

- (b) Interview at least two people who are in middle adulthood (46-65 years). Ideally one should be a man and one a woman.

Ask them the following questions:

- (i) what do you understand by the term 'midlife crisis'?
- (ii) have you or a friend had a midlife crisis?
- (iii) if you or your friend has had a midlife crisis, are you able to tell me what it was?
- (iv) have you or your friend got over the crisis?
- (v) if you or your friend has got over the crisis, what helped you?
- (vi) has the midlife crisis changed you or your friend in anyway?

- (c) Are there any similarities or differences in the responses you got?

- (d) How well did your initial understanding of the term 'midlife crisis' match up to what the people answering your questionnaire told you.

Activity 5 – Interviewing

Arrange to interview two people separately from the later adulthood stage of life. Try to pick two people who are different in as many ways as possible.

Make up your own questions to ask them. Remember you are trying to find out as much about them as you can and what they think about their lives, both past and present.

You should present your findings in a table so that you can compare and contrast the information from your two people as clearly as possible.

Question	Person 1's answer	Person 2's answer	Comment on similarity or difference

Activity 6 – Is it growth or is it development?

Look at the following examples and say whether they are examples of growth, examples of development or examples of both growth and development.

(a) A single cell getting bigger.

(b) Cells dividing into 2, then 4, then 8 cells – all similar cells.

(c) A cell differentiating into a specialised cell, such as a nerve cell.

(d) A child getting taller.

(e) A baby beginning to walk

(f) A young child beginning to say short sentences.

(g) An adolescent beginning menstruation.

(h) A middle-aged person putting on a lot of weight.

(i) A tumour increasing in size.

(j) An older person learning to use a computer.

Activity 7 – Motor skills – gross or what!

You need to know:

- the difference between a gross motor skill and a fine motor skill
 - the main gross and motor skills in the different life stages, in particular in infancy and in early childhood
 - how physical characteristics decline in later adulthood and be able to discuss how their decline may be minimised.
- (a) Put the following motor skills in the order they are acquired, say roughly the age at which each would be acquired and whether it is a gross motor skill or a fine motor skill.
- able to sit up on their own
 - able to feed themselves
 - able to tie shoe laces
 - able to catch a ball
 - able to hold up their head on their own
 - able to crawl.
- (b) For each of the following physical characteristics, say how it declines in later adulthood and what could be done to minimise the decline.
- muscle strength
 - bone density
 - eyesight.
- (c) Find out any other characteristics that decline as we get older. You may find it useful to speak to an older person.

Activity 8 – Life stages and aspects of human growth and development

Case study

Bruce is eight months old and is growing and developing within the norms for his age. He has an older sister Hazel who is 13 years of age. Hazel is very fond of her little brother and likes to look after him. She helps feeds him and plays with him. Her parents, Bill and Ann who are both 34 years of age, often praise her and tell her how clever she is.

Angela is Bruce and Hazel's grandmother. She is 58 years of age and lives on her own. She has an interesting job, but manages to see Bruce and Hazel regularly and also to visit the many friends she has.

(a) Identify the life stages of all the people mentioned in the text.

(5)

(b) Identify two gross motor skills that Bruce will have already acquired.

(2)

(c) Identify two further gross motor skills that Bruce should acquire in his current life stage.

(2)

(d) Describe a fine motor skill that Bruce will have already acquired.

(1)

(e) Name the term given to the secondary sexual changes that Hazel is experiencing.

(1)

(f) Identify two secondary sexual characteristics that differ in boys and girls.

(2)

(g) State and explain two areas of Hazel’s development that may be influenced by her interaction with Bruce.

(4)

(h) Explain how Bill and Ann’s behaviour may influence Hazel’s emotional development.

(2)

(i) Describe two of the physical changes that Angela will have gone through during her life stage.

1

2

(4)

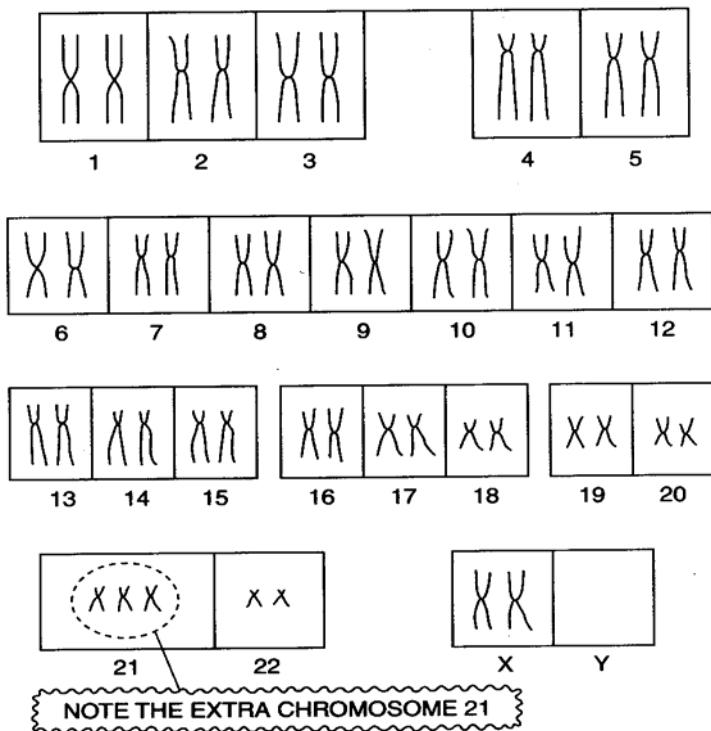
(j) Discuss how the different areas of Angela’s development may be influenced by her lifestyle.

(6)

Total 30 marks

Activity 9 – Down’s syndrome

- (a) Down’s syndrome is a genetic condition that arises from having an extra chromosome at position 21. The karyotype shows the chromosomes from a cell of someone with Down’s syndrome.

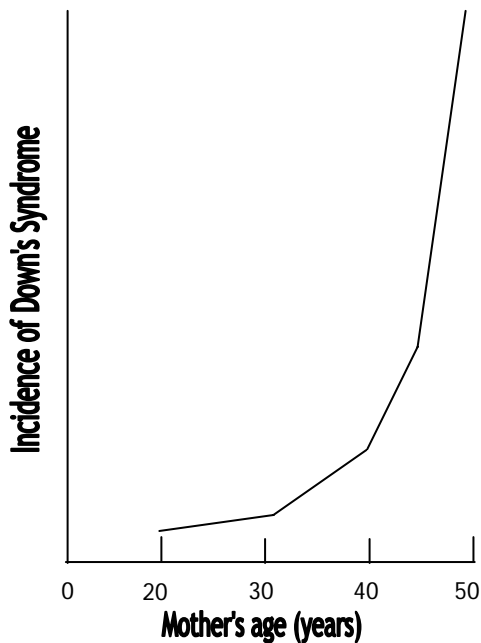


(i) How many chromosomes does this person have?

(ii) What is the ‘normal’ number of chromosomes?

(iii) Explain whether this person is male or female.

- (b) The graph shows the incidence of Down’s syndrome born to mothers of different ages.



Activity 10 – Studies using identical twins



- (a) How does studying identical twins help us to find out whether characteristics are determined by genes or by the environment?

- (b) The table shows mean differences in certain physical characteristics between pairs of twins.

Mean difference in	Identical twins reared apart	Identical twins reared together	Non-identical, same-sex twins reared together
Height/cm	1.8	1.7	4.4
Mass/kg	4.8	2.0	4.9

For each of the characteristics in the table, use the data to explain whether it is controlled mainly by genes or the environment.

Height

Mass

Activity 11 – Are they drinking too much?

The recommended maximum weekly alcohol limit is 21 units for men and 14 units for women.

A unit of alcohol is:

- one small glass of wine
- half a pint of medium strength beer
- one small measure of spirits.

(a) Look at each of the following statements. Calculate the number of units each person is drinking in a week and say whether the person is drinking within safe limits.

- (i) A woman who drinks one small glass of wine each evening.
- (ii) A man who drinks one small glass of wine each evening, Monday to Friday, two glasses of wine on a Saturday and two glasses of wine on a Sunday.
- (iii) A man who drinks nothing during the week, but who has three pints of beer on a Friday evening, three pints of beer on a Saturday evening and three pints of beer plus two small glasses of wine on a Sunday evening.
- (iv) A woman who drinks three glasses of wine each evening, Monday to Friday. On a Saturday night she goes to the pub and drinks three pints of beer, plus three small measures of spirits. On Sunday she does not drink any alcohol.
- (v) A woman who drinks two measures of spirits each evening, Monday to Friday. Each Saturday and Sunday, she has three small glasses of wine and one measure of spirits, with her meal.
- (vi) A man who has one pint of beer each evening, followed by two small glasses of wine and two measures of spirits.
- (vii) A woman who drinks one small glass of wine each evening. In addition, she goes to the pub each Friday and Saturday evening, each time she drinks six glasses of wine and four measures of spirits.
- (viii) A woman who drinks four glasses of wine each evening.

(b) Explain what is meant by binge drinking.

(c) The woman in (a) (viii) consumes one unit per week more than the woman in (a) (vii). Explain why the woman in (a) (vii) is more at risk.

Activity 12 – Factors affecting growth and development

Case study

Betty is 88 years of age and considers herself to be in good health. She owns her own house and does all her own shopping, cooking and cleaning. She describes herself as: *'Fit as a fiddle. I've always been one for the sports, cycling and skating and swimming and gymnastics'*. She still walks a lot and swims once a week with an evening class. She has also attended woodwork and pottery classes. Her hearing is not as good as it used to be and she has an NHS hearing aid. She has also had a period of bad eyesight before her cataract operation, but since the operation her confidence about using her computer has been restored. Her only complaint at the moment is itchy skin, but she says it is something that she can cope with and that she is lucky that this is all that bothers her. For her, health is very much about being able to carry on with her usual activities. Betty was a schoolteacher and enjoyed working with children. She never married and says that she would probably have been too independent. She clearly takes charge of her life.

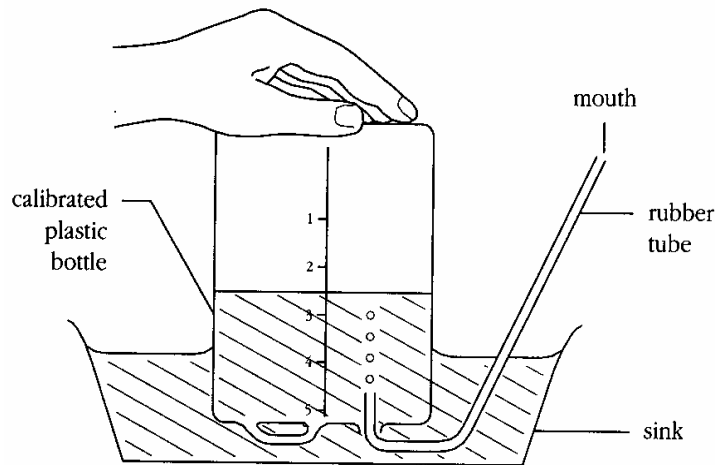
- (a) State Betty's life stage. (1)
- (b) Identify two pieces of evidence that tell us Betty has a positive outlook on life. (2)
- (c) Describe what is meant by social class. Which social class do you think Betty belongs to? Give an explanation for your answer. (5)
- (d) Identify two ways in which Betty is minimising the decline in her physical development. Explain your choice of answers. (6)
- (e) Discuss how Betty's lifestyle is affecting her emotional and social development in a positive way. (6)
- (f) Explain how a person's physical environment may affect their development. (10)

Total 30 marks

Activity 13 – Who is the fittest?

This is a practical activity that could be carried out either in small groups or with the whole class. You are going to find out who is the fittest in your group.

You will need stopwatches and a spirometer. If you do not have a spirometer, you can make your own like the one in the diagram.



- You are going to carry out measurements on at least three people.
 - You are going to measure each person's resting pulse rate per minute three times. The lower the resting pulse rate, the fitter the person is.
 - You are going to measure each person's vital capacity three times, by asking them to take a deep breath and then breathe out as fully as they can into the rubber tube. The volume of air they breathe out will displace the water in the jar. The higher the vital capacity of a person's lungs, the fitter they are.
 - Record your results in a table and write conclusions.
 - Now have a go at the following questions.
- (a) Explain why it is possible for two people to be equally fit, but have different vital capacities.
(Hint: think of other differences between people)
- (b) How could you adapt this investigation to include exercise and what additional measurements could you do to give more information about fitness?

Activity 14 – Health promotion – which approach?

Different approaches to health promotion include:

- medical approach
- education approach
- societal approach.

(a) Take each of these approaches in turn and say, in your own words, what each means.

(b) Look at the following examples and explain which type of approach to health promotion is being used. In some cases, you might think that there is more than one approach.

- (i) Immunising a child against polio.
- (ii) A leaflet in a doctor's surgery about heart disease.
- (iii) A well woman clinic.
- (iv) A television advert about eating low-fat yoghurt.
- (v) A ban on smoking on trains.
- (vi) Screening for breast cancer.
- (vii) An article in a magazine about someone who has died from an overdose of drugs.
- (viii) Sniffer dogs at an airport searching for drugs in luggage.
- (ix) A police officer talking to a class of students at a school about the dangers of taking drugs.
- (x) Drink-drive adverts on television, mainly around Christmas time.
- (xi) Separate non-smoking areas in restaurants.
- (xii) Drop-in clinics at a school.

Activity 15 – Promoting health and well-being

Case study

Neil is 26 years of age and his grandmother, Elsie, is 83 years of age. They are both contented and happy and both of them have many good friends. They both consider themselves healthy. Neil has a busy job as a sales assistant but he plays football every weekend and trains twice a week. Elsie is able to do all her own housework and shopping. She goes to bingo every week with her friends.

Neil's father Ed, is 51 years of age and overweight. He works long hours as a lorry driver and often does overtime to earn extra money. He smokes over 20 cigarettes a day and does not take any exercise. Recently, he has felt unwell and has had pains in his chest. He visited his doctor who told him he has high blood pressure and that he should consider changing his lifestyle. Ed does not see anything wrong with his lifestyle at present, apart from the fact he would like to smoke less.

- (a) Health may be defined in different ways. Give **two** different ways in which health may be defined. (2)
- (b) Neil and Elsie both think of themselves as healthy. (2)
- (i) Describe what it might mean to be healthy to someone of Neil's age. (2)
- (ii) Describe what it might mean to be healthy to someone of Elsie's age. (2)
- (c) Identify **two** pieces of evidence from the information given that demonstrate that Ed's physical condition is not ideal. (2)
- (d) Using the information given in the text, identify and explain **two** factors that might have contributed to Ed's present physical condition. (6)
- (e) Health promotion campaigns can have different aims. Identify **two** of these aims. (2)

(f) One of the approaches to health promotion focuses on education.

(i) From the evidence given, explain the benefits of using this approach with Ed.

(2)

(ii) Describe two ways in which Ed could be educated about lifestyle.

(4)

(g) Discuss how other approaches to health promotion could benefit Ed.

(8)

Total 30 marks

Unit 2: Communication and Values

Unit aims

The main aim of this unit is to give students an understanding of the importance of and the need for communication in all caring activities, and about the values involved in care. Students will be taught about the value base of care and the transmission of values through communication. Topics may take 1-4 weeks to deliver according to need and time available.

This unit will include:

- different types of communication
- interpersonal interaction
- barriers to effective communication
- strategies to overcome barriers
- communication skills used in both 1:1 and group interactions
- principles of the care value base
- reflection upon own beliefs and values
- communication of values.

Unit topics

2.1: Communication

2.2: Care value base

2.3: Transmission of values

2.1: Communication

Topic	Suggested delivery plan	Resources
1 Language forms	<ul style="list-style-type: none"> Spoken and written. Students discuss differences between spoken and written language. Formal, informal and the continuum. Identify the situations when informal language is used. Discuss the situations when formal language is used. Links between formal/informal and spoken/written. Appropriate use of language register in care situations. Possible role play by students. 	<p>Paragraph of a written event and a tape of a spoken account of the event.</p> <p>Copy of the continuum informal to formal.</p> <p>Flipchart for brainstorming.</p>
2 Signing and Braille	<ul style="list-style-type: none"> Examining examples of signing and of Braille. Introduction to Makaton. Students to experiment. 	<p>Makaton</p> <p>Braille</p> <p>Visiting speakers</p>
3 Cultural differences	<ul style="list-style-type: none"> Listening to tapes of different accents. Discussion. 	Tapes of regional, Asian and Afro-Caribbean accents.
4 Music, drama, arts and crafts	<ul style="list-style-type: none"> Students work in small groups and identify the types of communication involved in the creative arts. Class discussion. 	Some pictures, a short excerpt from a play/drama, a piece of music.
5 Exchange of information	<ul style="list-style-type: none"> Students exchange information in pairs. Chinese whispers. Discuss different forms of information exchange. Discuss problems in exchange of information. 	Brochures, newspapers, letters, emails
6 Promoting relationships and offering support	<ul style="list-style-type: none"> Watch a video of an excerpt from either Holby City or Casualty. Note and discuss how relationships are promoted. Note and discuss how support is offered. 	Video of Holby City or Casualty
7 Negotiation	<ul style="list-style-type: none"> Examine the skills of negotiation eg lose-lose, win-lose and win-win. Discuss how to work towards a win-win situation. Examine scenarios. 	Presentation of scenarios eg a young child wants a toy another child is playing with, an older person refuses to take medication.

Topic	Suggested delivery plan	Resources
8 Visual, electronic and other technology	<ul style="list-style-type: none"> • Students could list all the different forms of visual, electronic and other technology they know. • In a chart form using the flipchart, students could identify the types of communication involved in each. 	Flipchart
9 Personal space	<ul style="list-style-type: none"> • Discuss personal space, the effects of somebody being too close, and of being too far away. • As above – distances between speakers. • Role play of such situations. 	
10 Layout of a setting	<ul style="list-style-type: none"> • Discuss different layouts eg side by side, opposite, at 90 degrees, in a circle within a group or in rows in a group situation. • Role play and discuss feelings about the different layouts. 	
11 Body language	<ul style="list-style-type: none"> • Discuss the following: <ul style="list-style-type: none"> – how somebody sits or stands – open and closed body posture – proximity (see above) – pictures of facial expressions – eye contact – how much and for how long? – touching somebody – giving some body contact – personal presentation – clothes, hair, make-up – gestures – body movements – body tension eg being stiff versus more relaxed – cultural differences – role play different types of body language, with the role play devised by one pair or small group and the play undertaken by another small group (these role-plays could also be useful practice for students in preparing for their interaction needed for the assignment for this unit). 	<p>Pictures of facial expressions.</p> <p>Newspapers and magazines with pictures of people.</p> <p>Use of videos as above for students to identify examples of different forms of body language.</p> <p>Newspaper pictures of gestures.</p> <p>Visiting speakers</p> <p>If used for practice for the assignment throughout the role plays the student must take the role of the carer and the remaining students must take the role of a relevant client group from one of the service-user groups as outlined in the specification.</p>

Topic	Suggested delivery plan	Resources
12 Listening skills	<ul style="list-style-type: none"> • Working in pairs students take turns in telling each other and listening to what each other had done the night before after college or school. • Discuss what active listening means. • Discuss and identify the following from the video: <ul style="list-style-type: none"> – checking understanding – reflective listening – paraphrasing – giving prompts – being attentive or non-attentive – being receptive and responsive – being encouraging – being friendly – respecting identity and preferred forms of address, eg do you like to be called Emma or Miss Price? – giving respect – being warm – how do voices, bodies and expressions change? – being sincere – what does this look like? – showing empathy – and what this means – respecting silence – the implications of somebody not wanting to talk – being rushed versus giving time. 	<p>Use videos to identify examples of active listening</p> <p>Listening to tapes of conversations</p> <p>Use videos to find examples</p>

Topic	Suggested delivery plan	Resources
13 Use of appropriate language	<ul style="list-style-type: none"> • Discussion of open and closed questions and the differences between them. • Identify open and closed questions from the video. • Identification from the video and discussion of: <ul style="list-style-type: none"> – clarity – pace – tone – pitch – volume. • Discussion of different registers – eg do you speak to your gran as you do to your friend? • Discuss how to be assertive without being aggressive. • Cultural differences. • Discuss self-monitoring – listening to and watching yourself, looking for cues from other people, watching their reactions. 	<p>Use videos to identify examples of active listening</p> <p>Use videos to find examples</p> <p>Visiting speakers</p>
14 Maintenance of confidentiality	<ul style="list-style-type: none"> • Discussion of scenarios. 	<p>Scenarios:</p> <p>You tell your mum about a child at the nursery they suspect has been abused. She tells her friend and she tells somebody else and this gets back to the mother of the child.</p> <p>Somebody tells you in confidence that an elderly woman has been hit and bruised by her son. What should you do here?</p>
15 Building a professional relationship with service users	<ul style="list-style-type: none"> • Discuss how to be caring, but not get too involved. • Discuss professional detachment 	<p>Look for examples in the video(s).</p>
16 Environmental barriers	<ul style="list-style-type: none"> • Students walk around the college or school and look for possible barriers to effective communication, eg noise, distractions, interruptions, lack of privacy, lighting, invasion of personal space. 	

Topic	Suggested delivery plan	Resources
17 Sensory barriers	<ul style="list-style-type: none"> • Discussion of the effects of impaired sight and hearing. 	Possible visiting speakers or visits
18 Cultural barriers	<ul style="list-style-type: none"> • Discussion of language differences, interpretation of expressions, assumptions, stereotypes, belief systems. 	Visiting speakers
19 Emotional distress	<ul style="list-style-type: none"> • Reflection by students. 	
20 Self-centredness	<ul style="list-style-type: none"> • Ignoring the body language of others, imposing own agenda, off-loading, being defensive and patronising. • Role play (role play by students of a carer who has had an argument with their mother going to see an elderly woman. The carer only wants to talk about what has happened to her and ignores the signs from the elderly woman that she is not well). 	
21 Effects of shyness or aggression	<ul style="list-style-type: none"> • Discussion by students. 	
22 Haste	<ul style="list-style-type: none"> • Discussion of haste, not giving time to another person, trying not to appear under pressure. 	
23 Lack of self-awareness	<ul style="list-style-type: none"> • Discussion of the importance of self-monitoring and self-awareness. 	
24 Technological aids	<ul style="list-style-type: none"> • Discussion of technical aids to overcome barriers to communication. 	Visiting speakers, who also bring in the sorts of aids used, eg for hearing.
25 Interpreters, translators and advocates	<ul style="list-style-type: none"> • Define the role of interpreters, translators and advocates. Identify clearly the differences between these and the advantages and disadvantages of each. 	Visiting speakers eg an interpreter or somebody from social services.
26 Use of specialist advice for communication difficulties	<ul style="list-style-type: none"> • Discussion of different personnel who might be involved in giving specialist advice. 	Relevant visiting speakers such as speech therapists would be useful here.
27 Adaptation of the environment	<ul style="list-style-type: none"> • This could be covered with section 26 and, as well as identifying possible barriers, students could discuss how the environment could be adapted to reduce barriers, eg reduction of noise. 	
28 Understanding of cultural difference	<ul style="list-style-type: none"> • Again this could be covered with section 26. 	Visiting speakers
29 Understanding tensions between own beliefs and those of others	<ul style="list-style-type: none"> • Discussions – perhaps linked with visiting speakers. 	

Topic	Suggested delivery plan	Resources
30 Checking understanding	<ul style="list-style-type: none"> Students devise a list of ways they could check understanding eg Do you? Did you mean you want? Is this the one? 	
31 Self awareness and the need to improve own skills	<ul style="list-style-type: none"> Students work in pairs and list the skills they believe they need to improve when talking to a young child, a sick person or an older person. Discussion of skills and of self-awareness. 	Possible role play of carer going to see an elderly woman.
32 Planning, managing and concluding a group activity	<ul style="list-style-type: none"> The group undertakes a simple caring activity eg one of the group is placed in a wheelchair. He/she wants to go to the canteen for lunch and needs the group to help him/her. They must plan, manage and conclude this task together. The students must communicate with the client to plan, manage and conclude this task together. The group should then reflect, with the client, on how successful this task was, how values were transmitted throughout the communication and how the communication could have been improved. The group then analyses how they went about this task in terms of planning, managing and concluding it as a group. 	A wheelchair Flipchart
33 The stages that groups may go through	<ul style="list-style-type: none"> Further analysis of the flipchart notes to examine stages such as forming, storming, norming. 	Flipchart notes Use of library for information about groups eg Belbin, Bales.
34 The skills of encouraging others	<ul style="list-style-type: none"> Further examination of the flipchart notes: <ul style="list-style-type: none"> the group should identify examples of how each of them encouraged others eg included others, respected and showed value for the views of others, enhanced group cohesion in other ways. 	Flipchart notes
35 Inhibiting factors	<ul style="list-style-type: none"> As above but looking for examples of how they had or could have inhibited group communication by dominating, pairing with one other person, blocking, irrelevant talking, ignoring others and ignoring the wishes of the client, changing the subject, using inaccessible terminology. 	Flipchart notes
36 Negotiation skills	<ul style="list-style-type: none"> As above but looking for examples of when negotiation took place, the seeking of advice and turn-taking. 	Flipchart notes

2.2: Care value base

Topic	Suggested delivery plan	Resources
37 The principle of equality	<ul style="list-style-type: none"> • Discussion of: <ul style="list-style-type: none"> – the principle of equality – concept of tolerance – cycle of disadvantage – moral rights of individuals – advantages of diversity in society. 	Internet search Use of library, learning resource centre
38 Positive promotion of the principles of the care value base	<ul style="list-style-type: none"> • Students will need to identify the main principles of the care value base when dealing with clients in the chosen setting, to include the positive promotion of: <ul style="list-style-type: none"> – equality – people’s rights – respect for differences, choice and preferences of others – anti-discriminatory practice with respect to race, belief, gender, disability, culture, health status, cognitive ability, mental health, offending background, place of origin, marital status, sexuality – confidentiality and trust eg records, privacy within conversations – support and advocacy. 	Internet search Use of the library or learning resource centre Codes of Practice Charters
39 Legislation and ethics	<ul style="list-style-type: none"> • Examination and discussion of equal opportunities legislation and legislation related to confidentiality. • Discussion of ethical dilemmas related to confidentiality and trust (topical issues in the news). • Examination and discussion of charters, codes of practice and policies from local care organisations. 	Internet search, use of library/learning resource centre. Codes of practice and charters from local care homes, schools, hospitals. Newspapers
40 Effects of discriminatory practice	<ul style="list-style-type: none"> • Discussion of effects of unfair discrimination upon a person’s sense of well-being, self-esteem and self-worth. • Role play of scenario – give a scenario of an older woman going to see her GP, because she was not feeling well. A younger man is allowed to go to see the doctor before her even though his appointment was a later one. How do you think the older woman felt? 	

Topic	Suggested delivery plan	Resources
41 Empowerment	<ul style="list-style-type: none"> • Discussion of the term 'empowerment'. • Draw up a list of examples of when a person is empowered to do something and a list of examples of dependence upon others. 	Flipchart
42 Effects of inequalities in society	<ul style="list-style-type: none"> • Discussion of how some people in society are affected by inequality, eg: <ul style="list-style-type: none"> – disabled people – older people – educationally/economically disadvantaged people – people who are marginalized without easy access to services. 	Scenarios of effects of not being able to access the Internet, living in a remote rural area, having no qualifications and not being able to get a job.
43 Stereotyping and labelling	<ul style="list-style-type: none"> • Discussion of how stereotyping and labelling somebody as, eg older or disabled, can prevent the person being recognised as an individual. • Find examples in newspapers of how older people do things that may not be typical of older people, eg running a restaurant at 80 years of age. 	Newspapers

2.3: Transmission of values

Topic	Suggested delivery plan	Resources
44 Own beliefs and prejudices	<ul style="list-style-type: none"> Working in pairs and then as a group, identify the beliefs and prejudices of all members of the group. 	Flipchart
45 Need to challenge discriminatory behaviour	<ul style="list-style-type: none"> Discuss why and how discriminatory behaviour in others should be challenged. 	Case study – see page 67
46 Ethical issues	<ul style="list-style-type: none"> Balancing the rights of individuals with the rights of others. Discussion of scenarios. Discussion of topical issues eg should one baby die in order to enable another to live. 	<p>Give scenarios, eg an older person likes to stay up and watch late night movies on television, but this disturbs the person in the next room.</p> <p>Newspapers</p>
47 The communication of values in any caring situation	<ul style="list-style-type: none"> Identify examples from the video of: <ul style="list-style-type: none"> positively establishing and maintaining relationships getting to know the service user in a sensitive manner and sharing experiences showing awareness of needs promotion of a person's identity in a positive manner respect for individual differences respect for the worth of individuals in all interactions respect for the worth of individuals in all interactions including personal dignity consideration of choice and preference encouragement of independence and support confidentiality of information and discussion praise. 	Use of video eg Casualty, Holby City.
48 Improving how values are communicated	<ul style="list-style-type: none"> Using the above, identify examples of when the communication of value was lacking. Discuss how the communication could have been better. 	Use of video eg Casualty, Holby City.

Activity 1 – Communication

Case study

Gillian works as a carer in a home for people in later adulthood.

An older woman has just come to live there and she goes to see her for the first time in the morning to help her to wash, dress and have her breakfast.

The woman is clearly upset. She is Asian and English is not her first language, and it is not spoken at home. She appears to be trying to tell Gillian that she doesn't want to be in the home but that her family has forced her to leave her own home. They have told her she is too old to be on her own and that she is being a nuisance.

The woman then tells you that she doesn't want you to tell anybody.

(a) What steps should the carer take in this case?

There is an ethical dilemma here.

(b) What should the carer herself do to empower the service user?

(c) How can she communicate value to the service user?

(d) How else can the service user be helped?

Unit 3: Positive Care Environments

Unit aims

The main aim of this unit is to allow students to develop awareness that positive care environments rely on practitioners having a comprehensive understanding of the diverse society we live in, and that the promotion of a care value base can enhance service users' opportunities in accessing services.

Students will also gain an understanding that organisations and society also have a responsibility to protect and safeguard the rights of those who are vulnerable and that the only effective way to do this is through policy and legislation.

Unit topics

- 3.1: Values and individual rights
- 3.2: Barriers to access
- 3.3: Creating a positive environment
- 3.4: How society promotes service users' rights

3.1: Values and individual rights

Topic	Suggested delivery plan	Resources
1 Definition of the term 'equality'	<ul style="list-style-type: none"> • Group discussion followed by an authoritative definition. 	Activity 1
2 Principles of equality	<ul style="list-style-type: none"> • Teacher to provide principles of equality. 	
3 Do we live in an equal society?	<ul style="list-style-type: none"> • Discussion focusing on inequality. 	Activity 2
4 The need for a care value base	<ul style="list-style-type: none"> • Discussion followed by teacher providing students with the care value base. 	
5 Components of the care value base	<ul style="list-style-type: none"> • Class exercises on each of the following values: <ul style="list-style-type: none"> – effective communication – confidentiality – anti-discriminatory practice – empowerment – respect rights and identity of clients. 	Activity 3-7
6 Organisational policies and procedures	<ul style="list-style-type: none"> • Student research. 	
7 Forms of redress	<ul style="list-style-type: none"> • Forms of redress: <ul style="list-style-type: none"> – organisational – ombudsman – tribunal – Equal Opportunities Commission (EOC) – Commission for Racial Equality (CRE) etc. • Teacher to provide definition of term 'Redress'. • Discussion on each term. • Student research to locate agencies that provide information on redress. • Identify organisations roles and responsibilities. 	

3.2: Barriers to access

Topic	Suggested delivery plan	Resources
8 Types of barriers	<ul style="list-style-type: none"> • Class exercise and discussion on each type of barrier: <ul style="list-style-type: none"> – language – organisational – emotional – geography/physical. 	Activity 8 and 9
9 Groups most vulnerable	<ul style="list-style-type: none"> • Teacher-led discussion. 	Activity 10
10 Impact of barriers	<ul style="list-style-type: none"> • Teacher-led discussion. 	
11 Definitions	<ul style="list-style-type: none"> • Definitions of: <ul style="list-style-type: none"> – discrimination – direct and indirect – labelling – stereotype. • Discussion with activity. 	Activity 11
12 Bases of discrimination	<ul style="list-style-type: none"> • Teacher-led discussion. 	Activity 12
13 How organisations overcome such barriers	<ul style="list-style-type: none"> • Research on how organisations overcome barriers. 	Activity 12

3.3: Creating a positive environment

Topic	Suggested delivery plan	Resources
14 Socialisation – what is it?	<ul style="list-style-type: none">• Discussion – teacher to provide authoritative definition.	Activity 13
15 How individual care practitioners promote a positive care environment	<ul style="list-style-type: none">• Discussion using two case studies.	Activity 14
16 Organisational culture – what is it?	<ul style="list-style-type: none">• Discussion – teacher to provide authoritative definition followed by a discussion on its importance for positive care environments.	Activity 15
17 Organisational policies	<ul style="list-style-type: none">• Student research and to identify policies.	
18 Importance of policies in creating positive care environments	<ul style="list-style-type: none">• Discussion – using case studies.	Activity 16

3.4: How society promotes service users rights

Topic	Suggested delivery plan	Resources
19 Legislation	<ul style="list-style-type: none"> • Legislation: <ul style="list-style-type: none"> – Sex Discrimination Act – Race Relations Act/Order – Disability Discrimination Act – Human Rights Act – discrimination under the law. • Teacher-led discussion through the provision of definitive hand-outs on each piece of legislation. 	Activity 17
20 Redress – forms	<ul style="list-style-type: none"> • Redress – forms: <ul style="list-style-type: none"> – organisational – EOC, CRE, Equality Commission, Human Rights Commission – tribunal – ombudsman. • Student to research each one and give a presentation on their role, function and purpose. 	Activity 18

Activity 1 – Equality

List five key words you would associate with the term 'equality'.

1 _____

2 _____

3 _____

4 _____

5 _____

Working in small groups, use these and other words to develop a definition of the term 'equality'.

Definition of 'equality'

Activity 2 – Inequality

Identify five areas where society can be unequal

1 _____

2 _____

3 _____

4 _____

5 _____

Discuss the implications of this for care practice

Activity 3 – Care value base 1

Care value base

This set of activities has been designed to help students understand the term or phrase and also to apply it practically.

(a) Confidentiality

Identify information you give out:

- frequently

- rarely

- only when asked

(b) Identify and explain how you would feel if information you give out rarely or only when asked became known publicly.

Activity 4 – Care value base 2

Care value base

This set of activities has been designed to help students understand the term or phrase and also to apply it practically.

Effective communication

Sarah is new to your class. Your teacher tells you that Sarah has a hearing impairment and asks if you could identify different ways of helping Sarah keep up with her work.

(a) List five ways:

1 _____

2 _____

3 _____

4 _____

5 _____

(b) Find a definition of the term 'advocate'.

(c) Identify their role.

Activity 5 – Care value base 3

Care value base

This set of activities has been designed to help students understand the term or phrase and also to apply it practically.

Anti-discriminatory practice

Bill and Ken are managers of a large engineering firm. They recently interviewed applicants for a marketing position. Both men could be overheard discussing two of the applicants:

Bill said 'I think the male applicant should get the post, after all he is a man and would fit in better than the female applicant'. Ken replied 'That's a bit unfair. I thought the female applicant was more suitable as she was better qualified and had more experience and, anyway, gender shouldn't matter'.

In small groups comment on this scenario.

Activity 6 – Care value base 4

Care value base

This set of activities has been designed to help students understand the term or phrase and also to apply it practically.

Empowerment

Elyna is a day-centre user; she speaks little English and has learning difficulties. Having attended the day centre for six months she is fed up with the same activities every week; she wants to explain this to the manager and asks you for help.

How can you help Elyna exercise her rights and empower her?

Activity 7 – Care value base 5

Care value base

This set of activities has been designed to help students understand the term or phrase and also to apply it practically.

Respect

Mr Akhtar is upset because he feels he is being insulted. Due to his physical frailty he can no longer attend the mosque and no one has been assigned to help him. The imam has not been invited to visit, although both the local priest and vicar do visit.

What is wrong with this scenario and how could it be improved?

Activity 8 – Prevention of access

Describe five possible ways that could prevent a client from gaining access to a service.

1 _____

2 _____

3 _____

4 _____

5 _____

Activity 9 – Types of barriers

Using the case studies presented match the barrier to the case study (mix the case studies up).

Barriers:

- language
- organisational
- emotional
- geographical/physical.

Case study 1

Lisa is 21 years of age, uses a wheelchair and has just completed her degree in psychology. She has thoroughly enjoyed university life and has made many new friends. Lisa and her best friends, Aimee and Hannah decided to celebrate the end of their university life with a big party in a local nightclub. When they arrived they realised that the disco was on the second floor and there was no lift or other form of access to allow Lisa to the dance floor. They left rather down heartened.

Case study 2

Alfred is 53 years of age and has suffered a stroke. He has lost the use of his left arm and leg and has become very aggressive. He has difficulty accepting his disability and is refusing any help from either his family or other professionals.

Case study 3

Juan has moved to the United Kingdom from Portugal with his wife and two young children. They have found local rented accommodation and Juan has started work in a local meat factory. He would like to get his children enrolled in a local school but his English is not very good and he is having difficulty finding information about the schools in the area.

Case study 4

Martha is 83 years of age and, until recently, lived on her own. A few months ago she fell and fractured her left hip. Both Martha and her family would like her to move into a nearby residential home but she is unable to do so as the residential home is full and she will have to wait until accommodation becomes available.

Activity 10 – Access denied

Identify five groups in society who are most at risk of being denied access to services.

1 _____

2 _____

3 _____

4 _____

5 _____

Using the following headings, identify how such barriers could impact on the individual.

Social

Emotional

Physical

Intellectual

Activity 11 – Discrimination

Provide practical examples of the following terms:

- direct discrimination

- indirect discrimination

Identify whether the following sentences are:

- discriminatory
- labelling
- stereotyping.

Disabled people are not capable of full and equal participation in society.

A woman's place is in the home.

All older people are grey haired and forgetful.

Explain your answers

Activity 12 – Bases

(a) In small groups discuss the images and prejudices people have about the following groups:

- different gender and sexual orientation groups
- different racial minorities including travellers
- different religions
- different age groups
- different social class groups
- people with disabilities.

(b) Put your ideas on a flipchart and summarise them.

(c) Do they have anything in common? (inaccurate, discriminatory)

(d) How could they be used to promote good care practice? (training, education etc)

Activity 13 – Socialisation

(a) Brain storm in small groups the term 'culture'.

(b) What influences our culture?

(c) Display the following influences and find out how many of them have an influence on the student:

- history
- tradition
- religion
- race
- class/caste
- family
- gender
- age
- economics
- lifestyle
- organisation/work.

Activity 15 – Organisational culture

Explain the following factors which could affect an organisation's culture:

1 size

2 history

3 structure

4 resources

5 management

Activity 16 – Promoting a more positive environment

Using a case study from Activity 14, identify policies which could be introduced to promote a more positive care environment across the following areas:

1 confidentiality

2 health and safety

3 equal opportunities

4 whistle blowing

5 advocacy

6 training

Activity 17 – Legislation

(a) Using one or more pieces of legislation identify where rights have been promoted or met.

(b) Identify situations where rights may not be met even though legislation is in place.

Examples:

- lack of appropriate resources/environment/access
- lack of appropriate staffing
- economic issues
- knowledge and understanding of care worker or service user
- discrimination.

Students should be aware that:

- care workers have the responsibility to promote rights
- the care worker should take action if the care worker recognises that rights are not being met.

Activity 18 – Research

Students should undertake research of their own to identify where information relating to legislation, charters and guidelines is to be found inside and outside the work place.

Unit 4: Social Aspects and Lifestyle Choices

Unit aims

The main aim of this unit is that students gain knowledge and understanding of the importance of social factors in effective health and social care practice. Students will develop their knowledge and understanding of how social factors can affect a service user, and how these factors impact on care practice.

This will include:

- the different lifestyle choices people make, and the life course events they experience that affect their health and well-being
- the different social factors which can affect health and well-being
- how effective care practice is achieved through high-quality care-professional and service user relationships
- the care value base and how it is promoted by care practitioners in interactions with service users in work-related contexts.

Unit topics

4.1: Lifestyle choices and life course events

4.2: Social factors affecting health and well-being

4.3: Care professional/service user relationships

4.1: Lifestyle choices and life course events

Topic	Suggested delivery plan	Resources
1 Introduction to the unit	<ul style="list-style-type: none"> • Outline summary of the unit: <ul style="list-style-type: none"> – lifestyle choices and life course events – social factors affecting health and well-being – care professional/service user relationships. 	Copy of unit specification
2 Lifestyles choices and life course events	<ul style="list-style-type: none"> • Discuss and agree definitions of lifestyle choices and life course events. • In groups identify the differences between lifestyle choices and identify/list examples of each. 	Flipchart paper/ OHT/interactive white-board for feedback
3 Students to identify the lifestyle choices which contribute positively to health and well-being	<ul style="list-style-type: none"> • In groups, students identify positive factors which influence health and well-being, eg balanced diet, regular exercise, leisure activities, adequate financial resources, supportive relationships. • Students design a chart identifying the time spent eating, sleeping, at college or school, at work, exercising, relaxing etc over the last three days, accounting for 24 hours in each day. • Students may present this as a pie chart or as a diary. • Students to discuss whether this is a healthy balance of activities with a partner, identifying changes that would contribute to a healthier lifestyle. 	Flipchart/OHT interactive white-board for feedback
4 A healthy diet	<ul style="list-style-type: none"> • Identify and describe the key constituents in a balanced diet (this will be revision for many students). A handout supporting an interactive lecture may be a suitable method. • Identify the specific differences in dietary requirements at different life stages, eg pregnancy, young children, adolescence, older age. 	Health and social care textbook Activity 1 Internet

Topic	Suggested delivery plan	Resources
5 Cultural and religious dietary requirements	<ul style="list-style-type: none"> • Students to research and identify the dietary needs of identified religious and cultural groups eg Muslims, Hindus, Sikhs, Buddhists and Jews and people with specific disabilities eg diabetics, people with limited mobility, ceeliac disease. • Each student to have responsibility for one area to contribute to a class booklet. 	Library and internet research
6 Risks to health and well-being	<ul style="list-style-type: none"> • Students to identify lifestyle choices that may put health and well-being at risk eg smoking, inappropriate diet, alcohol abuse, drug abuses, too much stress. • In groups of no more than three students to research these issues providing sufficient background information to discuss the consequences of these lifestyles choices for health and well-being. Each group to collate their information on two sides of A4 to be included in a class information booklet. The class to agree a housestyle. • Students to identify care services that may support people in changing these habits. 	Library and internet research
7 Identify life course events which influence health and well-being	<ul style="list-style-type: none"> • In groups students identify life course events that can affect health and well-being. • Classify these events as either predictable or unpredictable. 	Flipchart paper/ OHT/interactive white-board for feedback
8 The influence of change – predictable and unpredictable life events	<ul style="list-style-type: none"> • Some life events can cause a change in our view of ourselves – our self-concept eg starting college, going on placement, starting work, getting married, getting divorced. • Some life events can lead to: <ul style="list-style-type: none"> – a sense of loss – a feeling of uncertainty – significant resources to sort things out – time, money, energy – a need to learn new things. • Students to consider individually, in terms of this model one life event, either predictable or unpredictable, that caused a change in their self-concept. • Invite students, if they are willing, to share this with the group. 	Teacher support in individual work

Topic	Suggested delivery plan	Resources
9 Predictable events	<ul style="list-style-type: none"> • Using the model introduced, students to discuss the likely physical, social, emotional and intellectual consequences of predictable life events eg: <ul style="list-style-type: none"> – starting school – marriage/partner formation – starting work – retirement. • Make a wall flipchart display or use the interactive white-board to present main findings to the class. • All students to record the main points agreed from each group. 	Flipchart paper/ OHT/interactive white-board for feedback
10 Unpredictable events	<ul style="list-style-type: none"> • In groups discuss the consequences of unpredictable change eg: <ul style="list-style-type: none"> – redundancy – divorce – family breakdown – homelessness. • Compare the consequences with those of predictable changes. 	Flipchart paper/ OHT/interactive white-board for feedback

4.2: Social factors affecting health and well-being

Topic	Suggested delivery plan	Resources
11 Introduction to social stratification	<ul style="list-style-type: none"> • Teacher's brief introduction to social stratification, eg caste system, feudalism, social class. • Students to identify social factors that may affect health and well-being eg income, occupation, housing. • Students to decide which social class they are and to write it on a piece of paper. • Introduction to social class – definitions of social class <ul style="list-style-type: none"> – Karl Marx – Registrar General – The National Statistics Socio-Economic Classification. • Students to compare this with their self-classification and identify differences and difficulties. 	<p>Hand out on the caste system</p> <p>Registrar General and the National Statistics Socio-Economic Classifications</p>
12 Interpreting official statistics	<ul style="list-style-type: none"> • Using official statistics, eg infant mortality rates, life expectancy, educational achievement data, groups to identify reasons why there should be differences by social class. 	<p>Official statistics eg social trends</p>
13 Poverty – the difficulties of definition	<ul style="list-style-type: none"> • Students to write a list of items without which they would consider people poor. Compare lists. • Students individually define poverty. • Introduce key terms: <ul style="list-style-type: none"> – absolute poverty – relative poverty – primary and secondary poverty – the cycle of deprivation. 	<p>Flipchart paper/ OHT/interactive white-board for feedback</p> <p>Mini-lecture with handout</p>
14 Social exclusion	<ul style="list-style-type: none"> • Brief introduction by the teacher on the social exclusion unit. • Agree definition of social exclusion. • Identify factors that can lead to social exclusion. 	<p>Social Exclusion Unit website www.socialexclusion.gov.uk</p>

Topic	Suggested delivery plan	Resources
15 Cultural differences	<ul style="list-style-type: none"> • Britain is a multi-racial society – conduct a survey in the group to find out what they think is the proportion of people of Afro-Caribbean origin within the population. • Compare with actual current figures. • In small groups identify the following factors that are associated with Judaism, Sikhism, Hinduism and Islam: <ul style="list-style-type: none"> – religion – food culture – family structure. • Prepare an informative handout to share with other members of your class. 	Census data or other current population data
16 Ethnic minority groups and access to services – care practice	<ul style="list-style-type: none"> • Imagine you are a family emigrating to a different culture, discuss in groups how far you would be prepared to change. Discuss differences in religion, your way of eating, your ideas about marriage and child rearing. Would you seek out other people from your own background or would you actively live and socialise with the host community. • Feed back the main comments to the whole group. • In four groups discuss the strategies that could be taken to ensure that people from all ethnic groups are welcome at: <ul style="list-style-type: none"> – a nursery – home for older people – school or college – day centre for people with disabilities. 	Flipchart paper/ OHT/interactive white-board for feedback
17 Race Relations Act	<ul style="list-style-type: none"> • Introduction to the: <ul style="list-style-type: none"> – Race Relations Act (RRA) – direct discrimination – indirect discrimination – racial harassment. • Students to provide examples to: <ul style="list-style-type: none"> – check understanding. • The role of the Commission for Racial Equality (CRE). 	Power point/OHT slides CRE publications Handout for students' examples

Topic	Suggested delivery plan	Resources
18 Sex Discrimination	<ul style="list-style-type: none"> • Introduction to the Sex Discrimination Act to introduce the Sex Discrimination Act as similar in structure and requirement to the RRA. • The role of the Equal Opportunities Commission. 	Power point/OHT slides EOC publications Handout for students' examples
19 The effectiveness of legislation in securing equal rights	<ul style="list-style-type: none"> • As a class, and with the support of the teacher, students to evaluate the effectiveness of legislation in improving the position of disadvantaged groups: <ul style="list-style-type: none"> – identify respects in which legislation has been effective in improving the rights of women – identify respects in which it has not been effective – to weigh the evidence with the aim of agreeing a conclusion. 	Teacher support Flipchart paper/ OHT/interactive white-board to record clearly the key points made
20 Barriers to accessing health and care services	<ul style="list-style-type: none"> • Students, in groups, to identify reasons why some groups may be disadvantaged in accessing health and care services. 	Teacher support in setting up the activity Flipchart paper/ OHT/interactive white-board for feedback
21 Access to services by disadvantaged groups	<ul style="list-style-type: none"> • Students to discuss reasons why there may be difficulties in accessing and benefiting from social services. 	

4.3: Care professional/service user relationships

Topic	Suggested delivery plan	Resources
22 Stereotyping	<ul style="list-style-type: none"> • Agree definition of stereotyping. • Discuss in groups the stereotypical images of particular groups eg: <ul style="list-style-type: none"> – women – men – travellers – street people – unemployed – elderly. • Identify how these stereotypes may affect these groups' health and well-being. 	Flipchart paper/ OHT/interactive white-board for feedback
23 Care value base	<ul style="list-style-type: none"> • Revisit or introduce the care value base: <ul style="list-style-type: none"> – promotion of anti-discriminatory practice – maintaining confidentiality of information – promoting and supporting individual rights to dignity, independence, choice and health and safety – acknowledge individual' personal beliefs and identity – supporting individuals through effective communication. 	Handout – care value base In five separate groups discuss how far the college/school/training centre/hospital where you are studying implement the values and principles of the care value base in their service provision.
24 Define empowerment and identify ways in which carers can empower clients	<ul style="list-style-type: none"> • Define empowerment questions and answers, then provide agreed definitions. • Discuss in pairs why it is important to empower clients. Report back one consequence each. • Discuss in different pairs the consequences of disempowerment. Report back one consequence each. • In groups students identify ways in which carers can empower clients in a range of care setting eg: <ul style="list-style-type: none"> – residential homes for older people – day centres for people with disabilities – women's refuge – nurseries. • Record ideas on large paper as a classroom display. 	Flipchart paper/ OHT/interactive white-board for feedback

Topic	Suggested delivery plan	Resources
25 Self-concept	<ul style="list-style-type: none"> • Define self-concept (revision from an earlier part of the unit). Class question and answer and then agree a definition. • Draw a spider diagram from class discussion of the general factors that will influence self-concept including family, friends and media. • Students to consider and make notes on the important influences on their development of their self-concept. • Encourage them to share some of their reflections. 	Flipchart paper/ OHT/interactive white-board for feedback
26 Self-esteem	<ul style="list-style-type: none"> • Define self-esteem. Class question and answer session and then agree a definition. • Discuss in groups how the self-esteem of students in their class can be supported. • Consider in the same groups how in a range of care settings self-esteem of their clients could be improved. 	Flipchart paper/ OHT/interactive white-board for feedback
27 Summary session	<ul style="list-style-type: none"> • Support students in a review activity. Students to evaluate, using the concepts introduced in this section, how far the service provision at their placement is service-user centred. 	

Activity 1 – Eating diary

- 1 Keep a record over three days of all that you eat and drink.
- 2 Ask an older person who is retired to do the same thing.
- 3 Identify the similarities and differences between the two patterns of eating.
- 4 Suggest ways in which either or both of the diets could be improved to contribute to a healthy lifestyle.

Be as honest and as accurate as you can. Include snacks as well as food eaten at specific meal-times.

You may like to use a chart to record the pattern of eating.

Day	Time	Items of food and drink

Activity 2 – Discrimination

A nursery has opened in a deprived area of a large city. Matthew, who is 25 years of age has applied for a post as a nursery assistant. He has a Level 3 qualification in early years and considerable experience as a child care worker. He believes he may have been unsuccessful because the managers wanted to appoint a woman.

(a) Discuss these issues in groups then write individual reports which address the questions set.

- 1 Which legislation would protect Matthew from discrimination on grounds of gender?

- 2 Discuss the advantages there may be for the children in the nursery in appointing a young man to the post.

- 3 Evaluate how effective legislation has been in protecting people from discrimination in the workplace.

(b) The nursery is in a multi-cultural area of the city.

Identify and explain strategies that the management and staff may use to ensure that people from all sections of the community will feel welcome.

Activity 3 – Empowerment

Mr and Mrs Brothers are moving to a residential care home for older people. They are independent and clear thinking, but now very frail.

Task 1

Write a summary of the care value base in the form of a simple leaflet that would be clear and helpful to Mr and Mrs Brothers. Provide examples of how they should expect to be cared for.

Present the leaflet as a word document

Task 2

Describe ways in which the care workers can ensure that Mr and Mrs Brothers feel empowered in their new home and that their self-esteem remains high.

Activity 4 – Meeting needs

Case study

Peter and Aziz attend a new day centre for young adults with disabilities. At the centre there are staff and clients from over 10 different cultural groups including people from Islamic cultures, Sikhs, Hindus, Jews, Rastafarians and Somalian refugees. The centre is normally open from 10am to 3.30pm. Most of the clients have limited mobility and some use a wheelchair at the centre. Aziz and Paul would like to organise a clients' group to represent users' views.

Part A

Working individually, complete the following four tasks

- 1 Identify and describe **two** ways in which the staff can ensure that the cultural needs of clients are met.

(i) identification of way in which cultural needs can be met:

Description _____

(ii) identification of way in which cultural needs can be met:

Description _____

2 Identify two ways that staff can ensure that the social needs of clients are met.

(i) identification of way in which social needs can be met:

Description _____

(ii) identification of way in which social needs can be met:

Description _____

3 Identify two ways that staff can ensure that the emotional needs of clients are met.

(i) identification of way in which emotional needs can be met:

Description _____

(ii) identification of way in which emotional needs can be met:

Description _____

4 Identify **four** ways that staff can ensure that the intellectual needs of clients are met.

(i) identification of way in which intellectual needs can be met:

Description _____

(ii) identification of way in which intellectual needs can be met:

Description _____

(iii) identification of way in which intellectual needs can be met:

Description _____

(iv) identification of way in which intellectual needs can be met:

Description _____

Part B

Working in pairs or small groups agree a five-day programme for the residents which will contribute to a healthy lifestyle.

Consider the social, emotional, physical and intellectual factors that will affect their health and well-being. Also, consider issues relating to empowerment and the clients' self-esteem.

Include in your programme a menu, a timetable of activities and details of the range of activities.

Part C

Consider in groups how it can be ensured that the care value base guides practice at the centre.

Discussing one care value in each group, present to the rest of your class measures that could be taken to ensure that good practice is securely in place.

Unit 5: Activities for Health and Well-being

Unit aims

Unit 5 aims to investigate the types, benefits and value of activities for individuals in care settings with respect to their health and well-being and to provide for practical experience in choosing, planning, implementing and evaluating activities for service users in care settings for older people, people with disabilities, people who are ill and young children.

Unit topics

- 5.1: Types and benefits of activities
- 5.2: The planning and implementation of activities
- 5.3: Evaluation of activities

5.1: Types and benefits of activities

Topic	Suggested delivery plan	Resources
1 Defining an activity	<ul style="list-style-type: none"> • Discussion of what an activity is – ie something we enjoy doing for its own sake and that is fun to do. 	
2 Own activities	<ul style="list-style-type: none"> • Students identify their own activities using a chart (like chart 1) to record the sorts of activities they have been involved in during the past week. • Chart 1 a completed chart filled in to one person activities for a week. • Chart 2 is for students to complete and discuss. 	Chart 1 Chart 2
3 Activities for service-user groups	<ul style="list-style-type: none"> • Students need to think about the different service-user groups – older people, people with disabilities, people who are ill and young children and consider what sorts of activities they may like to be involved in. • It may be possible to visit a care setting for one or more service-user groups and/or to have visiting speakers to talk about the sorts of activities their service users like to be involved in. 	Chart 3 Visiting speakers and visits
4 Aspects of health and well-being	<ul style="list-style-type: none"> • An introduction to physical, intellectual, emotional and social (PIES) aspects and how, in order to think about peoples' health and well-being, different aspects – physical, intellectual, emotional and social as well as communicative – are used. • Discussion with students about what the terms intellectual, physical, emotional, social and communicative mean. • They will need to understand that physical consists of both gross and fine motor aspects and what this means. • Using their own chart of activities, students can decide whether their different activities are mainly physical, intellectual, emotional, social or communicative. 	Possibly handouts from textbooks Use of library/learning resource centre Charts 2, 4 and 5
5 Aspects of health and well-being for service-user groups	<ul style="list-style-type: none"> • Students should now consider whether the activities of service-user groups are mainly physical, intellectual, emotional, social or communicative. 	Chart 6

Topic	Suggested delivery plan	Resources
6 A brief outline of human development throughout life	<ul style="list-style-type: none"> • Students need to acquire a basic idea of expected development throughout life. • They need to know the main stages that human beings go through. This should only be in outline and detail should not be expected: <ul style="list-style-type: none"> – physically – intellectually – emotionally – socially – communicatively. 	<p>Internet search</p> <p>Use of library/resource centre and relevant texts</p> <p>Appropriate class notes and handouts</p>
7 Physical aspects of development	<ul style="list-style-type: none"> • Students need to know that physical benefits refer to anything that helps to improve our bodies in some way eg: <ul style="list-style-type: none"> – strength – fitness – stamina – flexibility – being able to walk, run, hop, skip, jump, swim, lift, carry, dance and climb – the involvement of the gross muscles of the body and the cardiovascular system – manipulative control and eye-hand co-ordination – improved sleep and appetite – weight control – stress relief. 	

Topic	Suggested delivery plan	Resources
8 Intellectual aspects of development	<ul style="list-style-type: none"> • Students need to know that intellect refers to how we think in relation to the: <ul style="list-style-type: none"> – language used – problem solving – planning – reflection – memory – recognition and recall – concentration – use of symbols and images – sequencing – ordering – following instructions – development of literacy and numeracy in young children. • Other intellectual skills are: <ul style="list-style-type: none"> – comparing and contrasting – seeing similarities and differences – evaluation – analysis – seeing relations between ideas – imagination – creativity. 	

Topic	Suggested delivery plan	Resources
9 Emotional aspects of development	<ul style="list-style-type: none"> • Students need to brainstorm and discuss the feelings inside us, eg: <ul style="list-style-type: none"> – happiness – sadness – fear – jealousy – loneliness – abandonment – contentment – discontent – anger – pleasure – joy – dislike – hate – confidence – lack of confidence – self-worth – self-esteem – stress – relief of stress – absorption of self in an activity – redirection of destructive feelings and behaviour – sense of security. 	

Topic	Suggested delivery plan	Resources
10 Social aspects of development	<ul style="list-style-type: none"> • Brainstorm and discuss how we interact with other people eg: <ul style="list-style-type: none"> – sharing experiences – developing friendships – co-operation – consideration for others – understanding and relating to others – developing communication skills – concern – empathy – respect. • Development of self-concept eg Cooley's 'Looking Glass self'. • Roles. • Modelling. 	Flipchart
11 Benefits of activities	<ul style="list-style-type: none"> • Students should examine Chart 7, which builds on Chart 1 and 5. 	Charts 1, 5 and 7
12 Benefits of activities for service-user groups	<ul style="list-style-type: none"> • Students apply their knowledge of the benefits of activities to service users. The first activity in Chart 8 'Going for a walk' for older people has been started as an example. 	Chart 8

5.2: The planning and implementation of activities

Topic	Suggested delivery plan	Resources
13 Choice of activities with respect to the service users	<ul style="list-style-type: none"> • Students need to be aware of the all-round needs of the service-user group when planning an activity. • Awareness of the particular benefits or value to the service user from undertaking this activity. • Awareness of the service users' interests is also important. • Working with a partner or in a small group, students could work out what the interests of one of the service-user groups might be. • All the groups could then come together to pool all the ideas with respect to the interests of the different groups. • Students should also be aware of and discuss the effects of language, culture, gender, age, ability, disability. 	Flipchart
14 Effects of the setting upon planning	<ul style="list-style-type: none"> • Drawing on information from local care settings such as children's own homes, childminders' homes, nurseries, schools, day and residential care, hospitals and clinics, sheltered housing. Students should discuss how the nature of a particular setting may affect the range of possible activities that can be undertaken. 	Information from visits and from visiting speakers
15 Consideration of facilities	<ul style="list-style-type: none"> • Working with a partner or in a small group students should consider the facilities that are needed for a range of different activities eg: <ul style="list-style-type: none"> – running water for painting with young children – a quiet and comfortable room for a reminiscence session with older people – other resources may include money if costs are to be incurred eg materials, an outing. 	

Topic	Suggested delivery plan	Resources
16 Health and safety	<ul style="list-style-type: none"> • Students must be aware of health and safety issues. Relevant legislation including Fire regulations and the giving of medicines must be identified and noted as well as how accidents must be reported. • The importance of supervision should also be stressed. • There also issues of allergies with all service users as all are in need of care and of the safe use of materials and equipment with all age groups as well as security and access to service users. • Working in pairs or small groups students should draw up a list of the possible dangers to one of the service-user groups. • The whole group can then come together to pool their ideas on a flipchart. 	Health and safety legislation Internet search Library/learning resource centre Flipchart
17 Group size	<ul style="list-style-type: none"> • Students need to be aware of the importance of group size with respect to space, equipment and materials. • Groups may be large or small for an activity or there may be just one individual. 	
18 Barriers to access	<ul style="list-style-type: none"> • Possible barriers to access an activity should be identified, eg space for a wheelchair, language, disabilities. 	
19 Timing	<ul style="list-style-type: none"> • Awareness of the importance of timing with respect to care routines, mealtimes as well as the time of the year or season. 	
20 Curricular or development programmes	<ul style="list-style-type: none"> • Awareness of the need for activities to fit in with curricular or development programmes particularly in schools, nurseries and with children and people with disabilities. 	
21 Organising and preparing the activity	<ul style="list-style-type: none"> • Students need to be aware of the importance of organisation and preparation for the activity. • Space including tables and chairs may need to be reorganised, physical resources prepared eg paints, paper, constructional apparatus, cards and other equipment for a game and the service users themselves, who may need help in accessing the activity or have protective clothing. • Service users must also be asked if they wish to take part in the activity. • Students should discuss the difference between encouraging service users to take part in the activity and putting pressure upon them to do so. 	Visits to care settings eg a nursery Visiting speaker to talk about setting up an activity

Topic	Suggested delivery plan	Resources
22 Explaining the activity	<ul style="list-style-type: none"> • Initially the importance of giving clear instructions will need to be discussed with students. • Students can be given an activity like one of those on the right hand side. The students should work in small groups. • Each group can write a set of explanations and instructions for the service users for their activity and then they can explain the activity to another group. 	<p>A list of possible activities eg:</p> <ul style="list-style-type: none"> • painting with young children • sewing, making some clothes for a doll for a charity with some older people • going to the cinema with a group of disabled people • playing a game of Scrabble with an adult in hospital.
23 Interacting and communicating with service users and care workers	<ul style="list-style-type: none"> • Students will best understand how to interact with service users and communicate with them by seeing how this is done in a care setting. • Just an hour in a care setting watching/observing how the care workers interact and communicate with the service users will give students a basis to start from. • It may be possible to obtain a video of an activity taking place. • Students should then role play the implementation of an activity, perhaps in small groups, with one of the students in the role of the care worker and the other students in the role of the service users. • The importance of the interaction and the communication with the service users should be the primary focus. • Students also need to be aware of the need to interact and communicate with the care workers in the setting. They must try and overcome feelings of shyness, but also be sensitive to the needs of the staff in the setting. • It may be useful to have a visiting speaker to talk about how to interact and communicate with care workers. 	<p>Visit to a nursery or other care setting</p> <p>Video</p> <p>Appropriate materials</p> <p>Visiting speaker</p>

Topic	Suggested delivery plan	Resources
24 Monitoring and observing service users' reactions and abilities	<ul style="list-style-type: none"> • Students need to be aware of the importance of the ongoing monitoring of the service users during an activity. • Students should list and discuss the things that they should note, eg: <ul style="list-style-type: none"> – insufficient materials or light or space – too many participants – equipment, eg scissors don't work – a service user feels unwell – possible dangers, eg children putting things into their mouths – possible accidents, eg spillage of water or paint – children getting into a mess especially if they have not been properly prepared with protective clothing – service users may be bored by the activity – the activity may be at the wrong level – either too difficult or with too little challenge. 	<p>Visit to a nursery or other care setting</p> <p>Video</p> <p>Appropriate materials</p> <p>Visiting speaker</p>
25 Tidying after an activity	<ul style="list-style-type: none"> • Students should discuss the sorts of things that need to happen after an activity, eg: <ul style="list-style-type: none"> – clearing away materials and equipment – ensuring that equipment is cleaned and put away in the correct place – in some case service users can be involved in this – tables need to be cleaned and anything on the floor picked or swept up. • Students could brainstorm the different clearing and tidying tasks that need to be done after an activity. 	<p>Flipchart</p>

5.3: Evaluation of activities

Topic	Suggested delivery plan	Resources
26 Benefits to the service users	<ul style="list-style-type: none"> • Students need to understand the need to evaluate an activity in terms of the benefits to the service user. • Students will need to understand the need to ask questions such as: <ul style="list-style-type: none"> – In what way or ways did the activity benefit the service user? – Were the planned benefits realised? If not, why not? 	Flipcharts for the sorts of questions students should ask themselves
27 Examine all aspects of the activity	<ul style="list-style-type: none"> • Students need to understand the need to examine and evaluate the planning, organisation and implementation of the activity. • Students can ask such questions as: <ul style="list-style-type: none"> – Was anything omitted at the planning stage? (all stages of the planning process should be examined) – Was the organisation of the activity appropriate? – Were any parts of the organisation inadequate? – How could these be improved? – Was the activity implemented as well as it could have been? – What should be done differently on another occasion? – Was there sufficient interaction and communication with the service users? – Was there interaction and communication with the care workers? – Was this sufficient? 	Flipchart as above

Topic	Suggested delivery plan	Resources
28 Costs, time and resources	<ul style="list-style-type: none"> • Students will also need to understand the need to consider the amount of time devoted to the activity, asking questions such as: <ul style="list-style-type: none"> – Was there enough time? – Did the activity take too much time relative to the benefits to the service users? – Should the activity have been shorter or extended? • Students will also need to consider the cost of other resources such as the cost of materials and the use of equipment, asking questions such as: <ul style="list-style-type: none"> – Were these cost effective in terms of the benefits to the service users? – Could other resources have been used or in a different way? 	
29 Feedback	<ul style="list-style-type: none"> • The importance of feedback should be discussed. • Students need to be aware that feedback from others can also be used as part of the evaluation of the activity. • During the implementation of the activity itself the reactions of the service users should be noted. • Service users can be asked what they thought of the activity. • Care workers can also be asked for their views about the activity. • There may be other students or teachers whose views can be sought. 	
30 Other methods of assessing the success or otherwise of the activity	<ul style="list-style-type: none"> • A care worker could be asked to observe and to write a witness statement. • A short questionnaire could be given to the service users to complete and hand back after the activity or at a later time. • Observation could be used to assess the benefit(s) of the activity eg somebody being happier or more content, less aggressive, calmer. 	

Chart 1

Sunday	Went to the gym
Monday	Made a cake for a friend's birthday
Tuesday	Went to the cinema to see 'Love Actually'
Wednesday	Had a Spanish lesson
Thursday	Went swimming
Friday	Went bird watching
Saturday	Did some gardening

Chart 2

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Chart 3

People who are ill	Older people	People with specific needs	Young children

Chart 4

Activity	Physical	Intellectual	Emotional	Social	Communicative

Chart 5

Activity	Physical	Intellectual	Emotional	Social	Communicative
Went to the gym	X				
Made a cake	X				
Went to the cinema with friends				X	
Had a Spanish lesson		X			
Went swimming	X				
Went bird watching		X			
Did some gardening	X				

Chart 6

Activity	Physical	Intellectual	Emotional	Social	Communicative
Older people					
1					
2					
3					
4					
5					
6					
Young children					
1					
2					
3					
4					
5					
6					
People with specific needs					
1					
2					
3					
4					
5					
6					
People who are ill					
1					
2					
3					

Chart 7

Sunday	Went to the gym	The main benefits here are physical, especially for the back and limbs, but also one can meet with friends so it was also a social activity, talking and laughing, exchanging experiences and ideas. This also made it beneficial communicatively.
Monday	Made a cake for a friend's birthday	This was partly an intellectual activity as the steps of the recipe had to be read, understood and followed. This requires concentration on the task at hand and memory of what to do. There was also some physical benefit with respect to fine motor skills in stirring the mixture, pouring it into the tin and carefully taking it out of the oven when baked. In addition, it was emotionally very pleasing and satisfying to have made something.
Tuesday	Went to the cinema to see 'Love Actually'	Going to the cinema with friends is a social activity. The film was discussed so was a shared and communicative activity. The film was also an emotional experience, as it absorbed thoughts and feelings and enabled the viewer to relate the experiences in the film to their own lives. Intellectually, the film required concentration to follow the 'plot'.
Wednesday	Had a Spanish lesson	This was very much an intellectual activity, requiring reading, listening, concentrating, solving problems, recalling words and grammar, reformulating English into Spanish. It also developed communicative aspects of development.
Thursday	Went swimming	Like going to the gym this activity is very physical, particularly for the cardiovascular system.
Friday	Went bird watching	There is some physical activity here with respect to eye-hand co-ordination in the use of binoculars, looking and watching. Intellectually, there is observation involved in the checking of features against entries in the field books and emotionally it is very absorbing.
Saturday	Did some gardening	This is a very physical activity, using gross and fine motor skills – digging, pulling, carrying, as well as careful plant handling and pruning. It is good for the cardiovascular system. Some intellectual activity is required in planning how to weed and plant and there is emotional satisfaction.

Chart 8: Benefits of activities for service users

Activity	Physical benefits	Intellectual benefits	Emotional benefits	Social benefits	Communicative benefits
Older people					
1 Going for a walk with a friend	Cardio-vascular Large muscles of legs and back	Observing what is happening Memory: the way to go, location of the teashop or the pub	Self-esteem Sense of independence Pleasure	Talking with companions Meeting friends and acquaintances	Interpersonal interaction – listening, talking, exchanging information, ideas and views
2					
3					
4					
5					
6					

Young children					
1					
2					
3					
4					
5					
6					
People with specific needs					
1					
2					
3					
4					
5					
6					
People who are ill					
1					
2					
3					

Activity 9 – Planning your activity

Working in small groups students must plan an activity for a group of service users.

Following discussion, the plan must be produced in written form.

All the above issues need to be considered with respect to planning as well as undertaking the following:

- 1 choice of activity relevant to the needs of the service users
- 2 awareness of the particular benefits for the service users
- 3 choice of an activity that could be carried out with a minimum of help and support
- 4 consultation with and permission from the care team
- 5 develop the different steps and stages of the activity including time
- 6 identify the resources that will be needed and any cost implications
- 7 identify when assistance and further supervision will be needed as well as when the service users may need extra levels of assistance and support
- 8 highlight health and safety issues.

Case study

Some of the residents in a home for older people want to go and see a film at the local cinema.

One of them is in a wheelchair, two have hearing aids and another is sometimes confused and likely to wander. Most of them need a stick to help them to walk.

The cinema is in the nearby town about two miles away.

A 'spokesperson' for this group of residents comes and asks you if you will take them to see this film including doing all the planning and organising.

The group of students is divided into two groups and each group plans, organises and implements this outing in a role play for the other group.

All aspects of the activity are undertaken from considering the benefits to the service users, all aspects of planning, organising, implementing and then, later, evaluating the activity.

Unit 6: Public Health

Unit aims

This main aim of this unit is to help students to develop their knowledge and understanding of current public health issues, policies and practices in the UK. The public health field focuses on factors that affect the health and well-being of large populations of people. Students will become aware of the impact that social and economical factors and lifestyle choices have on the health status of populations and communities in the UK. Students will also understand how public health problems arise and learn about the methods used to monitor, prevent and combat major public health issues.

Unit topics

- 6.1: Public health: origins, aims and data
- 6.2: Current issues in public health
- 6.3: Promoting and protecting public health in the UK

6.1: Public health: origins, aims and data

Topic	Suggested delivery plan	Resources
1 What is health?	<ul style="list-style-type: none"> • Students discuss the concept of health in small groups. • Each student completes 'what is health' questionnaire. • Compare and contrast results obtained in pairs or small groups. • Discussion around the fact that health means different things to different people. People take personal responsibility for contacting the doctor when they are ill. • Link to the difference when working in public health – population focus. 	Activity 1
2 What is public health? 3 How has environmental changes made a difference to the health of populations	<ul style="list-style-type: none"> • In small groups examine the role of public health. • Discuss with whole group the difference between individual health care and population health needs. Include population issues such as smoking, obesity, lack of exercise. • Benefits of population intervention using John Snow and the Broad Street Pump in the 19th century as an example. Explore the difference removing the pump handle made to the cholera outbreak and the lives of the population of Soho. • Discuss the mapping of the incidence of cholera to inform the decision to remove the pump handle – emphasise public health started here. • Small groups to discuss the impact of the resulting Sewerage system on health. 	Activity 2 Map of Soho available from the Health Education Authority (HEA), 1993.
4 Who works in public health today?	<ul style="list-style-type: none"> • Whole group discussion exploring the 'who's who of public health'. Need to include 19th century individuals interested in the 'patterns' of disease and illness. For example, medical officers of health in the 1890s studied child mortality, poverty and cleanliness. • Students make a list of those they think work in public health today. • Small group discussion to explore today's approach. Need to include, public health doctors, public health specialists, health visitors, primary care, environmental health officers. 	Director of Public Health annual report for your own area to identify who is involved. Activity 3

Topic	Suggested delivery plan	Resources
5 Aims of public health	<ul style="list-style-type: none"> • Working in pairs, students to research the role of the epidemiologist or medical geographer. • Students to prepare a poster, or similar, to highlight purpose, roles and responsibilities. • Whole group discussion to identify aims of public health (to identify causes of disease and illness and ways to eradicate or minimise). 	Access to the internet
6 Obtaining health data	<ul style="list-style-type: none"> • Guest speaker (public health nurse, school nurse) to explain how health status is monitored and data collected. • Visit to a health centre to discuss health statistics collected – link in to GP visits and the use of the computerised system. 	
7 The purpose and uses of epidemiological data	<ul style="list-style-type: none"> • Working in pairs discuss the purpose of data collection. • Working in pairs use map of incidences of leukaemia (possible links to nuclear reactors) to discuss benefits of data collection and actions that could be taken as a result. • Whole group feedback of the benefits of collecting data. 	Activity 4 Incidence map of Leukaemia cases in North West and South East

6.2: Current issues in public health

Topic	Suggested delivery plan	Resources
8 Patterns in health experiences	<ul style="list-style-type: none"> • Students to research and identify differences in living conditions in their own locality by comparing two very different wards. One social class 4/5 area and one social class 1/2 area. • Group discussion on findings of research. • Working in small groups compare and contrast findings and discuss the implications for health. 	Activity 5
9 National patterns of health and illness	<ul style="list-style-type: none"> • Students work in pairs to use the internet and book research to identify mortality patterns from coronary artery disease, cancers, accidents and drug misuse. • Students produce a wall display mapping the mortality patterns found, comparing north and south areas of the country. • Guide students into thinking about locality differences ie at ward level – pockets of deprivation and the implications. 	Internet and library research
10 Explaining the causes of the patterns found	<ul style="list-style-type: none"> • Whole group discussion exploring social class, use local information researched previously. • Students interview older people to research 'life then and now'. • Whole group discussion of findings to compare changes in lifestyle over the last 50 to 60 years. • Students list the impact of changes on population health to include: <ul style="list-style-type: none"> – increases in obesity – cancer – substance misuse – mental illness – sexually transmitted disease. 	Activity 6 Activity 7

Topic	Suggested delivery plan	Resources
11 Links between social change and public health issues	<ul style="list-style-type: none"> • Whole group discussion to include changes and possible impact on health and health services. • Individual research to identify one population group and changes that have occurred in their lifestyle, eg children, less active, high-fat food consumption, child obesity levels rising. 	Activity 8
12 Public health targets and strategies	<ul style="list-style-type: none"> • Working in pairs, students research and collect information relating to the national targets. • Working in small groups each group should prepare and present information on one target to the rest of the group. • Students should make a list of government actions being taken to improve the health of the nation. 	Activity 9

6.3: Promoting and protecting public health in the UK

Topic	Suggested delivery plan	Resources
13 Specialist measures and treatments	<ul style="list-style-type: none"> • Students work in pairs or small groups with allocated tasks of researching the measures and treatments used to reduce environmental harm. • Working alone, each student uses the information collected to produce an information leaflet about the special measures. 	Activity 10
14 Action on recycling and waste management	<ul style="list-style-type: none"> • Whole group discussion on local issues of waste disposal. Link this to home products and landfill sites and discuss recycling in the home. • Organise a visit to the local recycling and waste management centre. • Invite a guest speaker from the borough or county council to talk about waste management in your area. 	Contact the Environmental Health Department of the local council in the first instance.
15 Action on pollution reduction and protection of the natural environment	<ul style="list-style-type: none"> • Start by discussing with the whole group what constitutes pollution. Link this to transport, manufacturing, rivers. • Students work alone to investigate ways of protecting the environment from the 'pollutions discussed'. • Students carry out research to find out levels of public knowledge about pollution. • Students analyse their findings for protecting the environment and report back to their colleagues using a visual display. • Students work in pairs or small groups to research local authority action to reduce and manage waste, pollution etc – using their findings they produce a 'guide to the local authority'. 	Activity 11 Activity 12

Topic	Suggested delivery plan	Resources
16 Public health measures that protect	<ul style="list-style-type: none"> • Whole group discussion about 'diseases of the past' ie tuberculosis, measles, polio, mumps – link to childhood vaccinations. • Work in three groups, with one group researching the surveillance measures used in the control of tuberculosis and one group researching blood pressure (hypertension) or coronary artery disease screening. A third group should research cervical and mammography screening for women. • Students produce displays of their findings for a public area to inform other groups of the population. • Alternatively students can work alone using the Activity 14. 	Activity 13
17 The role of environmental health officers and public health staff	<ul style="list-style-type: none"> • Whole group discussion linking back to earlier section covering officers involved – use Activity 3. • The focus for this section should be the monitoring and enforcing role of staff. 	Activity 3
18 The role of pressure groups	<ul style="list-style-type: none"> • Introduce this session by linking in to the student's existing knowledge. Whole group discussion to raise awareness levels of different organisations. • Working in pairs students should be allocated one pressure group each or a non governmental agency to research and report back their findings in a student-led discussion group. • The website for the Environment Agency links to further information that could be researched by the students. 	Information on environmental groups Website for the Environment Agency www.environment-agency.gov.uk

Activity 1 – Health

Health means different things to different people. Working in small groups decide which of the following statements you agree with and put a tick in the appropriate box.

Health is:

Statement	Agree	Disagree
Being physically fit, strong and flexible		
Not having to take any medicines or tablets		
About looking good and feeling good		
Being free from stress and worry		
Living to a ripe old age		
Not drinking or smoking		
Eating the best foods for my body		
Not having to visit the doctor		
Having good relationships		
Being the ideal weight for my height		
Feeling happy and at peace with myself		
Having lots of friends and an active social life		

Once you have agreed, put the statements into categories (groups) for physical health, social health and emotional health. Discuss with another person which statements you feel are the most important. Decide why you are giving them the priority.

Activity 2 – Caring for populations

Individual health care is often about visiting the doctor when we are ill. In other words we have responsibility for taking action when we feel unwell.

Working with your group, discuss ways in which health professionals take action when there is a possible threat to our health as a population.

To help you with this task consider the following:

- epidemics such as HIV/AIDS in Africa and elsewhere
- immunisation for babies
- dental check ups
- eye tests
- mammography (breast screening) for women
- smoking campaigns
- healthy eating campaigns.

Activity 3 – The caring professional

Make a list of all the health, environmental and care professionals you can think of who are involved in protecting and promoting the health of your local population. They may be people you and your family have come across when using health and care services.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Compare your list with another person. Complete any missing job roles that you may have forgotten.

Choose one job and research their roles and responsibilities further.

Make notes of your findings – you will need them later in this unit.

Activity 5 – Patterns of health

Using personal research find out about the experiences of health in the area in which you live (you may wish to use your local census data). To do this you should follow the steps outlined below.

- Select two wards that are based in your locality or region.
- Identify the leisure facilities available in both areas.
- Identify the type of housing available.
- Examine the kinds of industry located in each area.

Use the internet or library to collect population statistics for the areas.

For example:

- number of older people living there
- number of children
- number of employed/unemployed people
- number of people accessing accident and emergency departments
- number of people dying from smoking related diseases.

Remember, these are only examples there is other information that you would find useful to collect.

Write a short review of your findings and how you think living in those localities could have affected the health of one population group living there.

Activity 6 – Then and now

In order to compare life today with life from 50 years ago you will need to arrange to meet with an older person who would be willing to talk to you about life 50 years ago. You will need to make notes of your findings.

Try to find out:

- what their employment was
- how many hours they worked
- how much walking they did
- what kind of household appliances they had access to
- what kind of food they bought, how easy it was to access fresh fruit and vegetables
- how they spent their leisure time
- how much television they watched
- how they think their lifestyle affected their health
- don't forget to ask them what has changed.

Remember, you should be polite at all times. You must keep the information confidential and respect your respondent's privacy if they do not wish to share aspects of information with you.

Don't forget to say thank you!

Activity 8 – Individual research

Choose one group of the population on which to carry out a research project. This group could be:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Your task is to find out what changes have occurred in the environment and their lifestyle as a result of social and economic changes over the last 50 years and how this has affected health and health care needs.

You must base your findings on secondary research (research carried out by others).

You should:

- choose your group
- research changes in the environment, employment, leisure and lifestyle
- research their current health needs using books and the internet
- compare their health needs today with their health needs of 50 years ago using published research and articles
- provide references for the research you include in your project.

Activity 9 – Meeting targets

Working with another person, use library research or the internet to find public health targets that will allow you to complete the grid below.

	A local target, ie for the district where you live	A national target, ie for the country where you live	An international target, ie for several countries
Target for a group of people (eg older people)			
Target for a lifestyle issue (eg smoking)			
Target for a health service (eg waiting lists)			
Target for an environmental issue (eg waste management)			
Target for a social issue (eg alcohol)			
Target for a screening/surveillance issue (eg tuberculosis)			

Activity 11 – Protection from pollution

Use the questionnaire to find out how much other people know about protecting their environment from pollution. Once you have collected 10 responses carry out an analysis of your findings and make a wall chart to show the levels of knowledge about the prevention of pollution.

- 1 List two common sources of pollution in towns and cities.

- 2 What action does/has the government taken to limit the amount of pollution found in
(a) rivers?

- (b) roads?

- (c) air?

- 3 Name one piece of legislation that is designed to protect the environment from pollution.

In order to analyse your results you will need to find the correct answers to this questionnaire.

Activity 12 – A guide to local authority action

Case study

Your local council has developed a 'Green Policy' for your neighbourhood. Unfortunately most of the local residents do not follow the policy and continue to fill their dustbins with recyclable materials. There have also been several issues with food poisoning in the town, these have been linked to three fast-food outlets and two restaurants.

In addition to these problems, the council has had a national building company constantly applying for planning permission to build on their green belt areas. They are anxious to demonstrate to the local population that this will not be allowed to happen because of their policies on land usage.

In the light of these difficulties the council has asked you and your colleagues to develop 'a road show' covering their action and policies on:

- recycling
- waste management
- pollution reduction
- food safety
- protection of the natural environment.

Your road show can take the form of a presentation or a display. You may choose to carry out a combination of both.

To help you with this task you will find it helpful to visit your local council offices to collect copies of policies, charters and public statements that deal with these issues for the town you live in or another area if you choose.

National and international legislation will also prove helpful and can be found on the internet as well as in libraries.

Activity 13 – Preventing disease and illness

You have been asked to produce a leaflet that explains methods of preventing illness in the UK to an overseas visitor. These methods are often described as primary prevention (meaning stopping the illness before it starts). Your leaflet should include information on:

- immunisation
- screening
- disease monitoring (surveillance).

It is important that you include the following information in your leaflet:

- who the service is for
- what the service aims to prevent and why
- how the service is delivered, who by and how often
- how the service aims to reduce health inequalities between different groups of the population.

Your leaflet should be made available to your colleagues for their information once it is completed.

Unit 7: Meeting Individual Needs

Unit aims

The aim of this unit is to develop knowledge and understanding of how health and social services are structured and provided in the UK. It examines how services are tailored to meet individual needs and the importance of multi-disciplinary working. It develops knowledge and understanding of how accountability is maintained through quality assurance procedures.

Unit topics

- 7.1: Structure and provision of services
- 7.2: Meeting individual needs
- 7.3: Practitioner roles
- 7.4: Quality assurance and regulation

7.1: Structure and provision of services

Topic	Suggested delivery plan	Resources
1 Types of providers	<ul style="list-style-type: none"> • Types of providers: <ul style="list-style-type: none"> – statutory – private – voluntary – informal carers. • Teacher handout. 	Activity 1
2 Central government role in provision.	<ul style="list-style-type: none"> • Teacher-led discussion. • Student research. 	
3 Local government role in provision	<ul style="list-style-type: none"> • Teacher-led discussion. • Student research. • Visit to local authority office. 	
4 Key legislative changes and their impact	<ul style="list-style-type: none"> • Teacher-led discussion. • Student research. 	
5 Role of the independent sector	<ul style="list-style-type: none"> • Teacher-led discussion. • Guest speaker. 	
6 Role of voluntary sector	<ul style="list-style-type: none"> • Teacher-led discussion. • Guest speaker. 	
7 Role of informal carers	<ul style="list-style-type: none"> • Teacher-led discussion. • Guest speaker. 	
8 Summary	<ul style="list-style-type: none"> • Revision test. 	

7.2: Meeting individual needs

Topic	Suggested delivery plan	Resources
9 Legislative background – what is care management?	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
10 Care planning – process	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
11 Assessment of needs	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
12 Monitoring	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
13 Reviewing – importance of user involvement	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
14 Application of theories	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
15 Issues involved in care planning.	<ul style="list-style-type: none"> • Teacher-led handouts. • Student discussion based on case study. 	Activity 2
16 Summary	<ul style="list-style-type: none"> • Test students' knowledge. 	

7.3: Practitioner roles

Topic	Suggested delivery plan	Resources
17 Role of practitioner	<ul style="list-style-type: none"> • Student-led research on practitioner roles. 	Activity 3
18 Ways in which different practitioner work together	<ul style="list-style-type: none"> • Ways in which different practitioners work together <ul style="list-style-type: none"> – one to one – group work – team work – multi-disciplinary. • Brainstorm. • Guest speaker – nurse or social worker. 	Activity 4
19 Importance of organisation	<ul style="list-style-type: none"> • Importance of organisation <ul style="list-style-type: none"> – culture – size – history – management – procedures. • Brainstorm – link with <i>Unit 3: Positive Care Environments</i>. 	Activity 5
20 Impact on service users of not being able to access services	<ul style="list-style-type: none"> • Brainstorm – link with <i>Unit 3: Positive Care Environments</i>. 	Activity 6
21 Summary	<ul style="list-style-type: none"> • Test students' knowledge. 	

7.4: Quality assurance and regulation

Topic	Suggested delivery plan	Resources
22 Definition of quality assurance	<ul style="list-style-type: none"> • Student research. • Teacher-led handout. 	Activity 7
23 How the organisation monitors quality assurance	<ul style="list-style-type: none"> • How the organisation monitors quality assurance <ul style="list-style-type: none"> – quality systems – policies/procedures. • Teacher-led handout and discussion. 	
24 How government monitors quality assurance	<ul style="list-style-type: none"> • How government monitors quality assurance <ul style="list-style-type: none"> – circulars – memos – audits – inspections – White Papers – legislation. • Teacher-led handout and discussion. 	
25 Practitioner roles and responsibilities	<ul style="list-style-type: none"> • Student research. 	Activity 8
26 Complaints procedures	<ul style="list-style-type: none"> • Student discussion. 	Activity 9
27 Summary	<ul style="list-style-type: none"> • Students should gain practice in being able to: <ul style="list-style-type: none"> – recall facts, processes etc – ability to identify and define essential concepts – describe and explain terms and concepts – apply concepts and theories to scenarios – examine the strengths, weaknesses, pros and cons of theories, concepts, approaches. 	

Activity 1 – Directory of services

The aim of this activity is to develop knowledge of what services are provided in their local area.

Divide students into small groups of three or four.

Each group is to choose a pathway, from:

- health
- early years (care and education)
- care of older people
- individuals with specific needs.

Each group is to research within their local area the services which are provided for that user group under the following section headings:

- statutory services
- private services
- voluntary services.

Students then present their findings to the class.

Activity 3 – Practitioner roles

Students should divide in to small groups to do the following:

- research a professional health and social care occupation – nurse or social worker
- identify their roles and responsibilities
- identify other professionals they may come in contact with on a daily basis
- identify their main methods of work.

Activity 4A – Ways of working – team working

This activity is based around team working.

Brainstorm: In small groups identify the skills and abilities a care worker needs to be an effective member of an anti-discriminatory team.

Collate their answers eg:

- be committed to promoting diversity
- be honest and open
- be committed to listening and valuing the contribution of others
- be respectful of the needs of the team
- support co-workers
- speak one at a time during meetings
- be prepared to be challenged and to challenge.

Activity 4B – Individual worker skills

From exercise 4A you can then develop the following exercise which relates to individual worker skills.

Ask each student to identify an example for each of the bullet points above.

This will ensure they understand what is meant by a skill or ability.

Refer back to *Unit 3: Positive Care Environments* and the section on individual care workers role in promoting a positive care environment.

Activity 6 – Service users and access to services

Identify five groups in society who might have difficulty accessing the services they are entitled to.

1 _____

2 _____

3 _____

4 _____

5 _____

Identify how this restricted access could impact on these groups.

Socially

Emotionally

Physically

Intellectually

Activity 8 – Practitioner roles and responsibilities

Read the following case study and complete the questions. Imagine you are Mrs Watson's social worker.

Mrs Watson who is confined to bed, complains that the home carer just sits down and has tea when she arrives, does very little, and will only do ironing on a Monday. Mrs Watson also says the home carer is very aggressive towards her.

- How would you help Mrs Watson with her complaint? (Evidence gathering etc.)

- How would you empower Mrs Watson in making her complaint? (Practical – perhaps acting as an advocate.)

- Who is relevant in this case study?

- How would the complaint be recorded?

- What are the limits to a professional practitioner's role?

Activity 9 – Complaints procedures

- Identify an organisation's complaints procedures (this could be your school or college).

- List the various stages in the process.

- How could the policy be improved?

Complaints are often viewed in a negative light.

Identify three positive results which could come from a complaint.

1 _____

2 _____

3 _____

Possible answers:

- review of existing policy
- improved communication
- improvements in staff training
- greater involvement of service users
- greater understanding of the service user needs.

Unit 8: Promoting Health and Well-being

Unit aims

This unit develops knowledge and understanding of health promotion and includes the rationale underpinning health promotion campaigns and the methods behind their implementation and evaluation.

This unit covers areas such as:

- factors influencing the decision to launch a health promotion
- agents involved in health promotion
- characteristics of different models and approaches and the rationale that influences choice of model used
- types and features of health promotion materials and factors that influence choice of material used
- ethical issues associated with health promotion
- planning, implementation, analysis and evaluation processes in health promotion.

Students are likely to have already completed *Unit 1: Human Growth and Development* which contains some health promotion themes. Teachers may wish to build on the knowledge and understanding already gained and spend the first session reviewing this material.

Unit topics

- 8.1: Reasons for promoting health and well-being
- 8.2: Models and approaches to health promotion
- 8.3: Planning and implementing a health promotion

8.1: Reasons for promoting health and well-being

Topic	Suggested delivery plan	Resources
1 Demographic data, such as patterns of disease or ill health	<ul style="list-style-type: none"> In groups of two or three, students to use internet/UK to investigate patterns of disease or ill health from chosen card. Discuss implications of results. 	<p>Deck of cards printed with appropriate topics for investigation such as breast cancer, passive smoking, tuberculosis, HIV, chlamydia, students choose 'blind' card.</p> <p>Access to computers and internet</p>
2 National and international targets for health and well-being	<ul style="list-style-type: none"> Discuss how two or three specific national and international targets progress to health promotion campaigns eg rising incidence of sexually transmitted diseases. 	<p>Department of Health website</p> <p>Health journals</p> <p>NHS website www.nhs.uk</p>
3 Concerns about issues	<ul style="list-style-type: none"> Discuss current and topical health issues of national and local interest eg life expectancy in deprived areas. 	<p>National and local newspapers</p> <p>TV documentaries</p> <p>Health promotion speaker</p>
4 New scientific evidence on an aspect of health and well-being	<ul style="list-style-type: none"> Discuss different pieces of new evidence arising from scientific work relevant to health promotion eg passive smoking. 	<p>National and local newspapers, scientific journals</p> <p>TV documentaries</p> <p>Health promotion speaker</p>
5 Government departments	<ul style="list-style-type: none"> Explore the work of: <ul style="list-style-type: none"> Department of Health Department for Education and Skills Department for Environment, Food and Rural Affairs any other relevant government departments. 	<p>Green and White Papers</p> <p>Appropriate websites</p> <p>National newspapers</p> <p>TV documentaries</p>

Topic	Suggested delivery plan	Resources
6 Local government	<ul style="list-style-type: none"> • Key strategies for health improvement and modernisation, community and neighbourhood renewal. • Strategic health authorities. • Health promotion services. 	Websites Local government publications Visit to local health promotion service General practitioners Dentists Local health workers Medical personnel
7 Public organisations	<ul style="list-style-type: none"> • Work of: <ul style="list-style-type: none"> – UK Public Health Association – Citizens Advice Bureaux – trade unions – professional organisations – World Health Organisation – national voluntary organisations and pressure groups eg RoSPA, NSPCC. 	Published material from websites Visiting speakers
8 Private organisations	<ul style="list-style-type: none"> • Work of: <ul style="list-style-type: none"> – BUPA – workplace occupational health services – human resources managers – churches and religious organisations. 	Published material from websites Visiting speakers Advertisements

8.2: Models and approaches to health promotion

Topic	Suggested delivery plan	Resources
9 Characteristics of different models and approaches	<ul style="list-style-type: none"> • Building on previous knowledge of some approaches, examine the features and provide examples of: <ul style="list-style-type: none"> – medical model – behavioural model – educational model – empowerment model – social change model. • This section is likely to be teacher-led initially. 	Unit 1 material Relevant case studies and examples Visiting health promotion speaker Textbooks
10 Reasons for choosing different models	<ul style="list-style-type: none"> • Students to examine current national and local health promotion campaigns and justify for each case the model/s used in preference to others. 	National and local newspapers, scientific journals and TV documentaries Health promotion speaker Websites
11 Different types and features of health promotion materials	<ul style="list-style-type: none"> • Discuss advantages and drawbacks of using different types of materials: <ul style="list-style-type: none"> – using leaflets – using posters – using presentations – using advertisements in newspapers and TV. 	Activity 1 Range of health promotion leaflets, posters and advertisements Video of advertisements for health promotion campaigns eg immunisations, drink-driving, smoking.
12 Reasons for choice of material in health promotions	<ul style="list-style-type: none"> • Discuss and justify: <ul style="list-style-type: none"> – the use of particular health promotion material for specified audiences – the impact of style and approach of different messages such as semantics, lettering, colour, images, cartoons etc – way in which impact is achieved such as humorous, shocking, factual, reasoned, empathic or sympathetic. 	Activity 2 Range of health promotion leaflets, posters and advertisements. Video of advertisements for health promotion campaigns eg immunisations, drink-driving, smoking.

Topic	Suggested delivery plan	Resources
13 Ethical issues associated with health promotion and models and methods	<ul style="list-style-type: none"> • Students in small groups discuss potential ethical problems. • Teacher-led plenary with spokesperson presenting findings from each group. • Plenary findings. • Discussion centred around code of practice for managing ethical issues. • Question and answer session on problems likely to be encountered during assignment activity. 	<p>Flipchart page, marker pen</p> <p>Code of practice</p> <p>Visiting health promotion speaker</p> <p>National Occupational Standards for professional activity in health promotion and care</p>

8.3: Planning and implementing a health promotion

Topic	Suggested delivery plan	Resources
14 Gaining knowledge through secondary research to inform decisions about topic and target group	<ul style="list-style-type: none"> • Using a current well-known health promotion campaign in the locality: <ul style="list-style-type: none"> – discuss the secondary research – discuss the way in which the topic and target group has developed into a health promotion campaign. 	Activity 4 Information and secondary statistics about a current well-known health promotion campaign in the locality. Visiting speaker who is involved with the campaign
15 Setting aims and objectives	<ul style="list-style-type: none"> • In small groups, students set the aims and objectives. • Plenary session to summarise results. • Match results against those of the actual campaign. • Explain or justify any deviations. 	Visiting speaker who is involved with the campaign
16 Developing tools and criteria to evaluate progress and outcomes	<ul style="list-style-type: none"> • In small groups, students decide how to evaluate progress and outcomes. • Plenary session to summarise results. • Match results against those of the actual campaign. • Explain or justify any deviations. 	Visiting speaker who is involved with the campaign
17 Selection of appropriate health promotion models	<ul style="list-style-type: none"> • Discuss which model/s might be appropriate. • Justify final selection. 	Visiting speaker who is involved with the campaign
18 Selection of appropriate media and style of message	<ul style="list-style-type: none"> • Discuss which materials and message style might be appropriate. • Justify final selection. 	Visiting speaker who is involved with the campaign
19 Implementation of the promotion	<ul style="list-style-type: none"> • Discuss: <ul style="list-style-type: none"> – how students would plan the health promotion – how students would carry out the health promotion. 	Visiting speaker who is involved with the campaign Flipchart sheets for findings

Topic	Suggested delivery plan	Resources
20 Analysis of evaluative data from the promotion	<ul style="list-style-type: none"> • Use mathematical tools to provide quantitative data for evaluation. • Organise qualitative information for evaluation. 	<p>Visiting speaker who is involved with the campaign.</p> <p>Relevant statistics may be provided if the promotion is large scale, confidential, not yet published or not yet completed.</p>
21 Evaluation of outcomes in relation to original aims and objectives and evaluative criteria	<ul style="list-style-type: none"> • Discussion of results to see if: <ul style="list-style-type: none"> – the original aims and objectives have been met – the evaluative criteria were effective and have been met. 	<p>Visiting speaker who is involved with the campaign.</p>

Activity 1 – Materials for health promotions

Complete the boxes in the following table to demonstrate your knowledge and understanding of different types of materials for use in health promotion.

Type of material	Advantages of use	Disadvantages of use	Example of use
Posters and display charts	1	1	
	2	2	
	3	3	
Leaflets and handouts	1	1	
	2	2	
	3	3	
Videos	1	1	
	2	2	
	3	3	
Whiteboard or chalkboard	1	1	
	2	2	
	3	3	

Activity 2 – Campaigns

Answer the following questions:

- 1 State precisely what is meant by:
 - a the purpose of a health promotion campaign?
 - b the aims of a health promotion campaign?
 - c the objectives of a health promotion campaign?
- 2 Discuss the reasons why health promotion campaigns might be launched.
- 3 List five agencies involved in health promotion.
- 4 Explain what is meant by the term 'evaluation of outcomes'.
- 5 Suggest three reasons for evaluating a health promotion.
- 6 Explain how you might assess a change of attitude or behaviour in clients after a health promotion.
- 7 Explain the stages in the process of implementation and planning of a health promotion.
- 8 A group of students staged a small scale health promotion on healthy eating in a village hall close to a busy supermarket. They were disappointed to find that only 20 people dropped in and some of those were relatives of the students. Discuss possible reasons why the promotion attendance was disappointing.
- 9 As well as producing their own leaflets on a word-processor, the students had a 1-hour video on 'Healthy Eating' from the Health Promotion Service. Discuss the suitability and relevance of these materials. Suggest and justify any other materials that the group might have used.
- 10 After much argument and debate, the group of students decided that there was little point in carrying out an analysis or evaluation of the health promotion as so few people attended. Comment on this decision.

Activity 3 – Approaches

For each scenario given below:

- 1 Identify and explain the approach used in the health promotion.
- 2 Suggest the aims and objectives that would have been proposed.
- 3 Discuss how the evaluation criteria might have been developed relative to the aims and objectives stated in your answer to question 2.

Scenarios

- 1 A well-known chef invited a group of men who live alone to his establishment. He demonstrated easy-to-cook healthy meals and then encouraged them to follow his example.
- 2 A general practitioner organised a clinic for over-65s in the village hall to receive their anti-flu injections.
- 3 A documentary on television gave viewers the new facts on HIV infection and AIDS and safe sexual practices.
- 4 The Secretary of State for Health unveiled a White Paper to ban smoking in public houses and restaurants that sell hot food.
- 5 A group of parents in a village community have formed a committee to secure funding to establish a safe playground for the under-fives of the village. At present, heavy traffic comes through the village and there is no play area.

Activity 4 – Planning a health promotion

Case study

Ayesha has made several educational visits to a local nursery and they have asked her to help with the pre-school children during the summer when several members of staff take their holidays. Several new children have joined the nursery as their parents continue to work during their holidays.

Ayesha has noted that many of the older pre-school children who toilet themselves, frequently fail to wash their hands unless constantly reminded, or provide 'lip-service' to the task by not using soap and letting only a few drops of water fall on their hands.

After mentioning this to other staff, she learned that not only had the nursery been closed for several weeks, two years ago, due to an infectious type of diarrhoea, but that lack of hand washing was a constantly recurrent problem.

Later that week, Ayesha discussed the problem with her supervisor and also mentioned that she would have a small scale health promotion to plan in the near future. There seemed to be no opposition to her promoting the washing of hands after toilet visits.

Ayesha created and typed out a consent form for carers and parents to sign and assured them that confidentiality would be maintained. She also designed a small handout briefly explaining the purpose of her campaign. As she was tackling the campaign on her own, she decided to limit the number of participants to six of the latest arrivals in the nursery. She experienced no difficulty in obtaining consent and some parents, who were not involved, expressed a wish to include their children.

With another carer acting as witness, Ayesha collected the group of young children together and explained 'the project' to them in simple language. The children were enthusiastic and wanted Ayesha to come and see them wash their hands straight away! She did so, not wishing to curb any eagerness and then explained how she needed to go away, talk to her teacher and plan some activities for a later date.

Task

Using the assignment outline to assist you with the stages of the process, plan the small-scale health promotion, including:

- knowledge and understanding of the topic of the promotion; this will be gathered from secondary information sources of different types such as interviews, text references or the internet
- explanation for the choice of target group
- planning the promotion including the stated aims and objectives
- explanation for the choice of health promotion approach
- the ways in which the success of the promotion will be measured
- the materials that could be used and/or create in the promotion
- the ways in which the success of the promotion can be analysed
- how the evaluation of the outcomes of the promotion can be accomplished.

Activity 5 – Health promotion campaign

Case study

The occupational health staff at a local college is very concerned that the number of students with special needs observed smoking outside the doors of the various college buildings seem to have increased. The college adopted a 'No Smoking' policy a few years ago. The two smoking rooms are always full and some students seem to be permanently in the smoking rooms rather than attending to their studies. An application to carry out a health promotion campaign related to smoking has been well received by the governing body and now needs to be planned implemented, analysed and evaluated.

Complete the following sections of the health promotion campaign:

- 1 State precisely the topic and target group for this campaign.
- 2 What factors have influenced the decision to launch the campaign?
- 3 What factors will influence the approach to be used?
- 4 Explain which approach or approaches you would choose.
- 5 Describe the style and content of the message you would use. Justify your answer.
- 6 Describe any ethical issues that you might encounter and how you would address these.
- 7 Describe the secondary research that you would need to carry out to increase your knowledge and thus, enhance the campaign.
- 8 Describe the aims and objectives behind this campaign.
- 9 What tools and evaluative criteria would you develop to evaluate progress and outcomes?
- 10 How would you analyse the data to judge the success of the campaign?

Unit 9: Investigating Disease

Unit aims

The main aim of this unit is to give students an opportunity to study diseases. Knowing about diseases, how they are diagnosed and prevented, is an important part of any course in health and social care. Students have more or less free choice of the diseases they choose to study for their portfolios. The only requirement is that one disease has to be a viral or bacterial disease (communicable disease) and the other can be any non-communicable disease.

It is recommended that students work through the whole unit initially, to gain an understanding of a variety of diseases from which to make their choice for their portfolio. This will give them a good understanding of all the areas in the unit. The students should also be encouraged to make comparisons between diseases wherever they can. This is important preparation for accessing the higher mark bands in the portfolio.

In this teacher's guide, you will find the unit broken down into 44 topics that cover the four main unit sections. There are suggestions for delivery and resources. There are 11 activities, designed to help the student access the more demanding areas of the unit. The last sheet offers the students particular advice when considering their choice of diseases for their portfolio.

Unit topics

- 9.1: Health and disease: epidemiology
- 9.2: Differences between communicable and non-communicable diseases
- 9.3: Diagnosis, treatment and support of disease
- 9.4: Strategies for the prevention of the disease

9.1: Health and disease: epidemiology

Topic	Suggested delivery plan	Resources
1 Different definitions of health	<ul style="list-style-type: none"> Students will have covered different definitions of health in Unit 1, but these should be revisited here as a starting point for this unit. Students should recognise that it is difficult to come up with a single clear definition of health. 	Health and social care textbooks Activity 1
2 Different definitions of disease	<ul style="list-style-type: none"> Students could come up with their own list of diseases they know already. They could then try to group them into different categories, such as physical, mental and social. They should realise that this is difficult, as some diseases appear to fit into more than one category. Students should be introduced to the terms 'communicable' and 'non-communicable'. They could then re-do the classification exercise with the same diseases and see that it is easier. 	Biology textbooks on health and disease Internet access Activity 2
3 What is epidemiology?	<ul style="list-style-type: none"> Students could start by finding out what the word 'epidemiology' means. They could find out what diseases are notifiable and why it is important that the authorities should know about such diseases. Students should find out the difference between mortality and morbidity when applied to a disease. 	Biological dictionary Internet access
4 How data is collected?	<ul style="list-style-type: none"> Students could start by thinking how the authorities would get to know who has a disease. They should make a list of the different people who would have information about a person's disease. They should think about what information the authorities would want to know. 	Local health clinic Health visitor Environmental public health officer
5 How is data used?	<ul style="list-style-type: none"> Students should be introduced to the idea that data is used to help reduce the incidence of diseases in the future. Specific examples would help here, such as influenza, small pox, salmonella food poisoning, tuberculosis, heart disease, cancers etc. 	Health and social care textbooks Internet access Environmental public health officer
6 Summary	<ul style="list-style-type: none"> Students should revise the definitions of health and the definitions of disease. They should understand the term epidemiology and how knowledge of the incidence of diseases is important for their prevention in the future. Students could practise interpreting epidemiological data. 	Health and social care textbooks Activity 3

9.2: Differences between communicable and non-communicable diseases

Topic	Suggested delivery plan	Resources
7 Overview communicable diseases	<ul style="list-style-type: none"> Students should know that communicable diseases are caused by micro-organisms. They could be given a list of common diseases, such as colds, influenza, cholera, food poisoning, measles etc and asked to find out what type of micro-organism causes each one. Students could think about how we 'catch' communicable diseases eg droplet transmission through the air, food, water, direct contact, sexual contact or by a vector (other organism). 	Health and social care textbooks Internet access Activity 4
8 Viral diseases	<ul style="list-style-type: none"> Students could investigate the main features of viruses. They are very small, have a simple, non-cellular structure and need a host cell in order to reproduce. Students could look at the list of diseases in Activity 4, or make their own list, and identify those caused by viruses. 	Health and social care textbooks Activity 5
9 Bacterial diseases	<ul style="list-style-type: none"> Students could find out the general (cellular) structure of a bacterium. They should make a list of bacterial diseases, from those given in Activity 4, or from their own research. 	Health and social care textbooks Internet access
10 Fungal diseases	<ul style="list-style-type: none"> Students should find out the common features of fungi. They should be aware that there are two types of fungal structure (fine threads – mycelium such as the fungus causing Athlete's foot or single-cellular such as the fungus causing thrush). 	Health and social care textbooks Biology textbooks
11 Protozoan diseases	<ul style="list-style-type: none"> The main disease caused by a protozoan is malaria, which is very prevalent world-wide. Students could carry out research into malaria, especially how it is transmitted by a vector, the mosquito. 	Biology textbooks Internet access
12 General features of communicable diseases	<ul style="list-style-type: none"> Students could come up with features they think all communicable diseases have in common. They could find out about the major communicable diseases in each life-stage by interviewing different people. 	Health and social care textbooks Activity 6

Topic	Suggested delivery plan	Resources
13 Overview of non-communicable diseases	<ul style="list-style-type: none"> Students should know that non-communicable diseases are not infectious and not caused by micro-organisms. As a starting point they could think of as many such diseases as they can. This should stimulate a good class discussion. Students could try to group the diseases into categories, based on their similarities. 	Health and social care textbooks
14 Degenerative diseases	<ul style="list-style-type: none"> These are diseases that tend to get worse as we get older, or worse the longer we have them. One of the most common examples is arthritis. Others include Alzheimer's and multiple sclerosis. Students could investigate these or others of their choice. Each student could present their findings to the rest of the class. 	Health and social care textbooks Internet access
15 Deficiency diseases	<ul style="list-style-type: none"> Many deficiency diseases are due to a lack of a particular vitamin. Students could find out why we need each of the vitamins and minerals in our diet and the problems that arise if they are deficient. 	Health and social care textbooks Biology textbooks
16 Lifestyle diseases	<ul style="list-style-type: none"> This could start with a whole class discussion about negative aspects of lifestyle, such as smoking, high fat diets and lack of exercise. This should lead on to heart disease and cancers being identified. Students could identify the links between these diseases and lifestyle. 	Health and social care textbooks Internet access
17 Inherited diseases	<ul style="list-style-type: none"> Students may already know of some inherited diseases, such as cystic fibrosis, Huntington's and haemophilia. It would help if they had an understanding of basic genetics and how such diseases are inherited. 	Biology textbooks Activity 7
18 General features of non-communicable diseases	<ul style="list-style-type: none"> Students could make a table showing each of the different types of non-communicable disease and the life stages in which they usually occur. Students should know that most of these diseases require long term support. Each student could choose a particular disease and research briefly the type of support and treatment it requires. Students could present their findings to the rest of the class in booklet form. 	Health and social care textbooks Internet access
19 Summary	<ul style="list-style-type: none"> As a preliminary exercise, students could choose one communicable disease (caused by either a virus or a bacterium) and a non-communicable disease. They could complete a summary table, to compare the effect the diseases have on the body. 	Biology textbooks Internet access

9.3: Diagnosis, treatment and support of disease

Topic	Suggested delivery plan	Resources
20 Overview of the diagnosis of disease	<ul style="list-style-type: none"> Students need to study the different methods that are used to find out what is wrong with a person. They should be able to differentiate between signs (features that may be detected by someone else, eg temperature) and symptoms (features that are felt by the patient, eg feeling hot or having a headache). Students could make a list of the signs and symptoms of a disease they have had, and compare their results with their peers. 	<p>Internet access</p> <p>Activity 8</p>
21 Diagnosis and treatment of diseases by the individual	<ul style="list-style-type: none"> Students will realise that many diseases or conditions may be self-diagnosed and treated, eg colds, headaches, Athlete's foot. They could draw on their own experience or ask friends and family. 	Friends and family
22 Diagnosis and treatment of diseases in a local health practice	<ul style="list-style-type: none"> Students could draw on their own experiences here and identify diseases they have had confirmed and treated by a nurse or a doctor. They could also ask their friends and family, but should be aware that some people may not want to discuss such issues. Students could visit a local health practice and ask about the range of common diseases that are treated there. 	<p>Visit to a local health practice</p> <p>Talk by a practitioner from a local health practice</p>
23 Diagnosis and treatment of diseases in a local hospital	<ul style="list-style-type: none"> This could be approached in a similar manner to topic 22. 	Practitioners from a local hospital
24 Diagnosis and treatment of diseases at a specialist national centre	<ul style="list-style-type: none"> Students may be lucky to live in an area where there is a specialist hospital. It might be better if the teacher, rather than the student initially approaches the institution. Students could research a particular disease that requires treatment at a specialist centre, eg neurological diseases, spinal injuries, certain forms of cancer. 	<p>Practitioners from a specialist hospital</p> <p>Internet access</p> <p>Health and social care textbooks</p>
25 Support from charities and support groups	<ul style="list-style-type: none"> Students could investigate the work of groups such as breast cancer support groups, stroke support groups. They may be able to interview a person or friends of a person who has such a disease, but this would need to be carried out sensitively. Student could write a short report of their findings, comparing the experiences of the people they interviewed. 	<p>Friends and family</p> <p>Internet access</p>

Topic	Suggested delivery plan	Resources
26 Support from clinics	<ul style="list-style-type: none"> This topic could be carried out in conjunction with topic 22. Students could write to a specialist clinic such as the family planning clinic to find out general information about sexually transmitted diseases. 	Practitioners from a local health centre or specialist clinic Internet access
27 Support from domestic care	<ul style="list-style-type: none"> Students could start by identifying different people and agencies that might support people with illnesses in their own homes. A talk from someone from social services would be useful. 	Social services
28 Overview of factors which may affect the availability of support	<ul style="list-style-type: none"> Students should be able to identify some of the factors that might affect diagnosis, treatment and support. Students could find out about hospital waiting lists and interview some people they know who have had to wait for treatment. 	Internet access Friends and family
29 Self-diagnosis	<ul style="list-style-type: none"> Students could identify times when they themselves have known what is wrong with them and what treatment to take, eg headache and painkillers. They might investigate some of the herbal remedies for ailments. 	Internet access Chemists
30 Cost of medicines and other consumables	<ul style="list-style-type: none"> Students should find out the current cost of a prescription on the NHS. They should also find out who is exempt from paying prescription charges. They could compare the cost of certain medication when it is bought over the counter instead of on prescription. Students could find out the cost of some hospital equipment, such as CAT scanners, X-ray machines and to what extent costs limit diagnosis and treatment. 	Internet access Local hospital
31 Availability of specialist staff	<ul style="list-style-type: none"> The study of this topic could be linked to the one above of a study of a local hospital. Students could construct a questionnaire to find out about the numbers of specialist staff in a hospital and any current vacancies. 	Local hospital Internet access
32 Need for specialist equipment	<ul style="list-style-type: none"> Again, the study of this topic could be linked to the two above. The questionnaire could include questions about the nature of the equipment required to diagnose and treat certain diseases, such as cancer. 	Local hospital Internet access
33 Summary	<ul style="list-style-type: none"> Each student could select a particular disease and compare how it is diagnosed, treated and supported in two different parts of the country. Alternately, they could compare the experiences of two different people, preferably from different life stages. The information could form the basis of a whole class discussion. 	Internet access Friends and family

9.4: Strategies for prevention of disease

Topic	Suggested delivery plan	Resources
34 Overview of disease-prevention strategies	<ul style="list-style-type: none"> Students could start by identifying what they already know about preventing diseases. They could make a list of the different ways the body defends itself against disease, such as hairs in the nose, acid in the stomach, blood clotting etc. 	Biology textbooks Health and social care textbooks
35 National strategies	<ul style="list-style-type: none"> Students could start by revisiting the work on health promotion in Unit 1. They should find out exactly what a 'national' strategy is and describe some current examples. 	Internet access Activity 9
36 Local strategies	<ul style="list-style-type: none"> Students could contact their local health centre and enquire about the availability of information booklets. Students could also enquire about well woman and well man clinics. They could analyse the purpose of any questionnaires that are given out at these clinics. If any student is a member of a local gym, they could tell the others about it. Alternatively, students could visit a fitness centre and find out what facilities are available. 	Local health clinic Local fitness centre Internet access
37 Personal lifestyle choices	<ul style="list-style-type: none"> Students could start here by investigating personal hygiene. They could make a list of products on the market along with the purpose of each one. They could revisit Unit 1, section 1.3. Students could also investigate substance abuse, eg alcohol, glue sniffing, cannabis, heroin. It would be useful to have a talk about the problems the police encounter. 	Police Activity 10
38 Overview of factors that may interfere with the prevention and control of disease	<ul style="list-style-type: none"> Students should appreciate that many diseases will still be common, as there are so many things that can interfere with their spread and prevention. Students should try to think of some of these factors individually, and then contribute to a whole class discussion. 	
39 Public perception of risk	<ul style="list-style-type: none"> Students could gain an insight into the different perceptions people have about risk by conducting a survey of the members in their year at school or college. Students could pose certain scenarios and ask them to rate the scenarios according to how dangerous they think they are, eg driving a car without insurance, having unprotected sex etc. 	Other people at the students' college or school

Topic	Suggested delivery plan	Resources
40 Patient-doctor concordance	<ul style="list-style-type: none"> Students should find out what the word 'concordance' means. They should explain why it is important that patients are in concordance with their doctors. Students could give a list of diseases and say what might happen if the patients did not agree with their doctors. 	Dictionary Internet access Practitioners at a local health centre
41 Patient compliance	<ul style="list-style-type: none"> Students should find out what the word 'compliance' means. They could then carry out a similar exercise as in topic 40. 	Dictionary Internet access Practitioners at a local health centre
42 Antibiotic resistance	<ul style="list-style-type: none"> Students should know that antibiotics are only given for bacterial infections and that they are not effective against viral infections. Students could find out the names of some of the common antibiotics and how they work. They should explain why it is important that doctors do not prescribe antibiotics too widely. 	Biology textbooks Health and social care textbooks Activity 11
43 Funding available	<ul style="list-style-type: none"> Students could interview the manager of a local health practice and ask about funding. They could also visit the NHS website and write a short summary of the way the NHS is funded. 	Manager of a local health centre Internet access
44 Summary	<ul style="list-style-type: none"> In preparation for compiling their portfolio, students should have carried out some initial research about their two chosen diseases, one communicable (either viral or bacterial) and one non-communicable. Students should make sure that they are able to address all the criteria well with their choice of diseases. 	Assessment criteria

Activity 1 – What does it mean to be healthy?

- (a) Health may be defined in different ways. At present each statement about health has the wrong definition beside it.

Match up the different definitions with the correct statement.

Statement about health	Definition
Health is the absence of disease.	This is a holistic definition of health.
Health is a complete sense of well-being, physically, mentally and socially.	This is a personal definition of health.
Health can mean different things to people depending on their age and circumstances.	This is the biomedical model of health.

- (b) Interview at least two people from each life stage (excluding early years). Ask them what being healthy means to them. Compare your findings with other students in your class.
- (c) Look at the following statements about people and decide whether the people are healthy or not. Explain your choice of answers. There are no definite correct answers, but doing this activity will make you think about what health means. Compare your findings with other students in your class.
- (i) Ifram has influenza.
 - (ii) Charlie does not start to walk until 18 months old.
 - (iii) Pierre, 18 years of age, has had his leg amputated below the knee, following a motorcycle accident.
 - (iv) Lucy, who is 14 years of age, is depressed because she is not doing well at school.
 - (v) Martin, who is 70 years of age, does not like to go out with his friends any more.
 - (vi) Alicia, who is 45 years of age, drinks more than the recommended limit of alcohol each week.
 - (vii) Larry, who is six years of age, needs to wear glasses.

Activity 2 – Infectious or non-infectious?

Communicable diseases are infectious and caused by micro-organisms. Non-communicable diseases are non-infectious.

(a) Find out what 'infectious' means.

(b) Write down the four main types of micro-organisms and name a disease caused by each of them.

1 _____

2 _____

3 _____

4 _____

(c) Complete the table by writing **communicable** or **non-communicable** alongside each disease.

Disease	Communicable or non-communicable
Athlete's foot	
Influenza	
Cystic fibrosis	
Arthritis	
Malaria	
Salmonella food poisoning	
Rickets	
Scurvy	

(d) AIDS is caused by the Human Immunodeficiency Virus (HIV). This means that it should be put into the communicable category.

Why might some people want to put it into the non-communicable category? (Hint: look at the detail given in the specification about communicable and non-communicable diseases.)

Activity 3 – Incidence of diseases

The table shows the cases of different illnesses people had in one year in a particular health care practice.

Look at the data in the table and answer the questions that follow.

Condition	Number of sufferers
Upper respiratory infections	600
Skin disorders	350
High blood pressure	250
Chronic rheumatism	100
Chronic psychiatric disorders	100
Heart disease	50
Anaemia	30
Cancers	30
Asthma	30
Diabetes	30
Strokes	20
Acute bronchitis	100
Pneumonia	20
Heart attacks	10
Acute appendicitis	5

(a) Describe the incidence of the six most common conditions seen in this health care practice.

(b) Explain why it not possible from this data alone to say how many patients visited the practice over the year.

Activity 4 – How is it caught?

(a) The following are ways in which diseases may be transmitted:

- droplet infection
- food
- water
- direct contact
- sexual contact
- vector.

Complete the table by writing for each disease, its main method of transmission.

Disease	Main method of transmission
Cold	
Influenza	
Salmonella food poisoning	
AIDS	
Measles	
Chickenpox	
Athlete's foot	
Malaria	
Polio	
Ringworm	
Tuberculosis	
Whooping cough	

(b) How could diseases that are transmitted by droplets in the air be easily prevented?

Activity 6 – Questionnaire about communicable diseases

People can catch communicable diseases at any time in their lives. However, people tend to be susceptible to particular diseases at certain times in their lives.

This questionnaire is designed to help you gather information about different communicable diseases. (Remember communicable diseases are infectious and caused by micro-organisms.)

a Name three communicable diseases you know you have had.

1 _____

2 _____

3 _____

b How old were you when you had each of the diseases?

c How long did each disease last?

d How ill do you remember being with each disease?

e Do you remember what your symptoms were with each disease?

f Did you visit the doctor or were you in hospital with any of the diseases?

g Have you ever had any of the diseases more than once?

Activity 7 – What’s in your genes?

(a) Here are some terms used in genetics.

chromosomes genes DNA recessive dominant alleles

Use the words to fill in the missing spaces in the text below.

The nuclei of our cells contain 23 pairs of _____, except our sex cells which contain half this number. Chromosomes contain the chemical _____. They are divided into sections called _____, each of which codes for a particular characteristic such as eye colour. We have two forms of each of our genes called _____, one from our father and one from our mother. Sometimes one allele is 'stronger' than the other and is known as the _____ allele. The 'weaker' allele is known as the _____ allele. Cystic fibrosis is an example of a characteristic that is coded for by a recessive allele. For someone to have the disease, they must have inherited a recessive allele from each of their parents.

(b) Explain how two people who do not have cystic fibrosis can have a child who does have cystic fibrosis. (Hint: the cystic fibrosis allele is recessive, the 'normal' allele is dominant. A person's possible genotypes (genetic make up) are shown in the table.)

Genotype	Has cystic fibrosis or not?
normal allele, normal allele	no
normal allele, cystic fibrosis allele	no
cystic fibrosis allele, cystic fibrosis allele	yes

Activity 8 – Sign or symptom?

Signs of a disease may be detected by someone else. Symptoms of a disease are felt by the patient.

Complete the table by looking at the following statements and decide whether each is a sign or a symptom.

Statement	Sign or symptom?
John has a temperature of 38 degrees Celsius	
Mary is feeling very cold	
Hussein has a headache	
Peter is sweating heavily	
Wendy has bright pink spots on her body	
Marcus's X- ray shows he has cracked a bone in his hand	
Sunil's skin is itchy	
Rai has sugar in his urine	
Trisha is constantly feeling very tired	
Will's red blood cell count is very low	

Activity 9 – National health campaigns

There are many national health campaigns at present. Carry out some research on one national health campaign of your choice. Present your findings to the rest of the class using PowerPoint and, if possible, give them a set of your notes containing your slides. Try to address as many of the following points as possible.

1 What is the purpose of the campaign?

2 Who is the campaign aimed at?

3 What are the main messages in the campaign?

4 Who set up the campaign?

5 When was the campaign set up?

6 Where is it advertised?

7 How effective do you think the campaign is?

8 What are some of the ways you could find out how effective the campaign is?

Activity 10 – Which type of strategy?

Strategies employed to reduce the risk of developing a disease. These include:

- national strategies
- local strategies
- personal lifestyle strategies.

Look at the following statements and decide which type of strategy describes it best. Some will be difficult and there may be no one correct answer.

Statement	Strategy
Taking a shower each day	
Providing automatic hand dryers in the cloakroom of a restaurant	
An aerobic night class in a school	
Banning cigarette advertising on racing cars	
Everyone in a family having their own towel in the bathroom	
Healthy eating campaign in a school canteen	
A girl saying no to unprotected sex	
Condom machines in university halls of residence	
The members of an amateur football team asking to do extra training to get fitter	
The passing of a law to ban the use of mobile phones whilst driving	

Activity 11 – Superbugs

Case study

Read the case study below and answer the following questions.

Dr Patel works in a busy health centre. Many of the patients who come and visit him have coughs and colds. He is often so busy that he doesn't take time to examine the patients thoroughly. He knows that most patients will be happy if he prescribes them some medicine. Over the years he has prescribed antibiotics many times, often without first checking that the patient has a bacterial infection.

The other doctors at the health centre are more thorough at checking whether patients have a bacterial infection before they prescribe antibiotics. These doctors say that there are more patients with bacterial infections now than ever. The manager of the health centre is concerned about the rising trend in the number of patients with bacterial infections. He has asked all the doctors, especially Dr Patel, to keep the prescriptions for antibiotics to a minimum. The manager is concerned that there might be a strain of superbug which is resistant to antibiotics.

(a) Why do you think Dr Patel has prescribed antibiotics so many times?

(b) There are many strains of bacteria, most of which are stopped from reproducing by the action of antibiotics. However, there are some which are immune to the antibiotics.

Explain what will happen to the numbers of these immune bacteria as more and more antibiotics are prescribed?

(c) Explain why the number of patients coming to the health centre with bacterial infections is now higher than ever.

Unit 10: Using and Understanding Research

Unit aims

The main aim of the unit is to increase students' knowledge and understanding of the research process.

Research awareness is increasingly important in the health and social care field because of the emergence of evidence-based care practice.

This is a marked shift from traditional views of clinical/professional practice.

Research now plays a key part in developing and improving health and social care policies, service provision and care interventions. Students will carry out a small research project as a practical way of developing research awareness and basic research skills.

This unit covers the following areas:

- the role that research plays in the health and social care field
- how research findings affect the work of health and social care practitioners
- a range of different research methods in the health and social care field
- the importance of following a research process
- planning the project
- conducting the research
- writing a research report.

Unit topics

10.1: The aims and use of research in health and social care

10.2: Research methods

10.3: Carrying out a research project

10.1: The aims and use of research in health and social care

Topic	Suggested delivery plan	Resources
<p>1 Investigating new care-related situations and problems</p>	<ul style="list-style-type: none"> • It is suggested that this section is started by looking at the different roles that research plays in the health and social care field. Students will need to understand the implications of this. • Students should undertake an internet search to investigate new care-related situations and problems in health and social care that are currently being, or have recently been, researched eg <ul style="list-style-type: none"> – fruit and vegetable consumption – do vegetarians live longer? – the impact of population ageing – obesity. 	<p>Internet search</p> <p>Use of library/resource centre</p> <p>Possibly visiting speakers about research they have been involved in or that has changed the way they work.</p>
<p>2 Testing and reviewing existing knowledge, treatments and practices</p>	<ul style="list-style-type: none"> • Students will need to discuss why existing knowledge, treatments and practices need to be tested and reviewed. • Students could search for topics such as the following: <ul style="list-style-type: none"> – MMR vaccine – teenage pregnancy. 	<p>Internet search</p> <p>Use of library/resource centre</p> <p>Possibly visiting speakers about research they have been involved in or that has changed the way they work.</p>
<p>3 Evaluating service interventions and policies</p>	<ul style="list-style-type: none"> • Again students will need to discuss why research is undertaken. • Examples of current service intervention and policies that students could look at are: <ul style="list-style-type: none"> – evaluating community care for elderly people – residential care home providers. 	<p>Internet search</p> <p>Use of library/resource centre</p> <p>Possibly visiting speakers about research they have been involved in or that has changed the way they work.</p>
<p>4 Explaining the relationship between health and well-being</p>	<ul style="list-style-type: none"> • Students will need to understand the relationship between health and well-being. • They could look at research such as: <ul style="list-style-type: none"> – effects of exercise – relaxation. 	<p>Internet search</p> <p>Use of library/resource centre</p> <p>Possibly visiting speakers about research they have been involved in or that has changed the way they work.</p>

Topic	Suggested delivery plan	Resources
5 The use of epidemiological and census data in policy making and service planning	<ul style="list-style-type: none"> • Students will need to understand the nature of epidemiological and census data. • Students may examine how epidemiological and census data are used in policy making and service planning. The development of local services may be a good starting point. • Students could also look at how such data has been used in the development of other policy documents eg the White Paper, '<i>Choosing health: making healthier choices easier</i>', November, 2004. 	Visiting speakers Internet search
6 The use of experimental research findings in the development and testing of medical and other treatment interventions	<ul style="list-style-type: none"> • The use of experimental research should be explained and discussed. • Students could look at drug testing and screening programmes. 	
7 The use of survey and interview research findings to assess service users' satisfaction with local and national health and care services	<ul style="list-style-type: none"> • Surveys and interview research need to be explained. • Students may find reports of service users' satisfaction with local services in local newspapers, hospitals and health centres. 	

10.2: Research methods

Topic	Suggested delivery plan	Resources
8 Understanding of the differences between different types of research	<ul style="list-style-type: none"> Students need to understand the nature of and differences between qualitative and quantitative research and between primary and secondary research methods. 	<p>There are many good resources for research methods.</p> <p>www.sociology.org.uk is a useful site.</p>
9 Different methods of data collection	<ul style="list-style-type: none"> There needs to be an introduction to the use and design of questionnaires, the different types of interviews eg structured and semi-structured, experiments and how variables are controlled and different types of observational methods including participant observation. 	<p>There are many good resources, which should be available in libraries and can be accessed on the internet.</p>
10 Sampling and case selection methods	<ul style="list-style-type: none"> Students need to be acquainted with, and understand, different concepts related to sampling frames, populations, size, error as well as different samples such as random, stratified random, stratified quota, opportunity, cluster, systematic. 	<p>There are many good resources, which should be available in libraries and can be accessed on the internet.</p>
11 Strengths and weaknesses of research methodologies	<ul style="list-style-type: none"> Students need to be aware of the strengths and weaknesses of different methodologies and when it is more appropriate to use one method rather than another. 	
12 Reliability, validity and ethics in research	<ul style="list-style-type: none"> It is very important that students fully understand these concepts. Ethical considerations, in particular, need to be fully appreciated. 	
13 Research process	<ul style="list-style-type: none"> The stages of the research process need to be understood by students. 	
14 Defining a question	<ul style="list-style-type: none"> Students need to be able to operationalise a question for research. 	
15 Developing a hypothesis	<ul style="list-style-type: none"> Students need to know the meaning of a hypothesis, the null hypothesis and the way this is tested and findings evaluated against it. 	

10.3: Carrying out a research project

Topic	Suggested delivery plan	Resources
16 Identify a research topic and explain the reasons for the choice	<ul style="list-style-type: none"> Students will need guidance in their choice in order that they choose a topic that is small and simple. Looking at exercise or eating patterns in the group may be suitable topics. 	
17 Define the research question and formulate the hypothesis to be investigated	<ul style="list-style-type: none"> Teacher-led discussion on the nature of hypotheses and formulating a research question. 	Research methodology textbooks
18 Literature review	<ul style="list-style-type: none"> Students need to be shown how to carry out a review of background literature and information sources. These need to be relevant to the topic and the hypothesis. 	Internet search Library Resource centre
19 Research proposal	<ul style="list-style-type: none"> Students will need input as to how a research proposal should be set out and how the approach should be justified. 	Research methodology textbooks
20 Data collection	<ul style="list-style-type: none"> A range of data collection methods should be examined eg questionnaires, interview schedules, observation checklists. Students will need to create the appropriate tools for their research project. Reference to the sample should also be made. 	Research methodology textbooks
21 Action plan	<ul style="list-style-type: none"> Students will need to produce a brief action plan with guidance. 	
22 Data collection	<ul style="list-style-type: none"> Students need to obtain data from their subjects using the proposed methods. 	Subjects Tools for data collection
23 Record findings	<ul style="list-style-type: none"> Students should examine different ways of recording findings and should record their own in an appropriate manner. 	Internet search Methodology textbooks
24 Data analysis	<ul style="list-style-type: none"> Methods of data analysis need to be examined and, with guidance, students should analyse the data they have obtained. 	Internet search Methodology textbooks
25 Aims and methods	<ul style="list-style-type: none"> Students will need to begin by describing the aims of the research project, including defining the research question and the hypothesis, the literature review and the methods used. 	
26 Results	<ul style="list-style-type: none"> Results then need to be reported with data presented in summary form. 	
27 Discussion	<ul style="list-style-type: none"> Students need to explain and evaluate their findings, comparing them to the original hypothesis or research question as well as to relevant points in the literature review. 	
28 Conclusion	<ul style="list-style-type: none"> Students then need to assess the strengths and limitations of the research project. 	

Unit 11: Social Issues and Welfare Needs

Unit aims

The aim of this unit is to allow students to gain valuable knowledge on a variety of welfare and social issues which exist in our society. Students will be able to differentiate between those that have existed for many years and those which are relatively new.

This unit will prepare students for these and other issues which they meet in the future as professional carers.

Unit topics

- 11.1: Origins of social and welfare issues
- 11.2: Demographic change and social welfare issues
- 11.3: Social issues in context
- 11.4: Government response to social issues and welfare needs

11.1: Origins of social and welfare needs

Topic	Suggested delivery plan	Resources
1 What are social issues	<ul style="list-style-type: none"> • Students to brainstorm. • Teacher-led discussion. 	Activity 1
2 Definition of the term 'social change'	<ul style="list-style-type: none"> • Students to brainstorm. • Teacher-led discussion. 	Activity 2
3 What factors influence social change and social issues	<ul style="list-style-type: none"> • Students' research. 	
4 Definition of term 'inequality'	<ul style="list-style-type: none"> • Link to Unit 3. • Student brainstorm. • Teacher to provide definition. 	
5 Forms of inequality	<ul style="list-style-type: none"> • Research undertaken by student. • Class presentation. 	Activity 3
6 Impact of inequality on individual and society	<ul style="list-style-type: none"> • Research undertaken by student. • Class presentation. 	Activity 4

11.2: Demographic change and social welfare issues

Topic	Suggested delivery plan	Resources
7 Definition of the term demography	<ul style="list-style-type: none"> • Brainstorm. • Teacher to provide definition. 	Activity 5
8 UK current population make-up	<ul style="list-style-type: none"> • Student research using social trends. 	
9 Definition of key concepts	<ul style="list-style-type: none"> • Definition of key concepts eg <ul style="list-style-type: none"> – birth rate – death rate – morbidity rates. • Teacher-led discussion with handout. 	Activity 6
10 Impact of statistics and their application of social issues	<ul style="list-style-type: none"> • Student research. 	Activity 7

11.3: Social issues in context

Topic	Suggested delivery plan	Resources
11 Definition of a social issue	<ul style="list-style-type: none"> • Student to identify their area of interest regarding social issues. • Student research. • Brainstorm definition of a social issue. 	Report Activity 8
12 Students research	<ul style="list-style-type: none"> • Students to research the background to their chosen area. 	Report
13 Impact of social issues	<ul style="list-style-type: none"> • Students to brainstorm and apply to their findings to their chosen area. 	Report
14 Government response	<ul style="list-style-type: none"> • Teacher-led discussion focusing on government initiative, legislation, White Papers. 	Report

11.4: Government responses to social issues and welfare needs

Topic	Suggested delivery plan	Resources
15 Definition of term 'ideology'	<ul style="list-style-type: none"> • Brainstorm by student. • Teacher to define term. 	
16 Identification of main ideologies	<ul style="list-style-type: none"> • Identification of main ideologies: <ul style="list-style-type: none"> – social democratic approach – right wing – 'new' Labour. • Teacher handout. 	Activity 9
17 Influences on political ideologies	<ul style="list-style-type: none"> • Influences on political ideologies: <ul style="list-style-type: none"> – mass media – pressure groups – EU – economy. • Student discussion. 	Activity 10

Activity 2 – How has society has changed?

(a) In small groups identify five social changes which our society has experienced in the last 30 years.

1 _____

2 _____

3 _____

4 _____

5 _____

(b) Have any of these social changes become social issues for our current society and if so which one and how?

Activity 3 – Inequality

From your research identify five forms of inequality?

1 _____

2 _____

3 _____

4 _____

5 _____

Activity 4 – Impact of inequality

From your research identify **five** ways in which inequality can affect the individual and society.

1 _____

2 _____

3 _____

4 _____

5 _____

Activity 5 – Social trends

In small groups students are to access social trends either electronically or via textbooks.

(a) Identify a definition of demography.

(b) Identify the current demographic trends in the UK.

Activity 6 – Changes in trends

a) Research trends in the following demographic areas (over the last 50 years).

Birth rate

Death rate

Immigration rate

Emigration rate

b) Account for changes in each of the **four** areas:

Birth rate

Death rate

Immigration rate

Emigration rate

Activity 7 – Statistics

In small groups identify five ways in which statistics can be used to plan services to deal with social issues.

1 _____

2 _____

3 _____

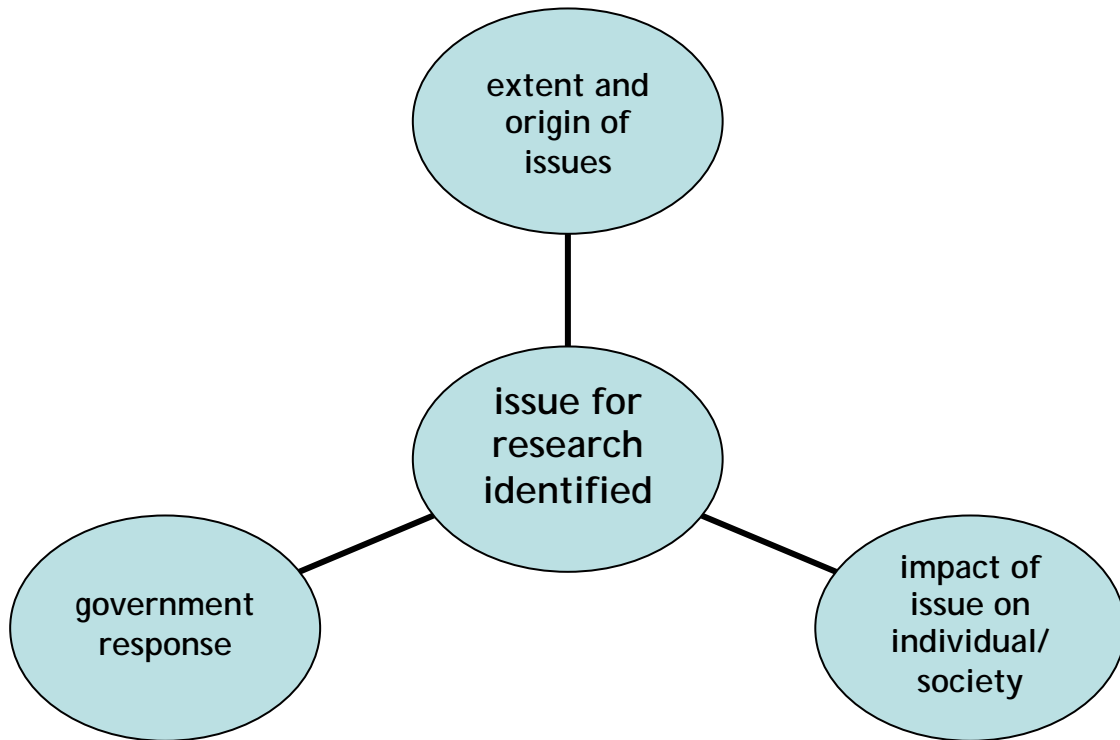
4 _____

5 _____

Activity 8 – Brainstorm topic for research

Students to undertake both a library and internet search.

Use the diagram below to help students formulate their thoughts.



Activity 9 – Political ideology

Use the following table to allow students to identify the strengths and weakness of each approach. Students will apply the strengths and weaknesses to their topic of research.

Political ideology	Strengths	Weaknesses
Social Democratic		
Right Wing		
New Labour		

Activity 10 – Influences on policy

Take a recent media issue and circulate it to students.

- Students can work individually or in small groups.
- Students to identify how the issue has been reported in the media.
- Students to identify the outcome of the media influence.
- Students to use their own research topic and research the various factors which have influenced its development.

Unit 12: Understanding Human Behaviour

Unit aims

The aim of this unit is to allow students to develop their knowledge and understanding of how human behaviour is understood and how it is applied to health and social care practice. After completing this unit students will have an understanding of the different influences on human behaviour and the effects that can result. Students will examine how theories of behaviour can be used in health and social care practice to make sense of the way that people behave, think and feel. This unit will discuss the importance of research to theory and to health and social care practice.

Unit topics

12.1: Influences on behaviour and their affects

12.2: Theories of human behaviour:

- behavioural approaches
- cognitive approaches
- humanistic approaches
- psychodynamic approaches

12.3: Human behaviour and care values

12.1: Influences on behaviour and their effects

Topic	Suggested delivery plan	Resources
1 Definitions	<ul style="list-style-type: none"> Students to produce a psychological journal/magazine. 	
2 Influences	<ul style="list-style-type: none"> (i) Set up an 'editorial board meeting' with the whole class to define/discuss the key influences on human behaviour. Teacher should act as 'editor-in-chief' to ensure authoritative definitions. 	Activity 1
3 Explanations of how influences may result in particular effects	<ul style="list-style-type: none"> (ii) The board should then organise itself into pairs/groups and assign each a role (from the list below) in producing the magazine. <ul style="list-style-type: none"> – agony aunt(s)/uncles – advice page editors – article by 'leading experts' – a human interest story – special edition pull-out poster – monthly feature article – editorial. 	Health and social care work experience and/or visiting speakers/practitioners Statistical information and demographic data
4 Understanding that effects may in themselves become influences in the development of behaviour	<ul style="list-style-type: none"> Teacher gives each pair/group one or two examples of the 'effects' of influences from Activity 1. Students should make notes/provide examples of how and in what ways 'effects', may in themselves become 'influences'. 	
5 Using examples drawn from a health and social care context	<ul style="list-style-type: none"> Students should then carry out the necessary research/produce their piece for the journal. For example, for the advice page editors could write a piece about how gender and unfair discrimination might result in depression and negative thinking. Examples used should be drawn from a health and social care context. 	Textbooks Computers and internet access
6 Summary	<ul style="list-style-type: none"> Ensure that all 'influences' and 'effects' outlined in the specification are covered by the class and that each student has a copy of the journal. 	

12.2: Theories of human behaviour

Behavioural approaches

Topic	Suggested delivery plan	Resources
7 Behavioural approaches	<ul style="list-style-type: none"> Teacher should provide input on the basic principles of this approach, including the importance of observable behaviour and the emphasis on socialisation. 	
8 Positive and negative reinforcement and punishment 9 Modelling and vicarious reinforcement 10 Conditional and unconditional stimulus and response and neutral stimulus 11 Behaviour modification 12 Family therapy	<ul style="list-style-type: none"> Working in pairs students produce an information leaflet on this approach. The leaflet should be designed for use in the clinic of a behavioural psychologist who wants her clients to understand the basic principles of the approach she uses. The leaflet must include descriptions of key terms. The leaflet should also discuss the example of a woman client who was agoraphobic and whose condition dramatically improved when she was treated by a behavioural therapist. The particular technique used should be described using key concepts appropriately. Students should, in addition, choose one other example of a behavioural technique used to alleviate problems and describe it. 	Textbooks Computers Internet access
13 Token economy system 14 Social skills training	<ul style="list-style-type: none"> Finally, the leaflet should give at least one example of how behavioural techniques can be applied to a specific example such as the one outlined in the specification. 	
15 Strengths and limitations of this approach	<ul style="list-style-type: none"> As a whole class, students should discuss the completed leaflets/problems and say how effective or otherwise this approach is. Activity 2A is designed to help with uncovering the strengths and limitations of this approach. 	Activity 2A
16 Summary	<ul style="list-style-type: none"> It's important that students can use the terminology associated with this approach accurately. Their leaflets should reflect this ability. Regarding the activities – students will find it helpful to return to all four when all four approaches have been studied and compared. 	

Cognitive approaches

Topic	Suggested delivery plan	Resources
17 Cognitive approaches	<ul style="list-style-type: none"> The teacher should provide input into the basic principles of this approach including the importance of information processing (a useful analogy is with computers/artificial intelligence/problem solving), biases in information processing and cognitive primacy (see topic 18 below). 	
18 Cognitive primacy	<ul style="list-style-type: none"> The following 'experiment' might prove useful in explaining cognitive primacy. Hold up a large image to the class and ask for their initial reaction. Are any students drawn to the person? Do others instinctively dislike the person? Ask why – where do they think their reaction originates? Introduce the relationship between cognitive appraisal and emotional response. Have students discuss their ideas – which comes first, thought or feeling? 	Large photograph, drawing or image of a person
19 Describing key terms 20 Information processing 21 Schemas and schematic processing 22 Functional and dysfunctional beliefs	<ul style="list-style-type: none"> Teacher divides the class into three groups for this 'market stall activity'. Each group is given responsibility for one key term and the materials necessary for researching it. Each group has a period of time to do the research into 'their key term'. Each group then has another given period of time to 'set up stall'. Their stall contains all the main concepts and theorists related to their key term on a single sheet of A3 paper. When all three stalls have been set up the groups move from one stall to another obtaining information. This part of the activity should last about 15 minutes. On completion the teacher should give the whole class a test (written or oral). The test also provides the teacher with an opportunity to fill in missing gaps in knowledge/correct misunderstandings. 	Textbooks Journals/research materials Internet access A3 flipchart and coloured pens x 3
23 How cognitive therapy works	<ul style="list-style-type: none"> In pairs, students should prepare an OHT or a PowerPoint presentation explaining how cognitive therapy can be used to treat depression and anxiety and how this approach could be applied to a specific example. (See section 12.2 in the specification.) 	OHP or computers

Topic	Suggested delivery plan	Resources
24 Strengths and weaknesses of cognitive therapy	<ul style="list-style-type: none"> In pairs, students should discuss the strengths and weaknesses of cognitive therapy and complete activity 2B. The whole class should then engage in a discussion of the issues raised by the activity. 	Activity 2B
25 Summary	<ul style="list-style-type: none"> Teachers may find it helpful at this stage to compare work on cognitive approaches with that of behavioural approaches to help with dealing with the strengths and limitations of each model. 	

Humanistic approaches

Topic	Suggested delivery plan	Resources
26 Humanistic approaches 27 Growth and development 28 The self-actualising tendency 29 The self-concept	<ul style="list-style-type: none"> There should be teacher input on the principles of this approach including the emphasis on growth and development, the self-actualising tendency to motivate human behaviour and the development of the self-concept. Teacher should set up a whole class meeting to act as a production team for a radio programme. The documentary programme should be about the humanistic approach to human behaviour. The aim should be to produce a tape which can be played on radio and perhaps to other classes in school or college. During the meeting students should decide the format of the 30 minute programme and assign roles for researching the programme content, producing and presenting it. 	
30 Self-actualisation 31 Organismic self 32 Self-concept 33 Conditions of worth 34 Unconditional positive regard 35 Congruence and incongruence 36 Locus of control (internal and external)	<ul style="list-style-type: none"> Students must, at some point in the programme, introduce and describe key terms. Students might act as a panel of 'experts' to discuss the key issues. 	Research materials, internet access Tape recording equipment
37 Strengths and weaknesses of person-centred counselling	<ul style="list-style-type: none"> Students should complete activity 2C so that they can include a discussion of some kind on the strengths and weaknesses of this approach. A comparison with the two previous approaches might prove useful here. 	Activity 2C

Topic	Suggested delivery plan	Resources
38 The use of person-centred counselling 39 How the humanistic approach might be applied	<ul style="list-style-type: none"> • The programme should include material which explains how person-centred counselling could be used to treat low self-esteem. • The programme should also include material explaining how the humanistic approach could be applied to a specific example. • Encourage students to focus on examples of 'real life' problems and human interest stories in their programme and encourage some role playing. • How the above is incorporated into the programme might usefully be left for students themselves to decide. 	Bank of newspaper articles for examples of human interest stories
40 Summary	<ul style="list-style-type: none"> • Ask students in a plenary session how the two approaches already studied might treat the problem of low self-esteem to allow them to compare and contrast the different approaches. 	

Psychodynamic approaches

Topic	Suggested delivery plan	Resources
41 Psychodynamic approaches	<ul style="list-style-type: none"> Teacher should provide input on the basic principles of this approach including the importance of unconscious motivation and the influence of early relationships on adult relationships and behaviour. 	
42 Conscious and unconscious 43 Internal working model 44 Anxious, avoidant and secure attachment	<ul style="list-style-type: none"> Working in pairs students should carry out research to find out about the key terms related to this approach. As a class a 'jargon board' should be constructed for display on a classroom wall. Each term should be described and exemplified. 	Research materials Materials for a 'jargon board'
45 Transactional approach to counselling and treating relationship problems	<ul style="list-style-type: none"> Working in pairs, students should write a case study about an individual with a relationship problem of some kind. Each case study should be swapped with another pair of students. Each pair of students then imagines they are working as counsellors treating the client in 'their' case study. As counsellors, they will keep notes on their client and these notes should outline the transactional approach. Key terms must be used appropriately. 	
46 Strengths and weaknesses of transactional analysis counselling	<ul style="list-style-type: none"> Small groups of students should discuss this form of counselling and complete activity 2D. 	Activity 2D
47 Summary	<ul style="list-style-type: none"> A plenary session might be useful to complete the work on this part of the specification where students should be asked to explain how this approach might be applied to examples which may not have been used in the case studies. A comparison with previously studied approaches would also be useful to allow students more fully to complete activities 2A to 2D. 	

12.3: Human behaviour and care values

Topic	Suggested delivery plan	Resources
48 Introduction	<ul style="list-style-type: none"> Teacher might have a short 'blue sky thinking' session with the whole class where students are asked to say how and in what ways they would like to be treated should they find themselves a client or patient of the health and social care services. When students cite an example they should be encouraged to say why it might be important. 	Chalk or whiteboard
49 Care values 50 Promoting anti-discriminatory practice 51 Protecting individuals from abuse etc	<ul style="list-style-type: none"> Teacher should provide students with a list of the main examples of care values and again ask students why and in what ways they think each one is important. Students might also be asked how and why care values have come to be a central part of the work of all care practitioners. Is it just 'common sense'? Where did they originate? 	
52 The care value base 53 Definition 54 Relationship to research 55 Relationship to theory and to our understanding of human behaviour	<ul style="list-style-type: none"> Teacher should define the care value base and explain that research into the health and social care field produced knowledge useful both to practitioners and to service users. The relationship between the care value base, theory and our understanding of human behaviour should also be made clear. 	
56 Links to 'influences on behaviour and their effects	<ul style="list-style-type: none"> Use the list of nine negative effects listed in the first part of the specification and divide the class into small groups each having a copy of the list. Ask each group to say how using some (or all) of the care values, might help to alleviate negative effects. Have the groups share their ideas in a plenary session. 	Copies of the list of nine negative effects from 12.1 of the specification
57 Strategies leading to practical action to support service users	<ul style="list-style-type: none"> Teacher should make the link here between using care values in practice and strategies developed and used to support service users. Discuss with students the importance of policies and procedures developed both by government and by individual organisations. 	

Topic	Suggested delivery plan	Resources
58 Policies and procedures inc. 59 Confidentiality and advocacy policies 60 Codes of practice	<ul style="list-style-type: none"> Divide students into small groups. Each group to spend time researching how organisations ensure that the rights of service users are safeguarded. The results of the research need not be detailed but students do need to be aware of policies and procedures and collect one or examples. When the research is completed it would be useful to have the groups examine the documents to see which care values can be identified. 	Textbooks Access to internet Access to care organisations
61 How the health and care practitioner works using care values 62 How care values influence human behaviour when practised in a care setting	<ul style="list-style-type: none"> Students need to understand how health and care practitioners carry out their work using care values. Interviewing care professionals either in their work place or as visiting speakers would be a useful way of achieving this objective. Divide the class into small groups and have them devise a series of interview questions. A key focus of the interviews should be how care values can, in themselves, influence the behaviour of service users. When the groups have finished their questions, come together in a plenary session and discuss the questions/choose the best ones and do the interviews. When the interviews are complete students should, individually, write a report entitled 'Care values in practice'. 	Access to care practitioners Work experience
63 What outcomes might be expected when the care value base is applied in practice?	<ul style="list-style-type: none"> Students should be given a copy of the case study (on page 232) and asked to say what outcomes might, theoretically, be expected if a care practitioner respected and empowered Pat. Students should discuss their views. Finally each student should write a report on human behaviour and care values which covers all aspects of their work on this section of the unit. 	Case study material

Activity 1 – Influences

Influences	Definition	Examples: how people might be affected (from a health and social care context)
Early socialisation		
Social roles		
Social class		
Gender		
Ethnicity/culture		
Disability		
Economic status		
Separation		
Bereavement or loss		
Unfair discrimination		
Violence and bullying		

Activity 2A – Behavioural approach

Key theorists related to the behaviourist approach	Key principles of the behaviourist approach	Examples of how behaviour is altered using this approach	What is most useful about the behaviourist approach?	What is less useful about the behaviourist approach?

Activity 2B – Cognitive approach

Key theorists related to the cognitive approach	Key principles of the cognitive approach	Examples of how cognitive therapy works to treat problems	What is most useful about cognitive therapy?	What is less useful about cognitive therapy

Activity 2C – Humanistic approach

Key theorists related to the humanistic approach	Key principles of the humanistic approach	Examples of how person-centred counselling works	What is most useful about person-centred counselling?	What is less useful about person-centred counselling?

Activity 2D – Psychodynamic approach

Key theorists related to the psychodynamic approach	Key principles of the psychodynamic approach	Examples of how the transactional approach to counselling works	What is most useful about the transactional approach to counselling?	What is less useful about the transactional approach counselling?

Case study – Pat K

Pat was cared for by her grandmother Mrs F. Pat's father was killed in a car crash when she was 18 months old and her mother could not look after her and provide for her financially. Pat's mother chose to continue in paid work and asked her mother Mrs F to look after Pat until she started school and, after that, in out-of-school-times.

Mrs F was fond of Pat and always had time to play with her. When Pat was five years of age she began asking why she had not got a dad like her friends. Mrs F would not spend time answering these questions but would simply say 'he died when you were a baby', and she would, from time to time, scowl at Pat for asking questions that she, Mrs F, found emotionally difficult to answer. Pat loved Mrs F but was beginning to think that there was a 'secret' about why Mrs F got so cross with her for asking about her father. Pat was beginning to think it was something to do with her 'being a baby' that had caused him to die.

By the age of six Pat was spending a lot of time by herself in the garden playing with her toys, but would often run indoors searching for Mrs F and when she found her would cuddle her.

When Pat was six and a half years of age Mrs F was suddenly taken ill with breast cancer and was rushed into hospital. Pat's mother had to make arrangements, quickly, to take leave from work so that she could care for Pat and also visit her mother in hospital. Pat's mother found this very tiring emotionally and physically, and she could not give Pat the attention that Mrs F had been able to do previously. She sometimes, in fact, was quite sharp with Pat when she wanted attention.

Mrs F died two months later having never left hospital. Pat had only visited Mrs F once because her mother did not think that the other hospital patients would want a 'young kid running about the ward'. Pat was not allowed to attend the funeral because her mother thought she was too young.

In her teens Pat had several very short-lived sexual relationships with boys. She did not feel good about herself when these relationships ended. In some way she blamed herself and with each new relationship she determined that she would try harder than before to make the new boy like her, but it never happened.

Then she met Andy and their relationship lasted almost a year until she became pregnant and Andy left her. She intended to keep the baby but had a miscarriage at three months. Shortly after that she began to self-harm – at first she cut her arms once or twice and did not cause herself serious damage. Over time however, she began to cut her arms on a regular basis and caused permanent scarring.

She kept the self-harming a secret but felt worse and worse about what she was doing to herself, realising it was becoming serious. When she was 19 years of age she had become so depressed and full of self-loathing that she attempted suicide. She was found by her mother and taken to hospital. It was then that people became aware of the fact that she was self-harming and was given psychological help and counselling.

Over time, the help that Pat received began to make a significant difference and the professionals who are currently taking care of Pat feel positive about her future.

Internal assessment procedures

Supervision of students and authentication of work submitted

Students must submit a portfolio of work for each of the internally assessed units. Teachers are expected to guide and advise students in the production of their portfolios. Teachers should monitor progress, to ensure that the work is appropriate for the requirements of the specification.

The GCSE, GCE, VCE and GNVQ Code of Practice requires assessors to record full details of the nature of any assistance given to individual candidates beyond that of the teaching group as a whole, but within the parameters laid down in this specification. The level of assistance should be taken into account when assessing students' work, as indicated in the guidance section that accompanies each internally assessed unit in the specification. In addition, sufficient work must take place under direct supervision to allow the teacher marking the work to authenticate each student's work with confidence.

If students' processing skills are being assessed, it is important that witness statements and observation records are completed by assessors, to authenticate student work and to provide evidence that students have achieved the level of performance required in the assessment grid.

Assessment

The work of each student must be assessed using the assessment criteria grids, which contain criteria statements and bands of response. The assessment must be recorded by centres on the qualification tracking sheets. A copy of these forms is contained in *Appendix D* at the back of this document and should be photocopied and attached to each student's portfolio.

Annotation

Annotation is a mandatory requirement for internally assessed work and is used to:

- help the moderator to understand how and where marks for each assessment criteria have been awarded
- describe where students have received help beyond normal learning support or where students have been rewarded for initiatives that are not immediately apparent from the evidence presented
- explain any other features of a student's work that will assist the moderator in understanding how a particular assessment was arrived at.

The minimum requirement for annotation is to complete the annotation column on the qualification tracking sheet by listing the portfolio page numbers where evidence can be found for each of the assessment criteria.

Further comments can be carried out on the back of the qualification tracking sheet. Detailed annotation will help a moderator to agree a centre's marks. Annotation should not be written directly onto student work.

Standardisation within the centre

It is the centre's responsibility to ensure that where more than one teacher has marked the work, internal standardisation has been carried out. This procedure ensures that the work of all students at the centre is marked to the same standard and that an accurate rank order is established.

Internally assessed portfolios

Following assessment, all portfolios must be available for inspection by Edexcel. Each student's portfolio should contain only the work used for awarding marks in the assessment.

Portfolios must have a title page with the relevant specification name and number, candidate name, candidate number, centre name, centre number, and date. The first page of the portfolio should be a contents list and pages should be numbered throughout the portfolio.

A sample of the work will be requested and must be sent to Edexcel to arrive no later than May 15th in the year of the examination. No practical work is to be submitted to Edexcel unless specifically requested.

The moderated coursework will be returned to centres in the autumn term in the year of the examination. Edexcel reserves the right to retain examples of folders for archive, grading or training purposes.

Support and training

There is a full range of support material designed for each GCE in a vocational subject. The range includes:

- specimen tests and associated mark schemes
- sample materials for delivering the units – tutor support packs
- sample materials for assessing the internal units
- examiner reports
- the Edexcel website – www.edexcel.org.uk.

Edexcel delivers a full professional development and training programme to support these GCEs. This includes generic and subject-specific conferences, seminars, workshops and customised events for individual centres.

Further information on professional development and training programmes can be obtained from Customer Services on 0870 240 9800 (please note that calls may be recorded for training purposes).

Information concerning support material can be obtained from:

Edexcel Publications
Adamsway
Mansfield
Notts NG18 4FN

Telephone: 01623 467467
Fax: 01623 450481
Email: publications@linneydirect.com

Email for enquiries: trainingenquiries@edexcel.org.uk
Email for bookings: bookingenquiries@edexcel.org.uk

Additional resources

Websites

Advice Guide	www.adviceguide.org.uk
Age Concern	www.ace.org.uk
BBC	www.bbc.co.uk
British Association for Counselling and Psychotherapy	www.bacp.co.uk
British Journal of Nursing	www.markallengroup.com/healthcare/bjn
British Journal of Social Work	www3.oup.co.uk/jnls/list/social/instauth
Campaign for Real Education	www.cre.org.uk
Child Care in Practice journal	www.childcareinpractice.org
Community Care magazine	www.communitycare.co.uk
Compassion in World Farming	www.ciwf.org.uk
Department for Environment, Food and Rural Affairs	www.defra.gov.uk
Department of Health	www.dh.gov.uk
Department for Work and Pensions	www.dss.gov.uk
Disability and Society	www.tandf.co.uk/journals/online/0968-7599.asp
Disability Rights Commission	www.drc-gb.org
Equal Opportunities Commission	www.eoc.org.uk
European Parliament	www.europarl.eu.int
European Union	http://europa.eu.int
Friends of the Earth	www.foe.org
Food Commission	www.foodcomm.org.uk
Food Standards Agency	www.foodstandards.gov.uk
Greenpeace	www.greenpeace.org/international
Government statistics	www.statistics.gov.uk
Health Education Authority	www.hea.org.uk
Health Protection Agency	www.hpa.gov.uk
Health Service journal	www.hsj.co.uk/nav
Human Rights Campaign	www.hrc.org
Joseph Rowntree Foundation	www.jrf.org.uk
MA Healthcare Limited	www.markallengroup.com/healthcare
Mind	www.mind.org.uk
National Institute for Clinical Excellence	www.nice.org.uk
Nursing Standard journal	www.nursing-standard.co.uk
Nursing Times journal	www.nursingtimes.net

Nursery World journal	www.nursery-world.co.uk
Office for National Statistics	www.ons.gov.uk
Our Healthier Nation	www.ohn.org.uk
Professional Nurse journal	www.professionalnurse.net
Public Policy and Social policy (at the Robert Gordon University)	www2.rgu.ac.uk/publicpolicy/main.htm
Search engine	www.google.co.uk
Sociological Research online	www.socialresearchonline.co.uk
Social Science Information Gateway	www.sosig.ac.uk
Society Guardian – policy	http://society.guardian.co.uk/policy
Sociological Research online	www.socialresearchonline.co.uk
The Economics of Health Care	www.oheschools.org
UK Public Health Alliance	www.ukpha.org.uk
United Nations	www.un.org

Journals/publications

Carfax Publishing – *Disability and Society*
 Child Care in Practice Group – *Child Care in Practice*
 Community Care magazine – *Community Care*
 EMAP Healthcare Ltd – *Professional Nurse*
 Guardian newspaper – *Society Supplement*
 MA Healthcare Ltd – *British Journal of Nursing*
 Nursery World – *Nursery World*
 Oxford University Press – *British Journal of Social Work*
 RCN publishing – *Nursing Standard*
 Tower Publishing Services – *Health Service Journal*
 Tower Publishing Services Ltd – *Nursing Times*

Recommended reading

- Alport G W – *The Nature of Prejudice, Third Edition* (Perseus Publishing, 1998) ISBN 0201001799
- Baggot R – *Public Health: Policy and Politics* (Palgrave Macmillan, 2002) ISBN 0333676491
- Banks B – *Activities for Older People in Care* (Butterworth Heinemann, 2000) ISBN 0750647418
- Beckett C – *Human Growth and Development* (Sage Publications Ltd, 2002) ISBN 0761972498
- Bell J – *Doing your Research Project* (Open University Press, 1993) ISBN 0335203884
- Best S, Griffiths J and Hope T – *Active Sociology (AS & A Level)* (Longman, 2000) ISBN 0582405416
- Bickermore K and Drake R – *Understanding Equal Opportunities* (Harvester Wheatsheaf, 1998) ISBN 0134333195
- Brown K – *Introductory Sociology for AS Level* (Polity Press, 2002) ISBN 0745627889
- Burnard P et al – *Caring and Communicating* (Palgrave Macmillan, 1997) ISBN 0333664396
- Butler J – *Principles of Health Education and Health Promotion, Third Edition* (Thomson Learning, 2000) ISBN 0534523749
- Cahill M – *The Environment and Social Policy* (Routledge, 2002) ISBN 095335718X
- Clarke A – *The Sociology of Health Care* (Pearson Education Ltd, 2001) ISBN 0582369541
- Clarke L – *Health and Social Care for Advanced GNVQ* (Stanley Thornes, 2002) ISBN 0748735100
- Dunsmuir A et al – *How to Do Social Research* (Collins Education, 1991) ISBN 000322242X
- Egan G – *The Skilled Helper, Seventh Edition* (Sage, 1997) ISBN 0534367313
- Fisher A et al – *Health and Social Care GCSE* (Folens, 2003) ISBN 184303364X
- Gray – *World Health and Disease, Third Edition* (McGraw-Hill, 2001) ISBN 033520838X
- Handy C – *Understanding Organisations* (Penguin, 1981) ISBN 0140156038
- Haworth and Forshaw – *GCSE Health and Social Care* (Heinemann, 2002) ISBN 0435471414
- Holland M et al – *Advanced Health and Social Care, Second Edition* (Oxford University Press, 2000) ISBN 0198328265
- Macmillan B – *Word and Music Games for Toddlers and Twos* (Hamlyn, 2004) ISBN 0600609944
- McNeil P – *Research Methods* (Routledge, 1990) ISBN 0415041260
- Moonie N – *Advanced Health and Social Care, Third Edition* (Heinemann, 2000) ISBN 0435455893
- Moonie N – *AS Level GCE Health and Social Care Single Award Student Book* (Heinemann) (not yet published)
- Moonie N – *AS Level GCE Health and Social Care Double Award Student Book* (Heinemann) (not yet published)
- Moore S – *Social Welfare Alive* (Stanley Thornes, 1995) ISBN 0748714022
- Nettleton S and Guistafsson E – *The Sociology of Health & Illness* (Reader, 2002) ISBN 0745622917
- Pease A – *Body language* (Sheldon Press, 2003) ISBN 0859697827
- Robb M – *Communication, Relationships and Care: A Reader* (Routledge, 2004) ISBN 0415326605
- Sharkey P – *Introducing Community Care* (Collins Educational, 1995) ISBN 0003223337
- Swain J et al – *Disabling Barriers Enabling Environments* (Sage Publications Ltd, 2004) ISBN 0761942653
- Thomson H et al – *Health and Social Care* (Hodder and Stoughton, 2001) ISBN 0340775475
- Thompson H et al – *Further Studies for Health* (Hodder and Stoughton, 2000) ISBN 0340620552

Trowler P – *Investigating Health, Welfare and Honesty (Sociology in Action)* (Collins, 1989)
ISBN 0003222276

Trowler P – *Investigating Health, Welfare and Poverty, Second Edition* (HarperCollins Ltd, 1996)
ISBN 0003224376

Van Servellen G – *Communication Skills for the Health Care Professional: Concepts and Techniques*
(Aspen, 1996) ISBN 0834207664

Walsh M et al – *Advanced Vocational Health and Social Care* (Collins, 2001) ISBN 0003291006

Walsh M et al – *Health and Social Care for Intermediate GNVQ* (Collins, 2000) ISBN 0003291030

Walsh M et al – *Health and Social Care AS for Edexcel* (Collins, 2005) ISBN 0007197888

Walsh M et al – *Health and Social Care A2 for Edexcel* (Collins, 2005) ISBN 0007200404

Walsh M – *Research Made Real* (Nelson Thornes, 2001) ISBN 0748758410

Walsh M, Stephens P and Moore S – *Social Policy and Welfare* (Stanley Thornes Pub, 2000)
ISBN 0748745912

Webb R and Tossell D – *Social Issues for Carers* (Hodder Headline Plc, 2004) ISBN 0340535989

Wilson P and Kidd A – *Sociology for GCSE* (Collins Education, 1998) ISBN 0003224449

Young P – *Mastering Social Welfare* (MacMillan Press Ltd, 2000) ISBN 0333973277

Videos/television programmes

BBC – *Casualty*

BBC – *Holby City*

Applied GCE Portfolio Marking Guidance

This guide is designed to give guidance on how to apply the mark scheme, and to enable teachers an impression of the kind of work that may be produced as the specification is applied. Each example of work is of a style and a standard as near as possible to the requirements of the new GCE.

This publication is designed for general guidance. Full details of the course requirements can be found in the specification, guidance on internal assessment and the assessment criteria. These publications should be referred to for more definitive information. The teacher's guide will also provide more detailed guidance on dealing with assessment criteria and planning teaching programmes.

Applying the Mark Bands

Portfolios will be marked by the centre, and externally moderated by Edexcel. Each of the internally assessed units has a marking grid, divided into three broad Mark Bands, showing how to award marks in relation to the task and the assessment objectives. The marking grids indicate the required assessment outcomes as well as the quality of the outcomes needed for achievement in each of the Mark Bands. Mark band 1 relates to the expectations given in the grade description for grade E; Mark Band 2 relates to the expectations for grade C, and Mark Band 3 relates to the expectations for grade A.

In general terms, progression across the bands is characterised by:

- increasing breadth and depth of understanding
- increasing coherence, evaluation and analysis
- increasing independence and originality.

The unit marking grid shows the allocation of marks by assessment criteria and by Mark Band. This grid should be used to determine marks for student achievement in each unit. Students can achieve marks in different bands for each assessment objective. The total mark achieved will depend on the extent to which the student has met the assessment criteria overall.

Within each assessment criteria, it is a general principle that shortcomings in some aspects of the assessment requirements may be balanced by better performance in others. However it is also important to note that for full marks in any particular assessment criteria, all the requirements should have been met.

Marks should not be awarded on the basis of a 'tick list' of factual content but on the overall response as it relates to the requirements stated within each Mark Band. Assessors should adopt a holistic approach and apply their professional judgement. The *Guidance for teachers* section in each unit (in the specification) gives specific details of how marks should be allocated.

There should be no reluctance to use the full mark range and if warranted assessors should award maximum marks. Students' responses should be considered positively. A mark of 0 should only be awarded where the student's work does not meet any of the required criteria.

The grade descriptions for the Edexcel GCE in Health and Social Care refer to the levels of support and guidance required by students in carrying out investigations and tasks. All students are entitled to initial guidance in planning their work. When marking the work, assessors should apply the following guidelines:

- **'Some support and guidance'**: the student has to be guided and advised throughout to ensure that progress is made. The student relies on the support of the teacher, who has to assist in most aspects of the work. This level of support restricts the student's mark to band 1, irrespective of the quality of the outcomes.
- **'Limited assistance'**: the teacher supports the student initially in the choice of topic for investigation. Thereafter the teacher reacts to questions from the student and suggests a range of ideas that the student acts upon. The student frequently checks matters of detail. The teacher needs to assist in some aspects of the work. This level of support restricts the student's mark to bands 1 or 2, irrespective of the quality of the outcomes.
- **'Independently'**: the teacher supports the student initially in the choice of topic for the investigation or task. Thereafter the teacher occasionally assists the student, and only when asked, but monitors progress throughout. This level of support gives access to all three mark bands.

For internal record-keeping purposes, centres may wish to make a copy of the marking grid for each student and use it to record the mark for that unit. The GCSE, GCE, GNVQ Code of Practice requires assessors to show clearly how credit has been assigned. Guidance on how this may be done will be included in the separate support material that will accompany this guide.

Exemplars and commentary

This section contains examples of student portfolio work for Units 2 and 11. This is to show what work is suitable for AS and A2. It also shows how this work is marked, using the assessment criteria.

Exemplar AS unit

Unit 2: Communication and Values

This is a report on four interactions:

- a one-to-one with a young child in a Day Nursery
- a group of young children in a Day Nursery
- a one-to-one with an older person in a residential home
- a group of older people in a residential home

The data for these interactions can be found in the appendices together with supporting witness statements.

The interactions have been separately analysed and interpreted to show not only a knowledge and understanding, but also a demonstration of Communication, Values and the transmission of Values in interactions in work-related contexts in the area of Care.

Comparisons have been made between the different interactions.

Methods of obtaining information have been discussed.

Evaluations and conclusions have been made.

Conclusions underline the importance of knowledge, understanding and skills in communicating and transmitting values in work-related contexts in the Care area of work.

For the students to be access Mark Band 1 and Mark Band 2 only one interaction is required. To access Mark Band 3 students need to carry out two interactions and make comparisons between them regarding the use of communication skills and the transmission of values.

The four interacts here are to show you different types of interactions that students may carry out.

Advanced GCE in Health and Social Care

Unit 2

Communication and Values

A Report

Miriam

September, 2004

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1 Introduction

This is a report on four interactions I undertook in different contexts in the care sector.

These took place in a Day Nursery for young children aged two to four years, which is attended by my cousin's little girl aged three years and in a residential home for elderly people, where a friend of my grandma now lives.

I undertook both one-to-one and group interactions in both settings so that I could compare the use of communication and the transmission of values in different work places and in different contexts.

For the sake of confidentiality I changed the names of the children and people I interacted with and I have not identified either the nursery or the residential home.

There is an analysis and interpretation of the interactions, the data for which are in the Appendices at the end of the report.

The different interactions are compared.

The methodology is discussed.

The findings of the report are evaluated.

Conclusions are made.

2 Analysis and Interpretation

Interaction 1. *(There is evidence here for A01, A02, A03 and A04)*

This took place in the Day Nursery, where my cousin's little girl, Emily is cared for. I considered Emily to be suitable as I was able to get permission from my cousin to undertake this interaction and to make notes. My cousin also helped me to gain permission from the Nursery staff and I spent a day in the Nursery helping the Nursery staff. One of the Nursery staff agreed to sit near to me and write a witness statement as evidence for my communication skills. Also, although Emily knows who I am, she does not know me very well.

(A03, Mark Band 3)

Both the Interaction and the Witness Statement can be found below as Appendices 1 and 2 respectively.

In the interaction with Emily I used informal language, exchanged some information and promoted my relationship with Emily, offering support.

I did this using skills of interpersonal interaction. I commented on how lovely her jigsaw was with a pretty picture on the box, which was a positive start to the interaction and the relationship. I hoped that the praise would help transmit value and thus encourage self-esteem in Emily.

The location of the interaction — in the puzzle corner of the Nursery — meant that it was not too noisy, so that I could keep my voice soft and friendly in pitch as well as being fairly slow clear and I was able to sit on a Nursery chair at Emily's level without crowding into her personal space. Keeping my voice soft and friendly is what is known as a 'paralinguistic feature' (Lyons, 1972), which give some indication of the speaker's attitude.

I sat in a relaxed manner and did not cross my arms, keeping my body posture open, smiling, nodding, giving eye contact. How we use space, position our bodies and how we sit when we talking to others have been referred to as 'proxemics' by (Hall, 1972) and 'orientation' (Beck 2 002). I think my body language was very encouraging for Emily, showing that I was interested in her, valuing her as a person and thus enhancing her self-esteem.

(A04, Mark Band 3)

I was attentive and responsive to Emily and I think I was warm and sincere, while respecting her need to do the puzzle herself. Again this was transmitting value.

I asked open rather than closed questions eg 'Which piece will you put in next?' and 'How about this one?'

My comment 'That's hard luck!' showed empathy and I tried to watch myself and reflect on what I was doing and saying all the time to try and ensure that I was building Emily's skills rather than doing things for her. I think that by doing this I was transmitting values in the interaction by giving choice and preference, encouraging independence, giving praise, showing awareness of her needs, establishing a supportive relationship and respecting her worth.

(A04, Mark Band 3)

I have maintained confidentiality throughout by giving false names and I think I have shown the beginnings of a professional relationship with Emily.

There did not appear to be many barriers to communication. The interaction took place in a corner away from too much noise or interruption, the lighting was good and Emily could both see and hear well. There were no problems associated with language difference or culture and I was aware of her body language such as when she sank in her chair a little when a piece would not fit. Also I did not rush the interaction – I gave Emily as much time as was needed.

However, the Nursery Nurse told me later that I should not have let Emily just run off to join Circle time, but, rather, have encouraged her to put away the puzzle in the right place before leaving. This would have helped increase her skills of independence and given her more confidence in her abilities as well as developing matching skills in finding the correct place to put the puzzle. (All the puzzles have a symbol and number on them and the children have to match the symbol with the correct symbol on the shelf).

(A04, Mark Band 3)

In general, however, I think that I encouraged a sense of empowerment in Emily in line with the care value base.

In reflecting on this interaction I can see how I would have to behave in a similar manner in other similar contexts, such as helping a child with a painting activity, eating their lunch or reading a story, empowering children, giving them a sense of worth and showing awareness and sensitivity to their needs.

Even more important here was the need for me to have knowledge and understanding of communication and transmission of values so that I could develop skills in caring for a young child.

(A02, Mark Band 3)

(All aspects of A01 – Mark Band 3 are met here as well as A02 Mark band, although at this stage a range or number of similar contexts is not covered. In addition, there is evidence towards A03 with respect to obtaining and applying information, independent research and evidence gathering, appropriate links to work-related issues and problems, including some analysis. There is also some evaluation here for A04 and evidence has been indicated in the text.)

Interaction 2 *(There is evidence here for A01, A02, A03 and A04)*

The second interaction took place again at the Day Nursery but in a different context.

(A02, Mark Band 3)

As with the one-to-one interaction with Emily I had arranged to undertake this interaction beforehand through my Cousin, whose little girl attends this Day Nursery.

(A03, Mark Band 3)

This was a group interaction with a small group of children, whom I took to the toilet and to wash their hands before they had their lunch. The write-up of this interaction can be found in Appendix 3.

Again the Nursery Nurse came with me and she wrote a witness statement referring to my communication skills. This can be found in Appendix 4.

I had planned with the Nursery Nurse beforehand that I would take a small group of children to the toilet before lunch and she had let me go with one of the Nursery Assistants beforehand to see what the procedure was. This was very useful as I knew what to expect.

According to Burton and Dimpleby (1995) the children can be defined as a group as they were 'a collection of individuals who interact in some way and share some common goals and interests'.

In this interaction I maintained the care value base by not discriminating against the children on the basis of gender or age, I respected the preferences of two of the children by letting them go to the toilet after the others had been and I maintained confidentiality by not revealing their real names. In addition, I gave all the children support as was appropriate to their needs eg helping them to pull up their pants, I treated them all equally and respected their rights such as giving protection from getting water in their eyes.

I transmitted these values in my communication with the children by showing an awareness of their needs, respecting individual differences, worth and dignity, enabling choice, encouraging independence and giving praise.

I gave encouragement and praise when I said to Amy, 'Good girl! Well done!'

I also respected and encouraged Lisa, who was fascinated by the water coming out of the tap, and gave her empathy by saying, 'It's nice, isn't it'.

There were, however, many barriers to effective communication here. There was a lot of noise, a lack of privacy, interruptions and distractions. I do not have a very loud voice and I found communicating with this group of children very difficult as a result of these barriers. The Nursery Nurse commented on this in her witness statement. (See Appendix 4)

(A04, Mark Band 3)

In addition, Communication in a group situation requires observation and self awareness in order to overcome barriers to Communication. Again the Nursery Nurse commented on this in her witness statement. I should have been more aware of the children washing their hands while I attended to the children in the toilets. I was ignoring their body language. I became aware of them when it was almost too late. *(A04, Mark Band 3)*

However, through awareness and reflection, I did learn from this. I noticed that Harry and Steven were whispering together and looking at George, so I intervened at this point. Here I was very aware of their body language.

There is evidence in the children's behaviour of how groups form. Tuckman (1965) described four stages in group formation: Forming, Storming, Norming and Performing.

One can see Forming in the initial stages of basic interaction in the children who have come together in this small group.

More clearly one can see Storming taking place in the disorder and conflict between the children as they wash their hands and get water into Amy's eye.

In addition, one can see a process known as 'mirroring' according to Beck, (2002), in the way that Steven copies Harry's behaviour and then Amy and Dawn mirror the behaviour of Harry and Steven when filling the sinks with water, playing with bubbles and giggling.

I concluded the group activity by ensuring that they had all washed and dried their hands and returned to their room for lunch.

Interacting with a group of children was very different from interacting on a one-to-one basis. It was a much less personal situation, although I tried to give personal encouragement and treat the children as individuals.

I could not keep my voice as gentle and soft and had to be much more observant and self aware. I was also aware that the proxemics were very different in this interaction as I was standing and thus at a higher level than the children, although I came down to their level when helping them with their clothing. It was also less easy to give the children eye contact, although I noticed that when I gave

eye contact to Harry and Steven their behaviour immediately changed. It felt almost like a means of control. Both Argyle, (1983) and Morris, (1994) have written about the importance of eye contact in interactions.

Again the importance of knowledge and understanding of communication and the transmission of values can be seen here.

I would have to apply similar considerations when interacting with a group of children in different contexts such as mealtimes or outside play, where individual needs require to be met without discrimination together with a broader awareness through observation of the activities and behaviour of all the children.

(A02, Mark Band 3)

(There is evidence here for A01, Mark Band 3, A02, Mark Band 3 – there is another context here – A03, Mark Bands 2 and 3 and A04, Mark Bands 2 and 3)

Interaction 3

(There is further evidence here for A01, Mark Band 3, A02, Mark Band 3 as well evidence for A03 and A04, Mark Bands 2 and 3.)

This interaction took place in residential home for older people. I had arranged this interaction with the home and the person I went to see through my Nan, who lives there. *(A03, Mark Band 3)*

As the nature of this interaction was very personal it was not possible for there to be anybody with me, so there is no witness statement for this interaction although the notes of my interaction can be found in Appendix 5.

By knocking on Gladys's door I showed understanding of her personal space. As Beck, (2002) says, 'Going into someone else's room is potentially to invade their space.'

Goffman, (1963) pointed out that we need to make initial eye contact to assess a stranger. We both gave each other eye contact. We both smiled, too. Desmond Morris, (1994) has written a lot about the importance of smiling. It indicates that we are pleased to see someone and that we are friendly rather than antagonistic.

Also we shook hands. According to Beck, (2002) the origins of the handshake is the idea that people meeting each other show that they are unarmed by offering an open palm, although it is now a social greeting that show friendly intentions to others.

In my notes of the interaction I did not refer to my clothes. I wore a white blouse and black skirt that I thought looked neat and tidy as a form of presenting myself to Gladys in a manner that I hoped would please her.

I feel that by doing this I was transmitting values, showing respect for Gladys as well as positively establishing a relationship and getting to know her in a sensitive manner.

When I sat down I was aware of the importance of proxemics again, particularly orientation. According to Beck, (2002) if 'someone comes to sit next to you, it is generally seen as a much friendlier orientation than someone who sits directly opposite you.' I chose to sit at right angles to Gladys as this enabled us to look at each other without it seeming as though I was interviewing her.

I tried to show respect for Gladys also by saying it was really kind of her to let me come and see her.

I did not feel there were any barriers to our communication as the situation was private and there were no interruptions or distractions apart from the sun coming and bothering Gladys. Clearly there was an age difference, but I think I respected this. I tried not to be too shy or to rush anything. I

noted body language in Gladys such as when the sun was bothering her and I do not think I imposed my own agenda upon her as I asked her about herself.

I also noticed when she seemed tired and asked if she needed a rest.

I listened carefully to Gladys and was attentive and, I think, receptive. I already knew that she liked to be called Gladys (her preferred form of address) rather than Mrs Green, but I did not really need to use her name in the interaction.

I checked understanding when I asked, 'It's better here, though?'

Also I made an attempt to paraphrase as well as checking understanding when I asked, 'Do you mean that the others were not very nice?'

Throughout the interaction I was aware of the need to use social skills. Without the use of social skills I think there could have been many barriers to my communication in this situation. According to Peter Robinson, (2001) the term 'social skills' can be attributed to Argyle, who has written so much about the way we interact with each other. Bull, (2001) considers that 'words and gestures can work together to create a sentence, referred to as 'mixed syntax' by Slama-Cazacu, (1976).

I found it interesting to hear Gladys's comments about the different care homes she had been to. It made me realise how important it is to have legislation like equal opportunities as well as Charters and Codes of Practice to protect people when they are vulnerable. Also it brought out the importance of the Care value base for me and how easy it is for people to feel disempowered if their rights, choices and differences are not respected.

(A03, Mark Band 3)

It was clear from Gladys's body language that there had been things in the previous home that had upset her.

I had noticed when going into the home that their Code of Practice was displayed there.

Interacting with an older person was very different from interacting with a young child. I had to be much more self aware, to use more social skills and was more aware of the need to transmit values through respecting Gladys. It also felt very important to be sensitive to her needs. We talked about her and her experiences rather than something she was doing at the time.

(A01, Mark Band 3)

I felt that the interaction itself went reasonably well, but that it was really only a first step in getting to know Gladys. She seemed genuinely pleased to see me, but I felt that there was an element of me using her in order to get information for my college work and this made me feel uncomfortable.

(A04, Mark Bands 2-3)

It had been difficult to know what to talk about with Gladys. I chose to talk about her experiences so that I did not impose my own Agenda or off-load my experiences or feelings. I also tried not to be patronising.

(A04, Mark Band 3)

This interaction has helped me to realise that the sorts of considerations I had to make here would be relevant in any Care situation where I was interacting with just one person. This may be with somebody who is ill or has particular needs such hearing or sight problems as well as learning difficulties. In these situations one needs to be particularly sensitive to the person's needs, self

aware and ensure the positive transmission of values. Again this underlines the importance of knowledge and understanding of communication and the transmission of values.
(A02, Mark Band 3)

Interaction 4

(There is evidence here for A01, Mark Band 3, A02 Mark Band 3, A03, Mark Bands 2 and 3 and A04, Mark Bands 2 and 3)

This interaction took place in a residential home for older people. When I had arranged to visit my Nan's friend, Gladys I had also arranged that I would come and help one of the carers run a game of bingo with a group of residents.
(A03, Mark Band 3)

Before the game started I had spent some time with the carer planning how we would run the game and what each of us would do.
(A03, Mark Band 3)

The carer said that usually the residents took turns in throwing the dice and calling the numbers. This enabled her to go round and make sure that they were filling in the numbers properly. She told me that sometimes they cheat a little bit so that they could win. I agreed that I would start the game and help them fill in their cards, while she kept an eye on what was going on. She also agreed to write a witness statement for me.

It was good that the game took place in a side room so that there were fewer interruptions and distractions as this helped to reduce the barriers to communication. I was also pleased that hearing aids were being worn by several of them as this too should help to reduce barriers of communication. I learned that one of the group was Dutch in origin, but her English was excellent and presented no barriers.

When we were preparing the room with chairs, cards and dice it was unfortunate that the carer didn't know that one of the group was going to be in a wheelchair as this meant that people had to move around at the beginning and change seats. This caused a bit of confusion at the time.

I had obtained a copy of Bales, (1950) Interaction Analysis so that I could tick the sheet, as appropriate, during the game. When I asked who would like to start someone suggested that Mabel should go first I ticked the first category as this was a sign of solidarity and raised another person's status. Mabel's reaction, however, fell into category 10 as she disagreed and showed passive rejection. William's offer to go first was an example of category 3 as he agreed, showing passive acceptance. The person who disagreed was an example of category 12 as this showed antagonism and deflated the status of William.

Stanton, (19966) listed nine types of non-functional behaviour in groups. The two members of the group who were talking together and ignoring the others probably fell into his categories of 'blocking' or 'horsing around'.

By talking to them and giving them attention I was able to diffuse this. I feel this was an example of negotiation by me.

The comment from one of the women members of the group that Rose was always holding the game up was another example of Bales' category 12.

I was pleased that I was able to gently remind Rose that it was her turn, but as it turned out she was not the only one I had to remind.

Annie leaping to her feet to claim she had won (when she hadn't) did not really fit any of the Bales categories but I felt that it met Stanton's categories of 'competing' and 'seeking recognition'.
(A01, Mark Band 3)

I felt I respected Annie's needs as well as I could when I said that she had got a few more to get. She seemed happy and smiled back at me. I think I transmitted value here.

One of the others commenting that she always did that was another example of Bales' category 12. It was always the same person, I began to notice, who was showing antagonism. She showed more when I opened the window when it was getting hot. It was also an example of Stanton's category 1 – 'being aggressive'.
(A03, Mark Band 3)

It was difficult to please them all, but I felt that the woman who said she felt too hot was justified. Again this was an example of negotiation in/with the group.

I felt that I was encouraging independence and giving support to the group as they played the game by helping them to fill in their cards.

I was almost surprised when the group agreed that Lionel should have an extra turn to make up for the one he had missed when he had to go the toilet – helped by the carer. This was an example of Bales' category 3 as they agreed, understood, showed passive acceptance, concurred and complied.
(A03, Mark Band 3)

Only the woman who had been showing aggression up to this point seemed less than happy, as she was muttering. This was an example of Bales' category 10 as she disagreed, it seemed, and showed passive rejection.
(A03, Mark Band 3)

I gave her eye contact and smiled to show an awareness of her needs but she did not return the smile, which concerned me. I became very self aware and wondered what I could do to help this situation.

I was quite surprised when they all wanted to play another game. It was an example of Bales' category 3 again as they agreed, showed passive acceptance and concurred.
(A03, Mark Band 3)

The carer told me later that it was a good idea of mine to find out the name of the woman who had been showing the Bales' category 12 behaviour and to ask her if she would like to start first in the second game.
(A03, Mark Band 3)

It was a relief when she gave me some eye contact as I felt that I had been able to show respect for her as well as awareness of her needs, while promoting her identity positively.
(A02, Mark Band 3, A03 Mark Band 3)

This interaction has also helped me to recognise a number of issues of management in a group situation. One needs to ensure that one does not discriminate but, rather, transmits positive values to all members of the group and such issues would be likely to be found in different contexts such

as taking a group of people with particular requirements on an outing or even during a care situation such as a mealtime. As with the other three interactions the importance of such knowledge and understanding and the development of skills can be seen to be vitally important.
(A02, Mark Band 3)

3 Comparisons

It was not until I had undertaken all of these interactions that I realised how different communication and the transmission of values can be in different work contexts in the Care area.

- 1 The one-to-one interaction with Gladys in the residential home required very careful consideration of her needs and awareness of the dangers of invasion of personal space in what was a very personal interaction. Although these factors were present in all the interactions they were more noticeable here and I was extremely aware of them. Eye contact was present between us almost all the time, whereas in group situations eye contact is shared between all members of the group.

This was the only interaction where there was no witness present, as this would have affected the nature of the personal interaction I had with Gladys.

It was also the interaction where I felt that social skills such as knocking on Gladys' door and shaking hands were so important.

It was also the interaction where I was most aware of the need to ensure that my verbal and non-verbal messages were saying the same thing.

- 2 By comparison, the group interaction was much less personal, with a lot of interaction between the members of the group. It felt much more a case of management of the situation than just interpersonal interaction on my part. Having said this, much of the management of the group interaction was through personal interaction, such as deciding who would begin the game, whether or not the window would be opened, whether or not somebody had won and negotiating, such as giving Lionel another turn.
- 3 It was important in the group interaction to transmit value for each member of the group even though there was sometimes between the members themselves. I was very aware of the potential for discriminating against a resident, particularly Freda, who was aggressive and potentially dominating.
- 4 In the interaction with Emily, although this was a one-to-one interaction, it was less personal than the interaction with Gladys as we were not alone in a room. There were other people nearby and Emily was involved in something other than just interacting with me.

So, although I was still very careful about my body language and the way I spoke to her, I interacted with Emily more indirectly through the jigsaw puzzle she was doing, rather than directly as was the case with Gladys.

- 5 The interaction with the group of young children, which again needed to me to be aware of individual needs and transmission of values was again more about the management of the situation.

Of all the interactions this was the one where I needed to be most observant. This was partly because the children, although all going to the toilet at the same time, were engaged in different activities as there were not enough toilets for them all.

Although my interactions with group members were personal in both group situations, here I was involved in supporting children in personal care as much as undertaking an activity.

(There is evidence here for AO3, Mark Band 3)

4 Methods

Both primary and secondary sources have been used here.

The primary sources are participant observations of interactions in four different work-related contexts with young children and older people, both one-to-one and group.

This form of evidence gathering was used, because it is really the only method that can be used as a tape recorder would record verbal communication only and video would be very intrusive in situations like these. A way round this would be the presence of an observer taking notes, but this, too, would have been intrusive and likely to alter the nature of the interaction.

A major problem with this sort of evidence gathering is that notes have to be written after the interaction took place. This means that there is a heavy load upon memory, resulting in some of the detail being lost and inevitable bias in the recall of detail by the observer as a result of how events are perceived.

Validity is improved here by the use of witness statements for three of the interactions.

There is a wide variety of secondary sources to support interpersonal verbal and non-verbal interaction. The main problem here is one of selection.

(There is evidence here for AO4, Mark Band 3)

5 Evaluation

In this report, with supporting evidence, I have described and analysed four different interactions in different work-related contexts and in both one-to-one and group situations.

Through these interactions I have, I believe, shown knowledge and understanding of Communication, Values and the transmission of values. (2.1) In addition, all aspects of communication in groups were covered. (2.1)

Not all the different types of communication were covered here, however, as signing, Braille, cultural variations and visual or electronic technology were not relevant in these interactions. On the other hand all forms of interpersonal communication and the skills involved were identified and discussed. (2.1)

Barriers to communication were mainly covered, but again cultural, language and belief differences were not clearly relevant in these interactions, although they could have been had different participants been involved. (2.1)

Related to this, the demonstration of strategies to overcome barriers did not include technological aids, interpreters, translators or advocates, understanding cultural differences or tensions between my beliefs and those of others. I did, however, consult with the Nursery Nurse in the Day Nursery and the Care Assistant in the residential home so I used specialist advice in these cases. I also checked understanding with Gladys and was self aware and aware of the need to improve my skills especially with the group interaction of the young children. (2.1)

I have also, I believe, shown understanding and knowledge of the value base of care in all interactions. An area that is weak in this report, however, relates to the importance of legislation and regulations although equal opportunities and codes of practice were referred to in the third interaction. Confidentiality and ethics were, I think, covered throughout. (2.2)

The transmission of values (2.3) was, I believe, explained in detail for all four interactions.

As noted above the primary evidence presented here is inevitably biased by using the participant observation method that relies heavily upon my memory and perception of what happened in the interactions. As discussed above, however, this would seem to be the best method available to me.

A different selection of secondary sources could have been used as this area of communication is well researched and documented.

Also initiative as been shown in obtaining information.

(There is evidence here for AO4, Mark Band 3)

6 Conclusions

The major conclusion of this report is the importance of considerable knowledge, understanding and skills with respect to communication and the communication of values in order to care for young, older and vulnerable people.

Each of the four interactions undertaken — a one-to-one with a child in a Day Nursery, a group in a Day Nursery, a one-to-one with an older person in a residential home and a group in a residential home — has demonstrated the need to apply knowledge and understanding of Communication, Values in Care and the transmission of these Values in the process of Communication.

Without this knowledge, the processes of communication, whether verbal or non-verbal would be likely to be flawed. Consideration of personal space, the use of body language, listening skills such as attention, reflection and receptivity have all been shown. In addition, the use of appropriate language such as the use of open questions and appropriate pitch, tone and volume have been shown to be needed as well as the need to respect confidentiality as well as the building of a professional relationship with service users.

The need to consider barriers to communication and strategies to overcome them is equally demonstrated here as well as the particular features and dynamics of groups.

Many links to work-related problems have been shown, such as observation with young children, ensuring the maximum benefit of activities as in the one-to-one interaction with a child in the Nursery, the sensitivity needed in an interpersonal interaction with an older person and the problems of supporting and empowering older people in a group situation where one person might dominate.

All of these points add to the need for knowledge and skills in communicating and transmitting values.

Crucially, there needs to be good understanding of the value base of care so that in all communication in the Care area the principles that underlie all health and social care practice are positively promoted. Such promotion would not be possible without knowledge, understanding and skills.

Integral to this knowledge, understanding and skill development is self awareness, self monitoring, reflection and the capacity to adapt communicative style in different contexts with different service users.

(There is evidence here for AO4, Mark Band 3)

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8 Appendices

Appendix 1: Interaction 1 one-to one interaction in a care setting for young children

This interaction took place in a corner of the playroom in a Day Nursery between myself, Miriam, and Emily, a three year old.

Emily was going to do a jigsaw puzzle.

M: You've got a lovely jigsaw — what a pretty puzzle on the box.

Emily nodded and looked at me.

We gave each other eye contact and we both smiled.

I was sitting on a small chair beside Emily so that I was at her level. I made sure that my body position was relaxed and open without folding my arms.

Emily then emptied the pieces out onto the table and I watched her turn them over so that she could see the tops of the pieces.

Having watched the Nursery staff on previous visits I knew not too interfere unless my help was needed.

Emily found a corner piece and looked at me for approval.

I nodded.

M: That's a good idea

E: I'm going to the piece here.

Emily put the piece in the bottom left hand corner of the lid of the puzzle box.

M: Which piece will you put in next?

Emily looked hard at the pieces. There were about 15 pieces altogether.

She then chose another corner piece and put this into the top right corner.

I knew this wasn't right but I didn't say anything at this stage.

Emily then chose another piece and fitted it next to the first piece.

E: This one

M: That's good!

Emily was pleased. She looked at me again and nodded.

E: 'nuther one

She got another piece but it wouldn't fit.

Emily sighed and she sank down into her chair a little.

E: Won't go!

M: That's hard luck!

I decided to give a little help as well as empathy at this stage.

M: How about this one?

Emily picked this up and fitted it into the puzzle.

At the same time she noticed that the second corner piece was wrong and she changed it for the correct one, putting the wrong piece into the other corner.

M: Great!

Emily was now speeding up.

She looked at me for approval and I smiled and nodded back in an approving encouraging manner.

Occasionally she had to turn the pieces round to fit them into the puzzle. One of them wouldn't fit anywhere and she seemed to lose confidence for a moment.

E: It won't go

M: Try a different one.

Emily picked up another piece and was immediately rewarded with success.

Quickly she put all the remaining pieces into place and then sat back, looking at me with a large grin on her face.

E: Done it! Done it!

M: That's really good!

Look! Its Circle time!

Emily ran off clearly feeling very pleased with herself.

Appendix 2: Witness Statement for Interaction 1

Candidate name: Miriam	Candidate number: 12345
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Unit title: Communication and Values

Activity context: Day Nursery A three year old doing a jigsaw puzzle
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Assessment evidence: Interaction between Miriam and a young child in the Nursery

Observation notes: Miriam walked over to the puzzle corner and sat with Emily, who had just been to collect a jigsaw. Emily sat on one of the small Nursery chairs so that she was at Emily's level and they both smiled at each other. Miriam gave Emily good eye contact and her voice was soft but encouraging. Her body language was also encouraging by nodding and showing full interest in what Emily was doing for a few minutes. Miriam did not try to interfere with what Emily was doing but she made helpful suggestions that helped Emily to succeed. Miriam's communication with Emily was very good. Emily completed the puzzle herself and then went off to join Circle time feeling very pleased with herself. Miriam cleared away the puzzle but really she should have encouraged Emily to do this before she left.
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Witness: Sue Signature: S Banks

Job role: Nursery Nurse Date: 10 09 2004

Assessor comments: The witness report was discussed and confirmed with the Nursery Nurse.
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Assessor: T. Owens Signature: T. Owens

Date: 20 09 04

Appendix 3: Interaction 2 group of children

This is a group interaction that took place in the nursery. The context of this group interaction was taking a group of children to the toilet and to wash their hands before they had their lunch.

The children consisted of a group of 6 boys and girls aged 3-4 years. Their names (false ones) were Harry, Steven, Dawn, George, Amy and Lisa.

There were only four toilets for them to use, so four of the children went to the toilet first while the other two waited for them.

George and Lisa waited and watched the others.

I had not wanted to discriminate between them in any way on the basis of gender or age so I let those who arrived first to use the toilets first, although George didn't want to go with the first lot of children. He seemed to need more privacy, which I respected. The girls needed more help than the boys as pants had to be pulled down and then put back again. I encouraged skills of independence by saying, 'Try and pull up your pants as far as you can and then I will help you'.

Dawn got into a bit of a mess so I helped her, but Amy was fine and she flushed the toilet.

M: Good girl! Well done! You can go and wash your hands now.

Amy beamed with pride.

Harry did not flush the toilet so I encouraged him to do so.

M: What do you need to do before you wash your hands, Harry?

He dashed back, flushed the toilet and then went to wash his hands.

This helped to remind the other children.

Having been to the toilet, Harry and Steven, followed by Dawn and Amy went to wash their hands.

I could see them watching each other.

Harry put a hand over one of the taps so that water squirted out.

H: Hee Hee!

Steven then copied what he had done.

However, Amy, next to him, got water in one of her eyes and began to cry.

M: Please don't do that, Harry and Steven. You've made Amy cry.

They stopped doing that and then filled the sinks with water and washed their hands with the soap.

Amy now had stopped crying and she copied Harry and Steven as did Dawn.

They were all giggling and trying to blow bubbles.

Meanwhile, George and Lisa quietly went to the toilet unwatched by the other children. Both of them needed some help with their clothes after using the toilet, but I was still able to compliment them on the skills they had.

M: You've done really well.

On a one-to-one basis I was able to speak quite quietly to the children but I noticed that as I spoke to them as a group I had to raise my voice in order to be heard. I did not find this very easy.

Harry and Steven then began to whisper together, while looking sideways at George. I decided to intervene at this point.

M: I think you have both washed your hands very well now. You can go and dry them now.

As they began to move off I reminded them to unplug the sinks.

Amy and Dawn then finished their hand washing and went to dry their hands.

Meanwhile, Lisa was fascinated by the water coming out of the tap and she stood watching it.

M: It's nice, isn't it?

Lisa nodded and looked up at me with a faint smile.

She and George then finished washing and drying their hands and followed the others back into their room to have their lunch.

Appendix 4: Witness Statement for Interaction 2

Candidate name: Miriam	Candidate number: 12345
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Unit title: Communication and Values

Activity context: Day Nursery – the toilet area Miriam took a group of children to the toilet and to wash their hands before they had their lunch

Assessment evidence: Interaction between Miriam and a group of young children in the Nursery

Observation notes: I observed Miriam taking a group of children to the toilet before lunch. Miriam, as I discovered when talking to her later, planned this in so much as she did not suggest that the girls or the younger children went to the toilet first, but let the children who were hanging back to let the others go first. This was quite a good strategy as it enabled her to respect their wishes and they were happier not being watched by the other children. Miriam's voice is not very loud, so although she speaks nicely with individual children, she finds talking to a group more difficult. This means that they may ignore her. Miriam was very encouraging with the children who had problems pulling up pants and re-arranging their clothes after being to the toilet. She was very sensitive to their needs. I thought she should have noticed that two of the boys were getting silly a bit sooner in order to have prevented water getting into Amy's eye. She did, however, diffuse the situation effectively. I also liked the way she encouraged and reminded the children to flush the toilets. This helps to encourage more independence. In general, Miriam managed the situation reasonably well and encouraged them to go back into their room for lunch when they had finished.
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Witness: Sue Signature: S Banks

Job role: Nursery Nurse Date: 11 09 2004

Assessor comments: The witness report was discussed and confirmed with the Nursery Nurse.
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Assessor: T. Owens Signature: T. Owens

Date: 23 09 04

Appendix 5: Interaction 3

This took place in a residential home for older people.

The one-to-one interaction was with a friend of my Nan. I have given her the pseudonym of Gladys.

I had arranged to go and have a cup of tea with her. (*AO3 Mark Band 3*)

I knocked on her door and heard her say, 'Come in', so I went to her.

It was a nice sunny room with a window overlooking the gardens of the home.

M: Hello, I'm Miriam.

Gladys smiled and looked very pleased to see me.

We both gave each other eye contact.

We shook hands as I had been told I should this with older people.

G: Come and sit down. Your grandma has told me a lot about you and about the college work you're doing.

I sat on a comfortable chair near to her — at right angles to her, keeping my posture open and as relaxed as possible, while also leaning forward a little to show interest.

M: It's really kind of you to let me come and talk to you.

G: It's a pleasure for me to see a young face. Now, would you like a cup of tea?

She indicated the teapot and the cups, saucers and biscuits on the table.

M: Yes please

Gladys poured a cup of tea and offered me a biscuit.

M: It's very nice here.

G: Yes — it's the best home I've been to. I have been in two others but they weren't as nice as this one.

M: Do you mean that the others were not very nice?

G: No they weren't — they very different.

M: In what ways were they different?

G: In the first one I went to the room I had was very small. They had said they would give me a bigger one, but the bigger rooms always went to new people coming in.

M: That doesn't seem very fair.

Gladys smiled.

G: You're right! Anyway I found another home with a bigger room this time, but the food was really poor.

M: What sort of food did they give you?

Gladys pulled a face.

G: There were lots of boiled potatoes and cabbage and the meat was nearly always tough. I could hardly eat it — nor could anybody else.

M: Was it all much the same?

G: Yes — it was very boring. Also they always seemed to be short staffed and the carers never had time to talk to you much. They used to rush things and not ask you what you wanted.

M: That's not very nice.

G: No — it wasn't.

Gladys sighed and looked away for a moment. She seemed to be a bit upset.

I decided to move on with the conversation.

M: It's better here though?

Gladys brightened up and nodded.

G: Yes — the carers often come in to see if I'm all right and they have a little chat....ask me if there's anything I need.

M: Is the food better as well?

Gladys smiled at me.

G: Its much better — we have a choice, too, and they give us a Menu for the week and ask us each day what we would like the next day.

At this point I noticed that the sun coming in was bothering Gladys.

M: Would you like to move a little or shall I draw the curtain a bit for you?

G: Yes — I'll just move to the other chair.

I helped her a bit to get out of her chair. She then sank down into the other chair.

G: (laughing) That's the trouble with getting old — you can't move around like you could when you were young.

M: Is that better now?

G: Yes, thank you.....now what were we talking about?

I reminded her but she seemed to have lost the thread of the conversation.

At this point there was a knock on the door and a carer came in.

C: Have you finished your tea?

G: Yes, thank you

C: I'll clear away then.

While the carer took away the tea things I noticed that Gladys was looking tired.

M: Would you like a rest now?

G: Yes, I think so.....will you come and see me again another day.

M: I would like that very much.

Gladys smiled.

G: I'll look forward to that.

M: (smiling) Well, goodbye then for now and thank you very much for letting me come to see you and talk to you.

Appendix 6: Interaction 4

This interaction took place in a residential home where my Nan and her friend, Gladys live.

I interacted with a group of residents, who were playing a game of bingo.

The group of residents were not in the main room of the home, but in a side room where they would be less interrupted and more able to concentrate on their game as well as being less likely to disturb other residents.

There were eight residents, of whom two were men and six were women.

Three of them had a hearing aid in their ear and all but one wore glasses.

I had helped one of the carers in planning and setting this up ensuring there were enough chairs and that we had all the cards and dice needed for the game.

The residents came in slowly, using sticks to help them and one was in a wheelchair.

Room was found for the wheelchair and all the others were helped to a chair. Two of the women decided to change their seats as they wanted to be next to somebody else.

The carer and I helped them with this.

The carer then quickly explained the game to the residents, although they all knew how to play.

M: Who would like to start?

They all looked at each other and someone said Mabel should go first.

However, Mabel didn't want to.

I asked if someone else would like to.

Eventually William said he would go first even though one of the others grumbled that he always went first.

While this was going on two of the group were talking together and ignoring the others.

I went round to them.

M: (smiling) Are you ready to start?

They both nodded and the game began.

Rose seemed to have gone to sleep when it was her turn, so I went round to her and gently reminded her that it was her turn.

One of the other women at the table complained that Rose was always holding the game up.

However, nobody took much notice and the game continued.

The carer had to take Lionel to the toilet but this did not really hold up the game, although I had to remind a few of them when it was their turn.

Annie suddenly leapt to her feet and claimed she had won.

Smiling I went round to look at her card. She hadn't got all the numbers in.

M: You've just got a few more to get yet, Annie.

One of the others said that she always did that.

Annie was quite happy, however and she smiled back at me.

By now the room was getting very warm and one of the group said she felt too hot. I went to the window and opened it a little.

At this point the woman who had complained about Rosie going to sleep and holding up the game called out to me to shut the window as it made a draught.

I then closed it partly.

M: I think we need to have it open just a little bit but we'll make sure you're not in a draught.

The carer then came back with Lionel. She gave me an encouraging smile.

I went round to Rosie and helped her to fill in her card and then round to the others who needed help.

M: You are all doing really well. I wonder who is going to win.

Lionel was a bit behind the others so I asked them if they thought he should have an extra turn to make up for the one he had missed.

They mainly seemed to agree although the woman who did most of the complaining did not seem very pleased and began to mutter.

I smiled at her, but she didn't smile back.

Eventually one of the other women in the group had a full card and everybody clapped.

M: Shall we have another game?

I was surprised when they all agreed, so the carer and I gave them another card each and they started again. I asked the carer for the name of the woman who was complaining a lot. It was Freda.

M: Freda, would you like to start this time?

F: It's about time I went first.

I could see that she was quite pleased, however, and she gave me some eye contact.

The second game finished just in time for lunch.

The carer and I helped them all out of their chairs and down to the dining room.

Appendix 7: Witness Statement for Interaction 4

Candidate name: Miriam	Candidate number: 12345
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Unit title: Communication and Values

Activity context: Residential home for older people A group activity playing a game of bingo
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Assessment evidence: Interaction between Miriam and a group of residents playing a game of bingo

Observation notes: <p>Miriam discussed the activity with me beforehand so that we could we plan what each of us did. I suggested what her role would be and agreed to take some notes for her so that I could write this witness statement. I used to have to ask people to do this for me when I was doing my NVQ so I knew what to do.</p> <p>Miriam helped the residents to sit around the table and to give out the cards to those who were playing.</p> <p>When Mabel said she didn't want to go first, Miriam asked if anyone else would like to and she went round the table to Sylvia and Bronwen who were talking together and ignoring the others and she brought them into the game. Miriam showed good awareness of their needs.</p> <p>When Rose fell asleep Miriam showed a lot of respect.</p> <p>In fact, all the time Miriam showed understanding of the care value base and in her communication with the residents she demonstrated these values of respecting people and their individual dignity, equal opportunities, being sensitive to their needs and encouraging independence while giving support.</p> <p>Miriam was particularly good with Freda who was being quite difficult — she often is — she asked me her name and then asked her if she would like to go first in the second game. This really settled Freda and the second game went really well.</p> <p>I thought that Miriam managed the game really well. She communicated well and showed a lot of understanding and awareness.</p>

Witness: Joyce Signature: J. Brown

Job role: Care Assistant Date: 20 09 2004

Assessor comments: The witness report was discussed and confirmed with the Care Assistant
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Assessor: T. Owens Signature: T. Owens

Date: 22 09 04

Application of the Mark Scheme

A01: Knowledge, understanding and skills

Evidence for A01 has been indicated throughout the *Analysis and Interpretation* section of the report.

It is considered that the student's report demonstrates a high level (at AS level) of knowledge and understanding of communication and the transmission of values and how this is applied to interactions with clients.

There are ample examples, with detailed explanations and comparisons with respect to the use of communication and the transmission of values.

There is extensive use of specialist vocabulary eg proxemics, empowerment.

The report is accurate and the student explains the work fully.

There are no significant omissions or inaccuracies.

All aspects of Mark Band 3 are met

18 marks

A02: Application of knowledge, understanding and skills

Again evidence for A02 has been indicated throughout the *Analysis and Interpretation* section of the report.

It is considered that the student demonstrated the ability to apply knowledge and understanding appropriately and accurately in a range of relevant work-related contexts – four in all but with reference to other contexts as well.

The evidence for this is seen in the student's ability to explain how communication and the transmission of values are related not only to the particular work-related context(s) but can also be applied to a number of similar contexts.

There is extensive use of specialist vocabulary (as above).

The report is accurate and the student fully demonstrates application of knowledge.

All aspects of Mark Band 3 are met

16 marks

A03: Research and analysis

Evidence for this criteria can be seen throughout the *Analysis and Interpretation* section of the report.

The student demonstrates excellent skills (at AS level) in obtaining and applying information.

The student demonstrates initiative in planning their own methods of obtaining information and evidence.

Information is relevant and extensive (at this level) and is drawn from a number of sources of different types.

There are many appropriate links to work-related issues and problems.

There is good detailed analysis including analysis of work-related issues and problems

Although it is felt that the latter two descriptors could have been made more explicit, Mark Band 3 best fits the student's work.

Some aspects of Mark Band 3 have been met

9 marks

A04: Evaluation

The student demonstrates excellent evaluative skills (at this level) in Section 5

Valid conclusions are drawn from the evidence presented. These conclusions are clear, well reasoned and detailed (Section 6).

Although it is felt that the evaluation could have been more detailed, Mark Band 3 best fits the student's work.

Some aspects of Mark Band 3 have been met

9 marks

Total: 52 marks

Exemplar A2 unit

Unit 11: Social Issues and Welfare Needs

This is a report into the perceived pension crisis currently facing society.

The demographic change related to pensions has been included, as has the government response to this issue. Conclusions have been drawn from all this information.

FARFIELD HIGH SCHOOL

GCE IN HEALTH AND SOCIAL CARE

UNIT 11: SOCIAL ISSUES AND WELFARE NEEDS

ASSIGNMENT TITLE: AGEING IN OUR SOCIETY

STUDENT'S NAME: ZOE WATSON

SUBMISSION DATE: MAY 2005

INTRODUCTION

The department of work and pensions recently commissioned a report into the perceived pension crisis which is currently facing our society. The crisis has developed as a result of the increasing number of people who are now over the age of 65 years of age. Although growing old has traditionally been perceived as a health and social care issue it is now widely recognised that the issue of growing old is now a societal issue as well as a welfare issue.

This report will attempt to

- Outline the extent of the issue
- Explain the problems associated with an ageing society
- Critically discuss governments response to the issue of an ageing society

WHAT IS 'AGEING'

John Bond, Roger Briggs and Peter Coleman have outlined that ageing can be studied from a number of different perspectives – human, social for example.

Biological ageing refers to decline and deterioration. Maynard-Smith defined the ageing process as 'those which render individuals more susceptible as they grow older to the various factors, intrinsic and extrinsic, which may cause death'. (1962 pg.115)

What is clear is that the ageing process is something which is universal, progressive and degenerative.

100 years ago the average life expectancy for a man was approx 48 yrs old and for a woman approx 42 years of age, for a person to live beyond this and to reach the age of 70 was something unique and for many something to be celebrated. During this period in our society's history older people were revered for their wisdom and experience and great emphasis was placed on them. Even today in some tribal and more primitive societies older people are given a much more privileged position in their communities than what is generally found in our society.

Our society's culture has changed over the past 100 years. The factors influencing this change are due to industrialisation, urbanisation, extension of franchise, changes in work patterns and the evolution of the welfare state. What this has meant for our age structure is that it has changed substantially and that how we perceive older people has changed also.

DEMOGRAPHICS

There are more people living in the UK than there have ever been. According to social trends (2004 edition) there were 59 million people in 2002. This is 3.3 million people more than in 1971.

The current age structure of the population reflects past trends in births, deaths and migration.

One of the biggest changes in the population has been the increase in the numbers of people over 65 yrs of age.

There were 9.5 million people aged 65 yrs and over in 2002 which is a massive increase of 27% since 1971.

Projected trends would indicate that the number of people age 65 and over will exceed the number under 16 yrs of age by 2014.

The question that must be asked is why is there an increase in older people and what are the consequences for both the individual and society of an ageing society.

Historically the ageing of the population was largely the result of the fall in fertility which began towards the end of the 19th century.

Early in the 20th century lower mortality helped increase the number of people surviving into old age. More recently lower fertility rates and falls in death rates for older people have contributed considerably to the increase in the numbers of people living to the age of 90 and beyond.

The factors which have contributed to this include:

- Emergence of the welfare state
- Rise in the standard of living
- Developments of new medicines and treatments
- Research into disease
- Better housing
- Better sanitation
- Health education
- Availability of foods
- Lower retirement age

PROBLEMS ASSOCIATED WITH AN 'AGEING POPULATION'

Today the issue of an ageing society is met with either ignorance or cynicism. Ignorance with regard to the problems which face many older people or cynicism because of the negative image many people have of old age.

Older people in our society have gradually become one of the marginalised or socially excluded groups in our society. Our society has socially constructed the idea of old age through our emphasis on our ability to be economically active and also through the introduction of a state retirement age. The effect of this has been that it has created a negative image of 'old age' which has resulted in unfair and discriminatory stereotypes and labelling. The knock on effect of this is that many older people feel isolated and 'cut off' from society. Upon retirement many older people feel of little value and redundant because they are officially no longer economically productive. Our societies culture places greater emphasis on a person's status during their working life and when the individual retires they lose that status and for many adjusting to being retired can be difficult.

In addition many older people because they are living longer have insufficient funds to deal with a long retirement. Many very elderly people are having to live on pensions which barely meet their needs. Research would indicate that poverty associated old age is now a real and growing problem. Although agencies such as Age Concern have lobbied government to raise the level of pensions for older people they have had little luck to date.

Because many older people are now living longer and are based in the community a further problem facing them is their vulnerability. Newspaper reports have highlighted the plight of many older and very frail people who living in fear in their own homes. Reports of attack against older people are on the rise as the perpetrators of such attacks view older people as easy prey. Very often the victims of such attacks are left in an even more vulnerable position and suffer from panic attacks, depression and fear.

The government's response to the problem of an ageing society has been slow and gradual.

Although the advent of a welfare state has done much to provide security for the most vulnerable in our society it has also in many ways created the problem also.

GOVERNMENT RESPONSE

During the 1940's the Social Democratic political ideology dominated welfare provision. The idea of a cradle to the grave provision was welcomed by everyone in society. The idea of a paternalistic state protecting its individuals was a real vote winner and practically meant that vulnerable groups such as older people would receive the protection they were entitled to. The negative side of this is that for many groups such as older people it did lead to institutionalisation of such groups in long stay hospitals, residential homes and nursing homes. Whilst protected in such accommodation allegations of abuse, over medication etc were widespread.

By the late 1970's the number of people being cared was rising dramatically as was the cost to the public purse. The government response was radical. The New Right ideology which was favoured by the then Prime Minister Margaret Thatcher meant that vulnerable groups were being moved back into the community. Her policy on community care although welcomed was also criticised for its under funding and heavy reliance on informal carers. In addition she cut the occupational pension link with the rate of inflation, raised the pension age for women from 60 to 65 years of age and during her years in power the position of older people did not improve significantly.

The position of older people in our society has improved somewhat under new labour but one feels that this has only come about because of the current pension crisis. Undoubtedly, pressure groups, media influence and the influence of the EU has influenced government to take more proactive steps to address the plight of older people in our society. Current measures include discretionary winter payments, rise in the state pension, tax incentives for people to save for their retirement. Despite this older people still feel under-valued and ignored by the society in general.

CONCLUSION

This report has attempted to examine the issue of an ageing population. It has researched the issue from a demographic and statistical perspective and has critically examined the issue and government's response. The issue of ageing in our society is a real and significant one which is unlikely to go away unless government take more affirmative action to tackle the issue.

Word use: 1417

Application of the Mark Scheme

General comments

The student chose to investigate the ageing process as her social or welfare issue. It was a relevant topic and the work produced was well-structured, accurate in content and demonstrates both knowledge and understanding.

The strengths of the work were:

- accurate, general knowledge and understanding shown
- use of relevant sources
- well structured and fluent
- good use of English, accurate spelling and grammar.

The weaknesses in the work were:

- the work whilst accurate was very general in content and not analytical enough
- there was a heavy reliance on secondary sources which were not accurately referenced and no bibliography was attached to the assignment
- there was a lack of primary research which would have added an extra dimension to the work
- the work viewed old age in a negative way and did not highlight the positive aspects of old age. The work therefore lacked balanced.

A01: Knowledge, understanding and skills

The knowledge and understanding demonstrated by the student was accurate and relevantly related to the topic. The inclusion of aims and objectives would have allowed the student to focus more relevantly on the topic and achieve a greater balance, depth and breadth. The content of the work while fluent was general and descriptive. The level of explanation was accurate but there was a lack of analysis in the student's work.

Some aspects of Mark Band 2 have been met

9 marks

A02: Application of knowledge, understanding and skills

The student has researched the topic and used relevant sources to demonstrate her knowledge and understanding. The work is well organised and structured but there is a lack of depth and breadth to the work. The work produced does not go far enough into the issue and is very one-sided – negative. In addition while all sections of the unit content have been covered and applied to the issue there was not enough overall depth.

Some aspects of Mark Band 2 have been met

9 marks

A03: Research and analysis

This is probably the greatest weakness in the student's work. There was an over-reliance on secondary sources which while demonstrating the student's ability to research was not accurately referenced throughout or at the end with a proper academic bibliography. In addition if the student had carried out some primary research eg with Age Concern, then the work would have developed the depth that was missing and given the work a more realistic dimension. The other major problem was that the work was not analytical enough throughout. The work was heavily descriptive and explanative.

All aspects of Mark Band 1 have been met

7 marks

A04: Evaluation

As already stated the major weakness in this student's work was the lack of balanced argument. The level of evaluation was weak and disappointing. This is a consequence of the student's research technique which was heavily reliant on secondary sources and lack of specific set of aims and objectives which would have allowed the student to then achieve a balance and evaluate her topic more fully.

Some aspects of Mark Band 1 have been met

6 marks

Total: 31 marks

Appendices

Appendix A: Observation records

Appendix B: Glossary of key terms

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Appendix H: Assessment guidance

Appendix A: Observation records

Candidate name:

Unit title:

Activity context:

Assessment criteria:

Activity:

Supporting evidence:

Assessment summary:

Assessor: _____

Signature: _____

Date: _____

Appendix B: Glossary of key terms

Abnormal behaviour: behaviour that does not conform to what is considered acceptable by people in society.

Absolute poverty: being without the basic means to pay for essential items such as food, clothing and housing.

Abuse: treatment of an individual to cause them harm.

Accountability: responsibilities of workers to act according to the directives of their professional body.

Acquired disorder: a disease or disability that appears after birth such as an infectious disease.

Active immunity: a resistance to infection that involves an individual making their own antibodies.

Active listening skills: listening skills that are used during interactions.

Addiction: dependence on a substance such as alcohol or nicotine or on an activity.

Adolescence: the third life stage from 11-18 yrs.

Adulthood: the fourth life stage from 19-65yrs.

Ageing process: changes in the human body over time.

Amniocentesis: a method of genetic screening of a foetus inside the womb.

Aneurysm: a swelling of the wall of a blood vessel that occurs where the blood vessel is damaged or weakened.

Angiogram: an X-ray examination of blood vessels. Often used to detect atherosclerosis of coronary arteries.

Anorexia nervosa: an eating disorder that results in severe weight loss.

Antenatal: period of foetal development in the womb.

Antibody: proteins produced by the immune system in response to stimulus by antigens.

Anti-discriminatory practice: actions to discourage discrimination against people based on gender, class, disability and religion etc.

Apgar score: a point score used to assess the health of a baby directly after birth.

Assessment: a report carried out to assess the needs of clients. Assessment forms the first stages of care planning.

Autism: a disorder of the development of communication and social skills.

Attachment: the development of a strong emotional link between a child and his carers.

Autonomy: the ability to be independent and sufficiently informed to be able to make one's own choices.

Bacteria: a group of micro-organisms that are classified according to their shape. Certain bacteria cause infectious diseases in man such as food poisoning, meningitis, typhoid fever and MRSA.

Balanced diet: a daily diet that contains all the groups of nutrients in the correct amounts to maintain health and fitness.

Barriers to communication: any difficulty that can occur to prevent carers communicating properly with their clients.

Basal metabolic rate: BMR — the basic amount of energy required allowing the body to carry out its essential processes such as breathing and heartbeat.

Behaviour: the way in which people conduct themselves.

Benefits: statutory payments from the government given to support certain groups of people in society.

Beveridge report 1942: the government report that resulted in the formation of the welfare state.

Bibliography: a list of secondary sources of information such as articles from journals, newspapers or books that have been used in researching material for an assignment.

Black report 1980: a report entitled '*Inequalities in Health*' produced by Sir Robert Black that highlighted differences in health status linked to various socio-economic factors.

Blood pressure: a measure of the force exerted by the blood on the walls of arteries. Systolic pressure is that exerted when the heart is contracting. Diastolic pressure is that exerted by the blood when the heart is relaxing.

Body mass index: a measure calculated from a person's height and weight to assess whether they are underweight, of normal weight, overweight or obese.

Bonding: parental response to child attachment.

Braille: a form of writing based on using patterns of raised dots that allow visually impaired people to read and communicate.

Bulimia nervosa: a compulsive eating disorder characterised by periods of overeating followed by self-induced vomiting.

Bullying: a type of abuse that involves threatening, intimidating, harassing or being violent towards another person.

Care organisations: agencies that provide care for a variety of client groups in a number of ways.

Care plans: a staged process that involves working out a client's needs (assessment) and implementing a method of the delivering of that care to the client.

The care system: all the care organisations professional carers, self-employed practitioners and informal carers who provide care to clients throughout the UK.

Care settings: any setting that provides care for clients such as nurseries, residential homes, hospitals and hospices.

Care value base: a basic set of values that encompass good practice when dealing with clients. Some of these values include treating all people with dignity, fostering equality and the client's rights and maintaining confidentiality of client information.

Centile charts: charts used to measure such parameters as a child's physical growth against the accepted norm for the age of the child.

Challenging behaviour: patterns of problem or difficult behaviour that may put at risk the safety of the carer.

Childhood: second life stage from 4-10 yrs.

Child protection: sets of guidelines that safeguard and protect the welfare and rights of children. Supported by the 1989 Children Act.

Children Act 1989: an act of parliament that sought to update and improve the law with respect to children's rights and child protection.

Client: the person on whom the health or social care package is based.

Code of practice: documents for carers and clients that outline agreed and acceptable methods of working in the care profession.

Communication: the way in which information is passed on or exchanged between carers and between carers and clients in health and social care organisations.

Community health care: treatment and care that is practiced in the community – outside of hospital.

Confidentiality: maintaining the privacy of all information about any client. This is a basic principle of all good health and social care practice.

Data Protection Acts 1984 and 1998: Acts of Parliament that govern confidentiality and allow people to access their personal information stored on computer or on paper.

Day care: care provision for certain clients such as young children and the elderly that supports client need during certain times such as nursery provision for under fives and day centres for the elderly.

Death rate: the number of deaths per year per 1000 people in the population.

Dementia: illnesses that result from the degeneration of the brain leading to a decrease in mental ability.

Demography: the study of trends in populations.

Department of Health: part of the government that is responsible for planning and managing statutory health and social care services.

Dependant: a person who relies on another for physical, emotional, social, intellectual or economic support.

Development: the acquisition of new skills and abilities.

Development norms: the expected pattern of growth and development for a client at a particular age.

Diabetes mellitus: lack of ability to control the level of glucose in the blood.

Diet: the type and quantity of food regularly consumed by a person.

Disability: inability to carry out any activity due to a physical or mental impairment.

Discrimination: treatment, based on a form of prejudice, that is unfair to a client.

Disease: a state of ill health.

Disempowerment: preventing clients from having rights and choices to which they are entitled.

District nurse: nurses who work with patients or clients in their homes and in the communities in which they live. These nurses usually work closely with GP's and are generally based in a health care centre.

Domiciliary care: home care services within the private sector.

Dysfunction: the lack of functioning of part of, or an entire human body system.

Early years curriculum: the programme that all children follow in primary school. It provides a foundation for their learning.

Early years workers: professionals who work in child care and early years education with clients aged 8 and under.

Educational psychologist: a professional who is responsible for assessing and supporting children with special needs education.

Egocentrism: unawareness that others may have different viewpoints to yourself.

Empathy: the ability to sense what other people are feeling and to be able to give adequate support as necessary.

Empowerment: allowing someone to have sufficient strength, confidence and knowledge to act on their own initiative and make decisions.

Epidemiology: the study of the nature, incidence and distribution of diseases.

Equal opportunities: giving all clients irrespective of race, religion, gender etc the right to access services and be treated fairly.

Ethics: moral codes of practice based on the care value base.

Ethnic groups: groups of people who belong to the same race or religion.

Family: individuals who are related by birth, adoption or marriage.

Food hygiene: dealing with food in a clean and hygienic manner so that it is safe to consume.

Formal services: care services provided by care organisations and by self-employed professionals.

Funding: money that is provided to allow health and social care services to function. This funding can come from a variety of sources such as central and local government, charitable donations and businesses.

Gender: the identity of males and females.

General Social Care Council: an organisation set up by the government in 1998 to lay down standards of practice and conduct for people working within the social care framework.

Genes: instructions held on the cells chromosomes that dictate the body's development.

Genetics: The study of the genes held by an individual.

Genetic counselling: information given to people that have genes that may result in a disease or disorder being passed on to their offspring.

Growth: increase in physical size or mass that occurs as a person moves through their life stages of infancy and childhood into adulthood.

Health: this is defined as 'a state of complete physical, mental and social well-being and not just the absence of disease or infirmity' (World Health Organisation 1948)

Health care workers: health professionals who care for clients with medical-related illnesses.

Health care: care that is provided through the National Health Service. This can be accessed through a variety of statutory, voluntary, private and informal providers.

Health care assistants: support trained nurses in carrying out a variety of general nursing duties.

Health of the Nation: a government report presented to the House of Commons in 1992 that set out a national plan to improve the health of people living in England.

Health promotion: campaigns to provide people with information and advice to allow them to be informed about their own health and well-being and to be able to improve it.

Health visitor: a trained and registered nurse who has undergone further training to be able to support babies and young families and the elderly in their own homes. They usually work from a GP's surgery or from a health centre. They are also concerned with health promotion.

Hereditary: genetic characteristics passed on from one generation to the next.

Homeostasis: maintaining the internal environment of the body within a steady state such as controlling the amount of glucose in the blood so that it is kept within the normal range for health.

Hormones: chemicals secreted by endocrine glands into the blood where they travel to a target organ to have a controlling effect.

Hospice: a service set up to offer care for the terminally ill.

Hypothesis: a statement or theory based on a research question that can then be explored to gain relevant information about it.

Income: the amount of money that a household or individual receives.

Independence: having the ability to carry out all essential and lifestyle tasks without support. Care professionals act to encourage as much independence as possible in their clients.

Inequalities in health: differences in health status caused by socio-economic factors such as poverty, unemployment and education.

Individualised care: care packages that meet the needs of individuals.

Infancy: the first life stage from birth to three years.

Informal care: care provided to a client by family, partners or close friends.

Intellectual development: the development of thinking and learning skills.

Interpersonal skills: communication skills demonstrated by an individual that allow them to interact effectively and appropriately with others.

Intervention: action taken by a carer to facilitate care provision that will improve a client's health and well-being.

Key worker: a named person who has overall responsibility for providing and co-ordinating a client's care.

Labelling: giving an individual an identity that is based on stereotyping as a result of attitudes and prejudices.

Language development: how a baby or young child develops their communication skills through a variety of sounds and noises that develop into words.

Later adulthood: the final life stage – 65 years and over.

Life event: an incident or experience that has a major effect on an individual's life and personal development.

Life stage: a defined period of growth and development.

Lymphatic system: a body system that is concerned with transport of body fluids and the immune response.

Malnutrition: lack of health and well-being due to an inadequate or unbalanced diet.

Marginalisation: the isolation or exclusion of a group of people or an individual from society.

Maturation: the process of growth and development that occurs throughout life and is controlled genetically.

Means testing: a method of measuring whether individuals are entitled to various benefits based on their individual circumstances.

Meningitis: a disease resulting in the inflammation of the meninges lining the brain and spinal cord. This may be viral or bacterial in origin.

Menopause: the ending of menstruation that occurs during later adulthood in women.

Mental Health Act: an Act of Parliament that allows clients suffering from mental disorders in England and Wales to receive care under supervision after leaving hospital.

Methicillin-resistant staphylococcus aureus – MRSA: a bacterium that is resistant to most antibiotics and is the cause of a number of hospital acquired infections resulting in the death of some patients.

Midwife: a qualified health care practitioner who works with pregnant women before, during and after the birth.

MMR: a triple vaccination given to offer protection against mumps, measles and rubella.

Multidisciplinary teams: teams made up from a variety of health and social care practitioners who work together to meet the needs of clients.

Munchausen syndrome: a personality disorder where an individual seeks to obtain medical treatment by a non-existent disease. This may involve causing harm to others in 'Munchausen by proxy'.

National Care Standards Commission: an independent body set up as a result of the Care Standards Act in 2000 to regulate private and voluntary health care and social care services in England. A number of services are required to register with the commission such as: care homes, children's homes, private hospitals and voluntary adoption agencies.

National Institute for Clinical Excellence (N.I.C.E.): an organisation of health professionals who give information regarding care and clinical treatment and its cost effectiveness.

National minimum wage: The least amount of money paid to employees per hour set by the Low Pay Commission.

NHS and Community Care Act 1990: an Act of Parliament that resulted from the government white paper 'Caring for People' introducing reforms such as local authority care plans into the NHS and social services.

Nature: growth and development influenced by genetics.

Nicotine: addictive drug found in cigarettes.

Non-verbal communication: communication using body language and gestures.

Notifiable diseases: infectious diseases which, when they occur, must be reported to the relevant authority. Examples of these diseases include: diphtheria, hepatitis A and hepatitis B.

Nursing and Midwifery Council: the regulatory body set up in 2002 to regulate nurses and midwives.

Nurture: environmental factors that contribute to an individual's development.

Nutrition: the study of diets and the way in which food is used by the body.

Obese: being excessively overweight.

Observation: a method of study involving a person watching the behaviour of another person or group of people. Observation can be participant or non-participant.

Occupational diseases: diseases that are caused by exposure to substances in the environment or a repetitive physical act.

Occupational therapist: trained professionals who work with clients to help and support them to regain essential skills or make best use of their skills.

Ofsted (Office of Standards in Education): an organisation that inspects, monitors and reports on the services provided by early years services, schools and FE colleges.

Osteoporosis: a disorder that results in the reduction of bone tissue causing brittle bones. It is most often seen in the elderly.

Paediatrician: a doctor who specialises in treating children.

Parkinson's disease: a degenerative disorder of the nervous system.

Passive immunity: having immunity to a specific disease due to antibodies produced from another source being injected into the individual.

Personal care: care that meets the personal needs of a client including washing, bathing and toileting.

Physical health: well-being of the body.

Policies: statements that are laid down by an organisation to tell care workers how to implement codes of practice and statutory laws in their place of work.

Pollution: the contamination of the environment with harmful substances.

Prejudice: pre-conceived ideas about a person that result in hostile feelings and discriminatory attitudes towards them.

Pressure groups: groups who put their ideas and values forward to authorities such as parliament to raise awareness of issues and highlight the needs of individuals and groups in society and to look at ways of improving services.

Private practitioners: care workers within the private sector who charge their clients' fees for their services in order to make a profit.

Primary health care: health care provided in the community such as by GPs, health visitors, community nurses and dentists.

Professional referral: referral of a client to a health or social care practitioner by another practitioner.

Puberty: physical changes that occur in the body during adolescence resulting in the development of secondary sexual characteristics and the ability to reproduce.

Public health: the health and well-being of a given population and all the factors that may affect it.

Qualitative data: information that cannot be recorded in charts or statistics or numerically. This information usually reflects people's ideas and attitudes and opinions about a subject.

Quantitative data: information that can be presented numerically in charts graphs or statistics.

Race Relations Acts 1976 and 2000: Acts of Parliament that make it illegal to discriminate against an individual on the grounds of their colour, race, religion or ethnic origin.

Racism: discrimination against and unfair treatment of an individual or group of people on the basis of their race.

Radiographer: trained professionals who work as part of a multidisciplinary team to carry out X-rays and a variety of other scanning procedures and to administer radiation treatment to clients.

Radiotherapy: treatment of diseases such as cancers using radiation.

Rationale: the reasons for carrying out research into a particular subject.

Referral: the process of applying for a care service.

Registered nurse: a trained professional who has completed an approved nurse-training programme.

Reminiscence: discussion and information sharing amongst elderly clients that includes sharing memories from the past.

Research methods: methods such as interviews, observations and questionnaires used to collect information about a topic.

Respite care: a care service that provides short-term care for clients to give their informal carers a rest.

RIDDOR (Regulations for Reporting of Injuries, Diseases and Dangerous Occurrences): regulations that cover the reporting of accidents and ill health at work and give guidance for safe practice in the work place.

Role model: an individual whose behaviour may be copied or aspired to by others.

Royal College of Nursing: A professional organisation for nurses.

Self-concept: an individual's view of 'who they are'.

Self-esteem: the worth or value that a person attributes to him or herself and their skills and abilities.

Self-image: how a person views themselves.

Self-referral: the type of referral to a care service when an individual applies for the service themselves.

Service user: the client or patient who is using the health or social care service.

Sex Discrimination Acts 1975 and 1986: Acts of Parliament that make it unlawful to discriminate against an individual on the basis of their gender or marital status.

Sexually transmitted diseases: diseases caught by unprotected sexual intercourse with an infected partner.

Signs and symptoms: indication and features of diseases. Signs are seen by people other than the individual who is suffering with the disease. Symptoms are felt only by the patient.

Social Care: non-medical help and support given to people who are vulnerable or at risk.

Socio-economic factors: factors that can affect an individual's health and well-being such as income, housing and education.

Socialisation: the process by which people learn about themselves and others and interact with one another.

Social care worker: a professional who gives social care support.

Social Exclusion: the way in which an individual can become isolated in society. This can be due to a variety of factors including lack of education and unemployment.

Statutory sector: care services that the government is under obligation to provide.

Stereotype: applying a particular label to an individual or group of people in society that is based on assumed attitudes or beliefs.

Stress: the feeling of an individual that the demands on them outweigh their ability to cope.

Target group: a group of people that have been identified for a particular purpose such as being the correct group to aim a health promotion activity at.

Team: a group of individuals who work together for a particular aim or purpose.

Tertiary care: care that is offered through specialist hospital services.

Third-party referral: when a non-health professional applies for a care service on behalf of another individual.

Third Party Referral: an organisation set up by the government in 1998 to lay down standards of practice and conduct for people working within the social care framework.

Unemployment: this describes the situation when an individual of working age does not have a job.

Ultrasound: a type of diagnostic imaging that uses high frequency sound waves. It is commonly used to scan a foetus to check for normal anatomical development.

Vaccination: a method of producing immunity to a disease by injecting a changed form of the disease into an individual to promote the formation of relevant antibodies to the disease.

Value base: all care values.

Vegans: people who eat no animal products.

Vegetarians: people who do not eat meat or fish.

Verbal communication: the transmission of information using speech.

Voluntary care sector: non-government controlled organisations that provide care services that are free of charge.

World Health Organisation: a branch of the United Nations concerned with world-wide issues of health.

Appendix C: Witness statements

Candidate name:	Candidate number:
-----------------	-------------------

Unit title:

Activity context:

Assessment evidence:

Observation notes:

Witness: _____ Signature: _____

Job role: _____ Date: _____

Assessor comments:

Assessor: _____ Signature: _____

Date: _____

Assessor comments:

The witness report was discussed and confirmed with the Care Assistant

Assessor: T. Owens

Signature: T. Owens

22 09 04

Appendix D: Internal assessment tracking sheets

Sheet 1: Qualification tracking sheet

AS GCE Health and Social Care

Candidate number	Name	Unit 1 mark and date achieved	Unit 2 mark and date achieved	Unit 3 mark and date achieved	Unit 4 mark and date achieved	Unit 5 mark and date achieved	Unit 6 mark and date achieved	Assessor signature	Units sampled – internal moderator's signature

Signature of assessor: _____	
Signature of internal verifier: _____	Date: _____

Sheet 1: Qualification tracking sheet

A2 GCE Health and Social Care

Candidate number	Name	Unit 7 mark and date achieved	Unit 8 mark and date achieved	Unit 9 mark and date achieved	Unit 10 mark and date achieved	Unit 11 mark and date achieved	Unit 12 mark and date achieved	Assessor signature	Units sampled – internal moderator's signature

Signature of assessor: _____	Date: _____
Signature of internal verifier: _____	

Sheet 2: Individual candidate record sheet

AS GCE Health and Social Care

Centre number:	Centre name:
Candidate number:	Candidate name:
Name of teacher:	

Unit number/title:	Mark band 1	Mark band 2	Mark band 3	Total strand mark	Total centre mark
Strand (a)	(0-10)	(11-15)	(16-20)	(/20)	
Strand (b)	(0-9)	(10-14)	(15-18)	(/18)	
Strand (c)	(0-5)	(6-8)	(9-11)	(/11)	
Strand (d)	(0-5)	(6-8)	(9-11)	(/11)	

Assessor feedback:

Assessor signature:

Sheet 2: Individual candidate record sheet

A2 GCE Health and Social Care

Centre number:	Centre name:
Candidate number:	Candidate name:
Name of teacher:	

Unit number/title:	Mark band 1	Mark band 2	Mark band 3	Total strand mark	Total centre mark
Strand (a)	(0-7)	(8-10)	(11-13)	(/13)	
Strand (b)	(0-7)	(8-10)	(11-13)	(/13)	
Strand (c)	(0-8)	(9-13)	(14-17)	(/17)	
Strand (d)	(0-8)	(9-12)	(13-17)	(/17)	

Assessor feedback:

Assessor signature:

Appendix E: A guide to report writing

What is a report?

A report is a conventional method of presenting precise information. A report may be used to convey an assessment of any situation or the results from qualitative and/or quantitative data analysis. A report has clearly stated aims. It is tightly focused on the subject of the investigation. A really effective report will also be compelling and simulating to read.

Producing a report

To help you to produce a report four stages in the process have been identified for you to follow. This may help you to tackle key issues and understand the task set. These four stages are:

- A preparation
- B planning
- C writing
- D pre-submission editing.

A Preparation

The first stage is to make a choice from the list of titles – in particular do you want to do some primary research? Choose a title that you are interested in.

The time spent at this stage of producing the report is vital. Careful preparation is an investment. It allows you to make the best use of time available. During this period you should decide **what** you are writing and **why**, before resolving **how** to write your report.

Establish the broad focus of your report first with reference to the specification and assessment objectives and then with reference to the generalisation. Undertake some individual background reading using the suggested bibliography. Use a search engine to look for more possibilities. This enables you to **define the subject and your aims more precisely**. If you are going to do some primary data collection it is best to make your appointments for people you need to see, and do an initial survey at this stage.

When you have completed your reading and feasibility study, review the key issues and research methods that will be used within your report. Make a note of them.

B Planning

Planning is essential. It saves time and promotes clarity in collecting the information you require in organising the material and in writing the report.

You will find it easier if you break the whole process down into a number of distinct tasks:

- i data collection and analysis can be broken down either according to the source or the subsection of the report
- ii similarly the writing process can be broken down – the writing of text into subsections, and the presentation into graphs and tables.

You will also be faced with a number of questions:

- 1 What evidence is needed to meet the overall objective of the report?
- 2 Where is that evidence?
- 3 How much evidence should be collected?
- 4 How should the evidence be analysed?
- 5 How should the evidence and the analysis be ordered for writing the report?

Attempting to deal with all these factors in a chaotic way leads to confusion and wasted effort. Therefore, after 'preparation' you should begin to plan the data collection, analysis and writing process. **Good organisation is the key to success.**

Using the following sequence may help you to plan and to determine the method for writing your report:

- a identify the sources of evidence (data and/or literature) and look for a range of views on the issue
- b decide what is the most appropriate and relevant evidence to collect. **Be precise in this, understand the evidence**
- c decide how you will present your findings including the order in which they will be used to create a structure to the report – **the plan**
- d identify likely figures – maps, tables diagrams and think how you can use them
- e decide on the order of priority of each of the tasks
- f draw up a realistic timetable for the completion of each task, including writing the draft of the report.

C The writing process

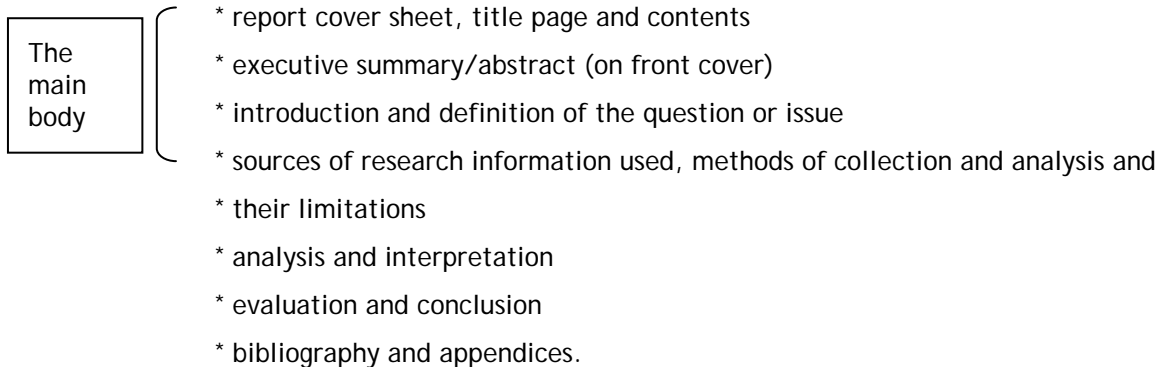
There are three main factors to consider at this stage to give your report a sound framework, clear style and an attractive appearance:

- 1 Structure
- 2 Language
- 3 Presentation.

1 Structure

You need to give form and shape to your report. A basic structure helps the reader digest the report. It also helps you to write and organise your material logically.

A structure implies the assessment criteria, but your report should have the following:



First concentrate on writing the body of the report.

The following order for writing is suggested.

The bulk of the report

a Analysis and interpretation

This is the section in which you present your findings. When you are writing this section all of your material should have been sorted, selected and arranged in note form. This section includes:

- i the results of your analysis
- ii your interpretation of those results.

This section forms the basis for your conclusions. You should help the reader by ending each separate section with its own conclusion.

Just a couple of sentences here – perhaps 100 words. Full details could be in an appendix

b Methods

In this section you should discuss:

- i the sources of evidence you have used and then possible bias
- ii how you have collected and analysed the evidence
- iii the limitations of the sources and methods of collection and analysis.

c Conclusions

This section is a summary of all the major findings made at stages throughout the report. No new evidence should appear here. The conclusion considers the evidence presented in the main body, draws out the implications and brings it to one overall conclusion or an ordered series of final conclusions.

d Introduction

After having written your findings and conclusions you now know clearly what you want to introduce. The introduction is where you acquaint the reader with the purpose of the report and guide them through the structure of your report.

e Appendices

This section is set aside for supplementary evidence not essential to the main findings, but which provides useful back-up support for your main arguments, eg a transcript of an interview or analysis of a complex set of statistics.

f Contents

All the sections of the report should be listed in sequence with page reference.

g Bibliography

This section covers the books and other sources which have been used in your research. It must include every reference mentioned in the text and be presented correctly.

h Title page

This should include the title, which indicates the central theme of the report. It should also include the candidate's name and the date of completion of the report.

i Executive summary or abstract

This is a very important part of the report. And should be the last thing you write. You need to read through your report and develop a list of headlines. An executive summary outlines the key issues of a report.

Not included in word count

Only 50 words not included in word count.

2 Language

First impressions count. It is unwise to put the reader off before they have even studied the report.

You are solely responsible for what you write and the words you choose to express your thoughts. Remember that although you might have an individual 'style' of expression this does not excuse poor English. Your style will not necessarily be immediately apparent to the reader, but poorly expressed English will be. Your sentences must be grammatically correct, well punctuated and words must be spelt accurately.

Poor writing regularly indicates muddled ideas. You do not really know what you are saying until you put it into words that another person can easily understand. Remember you are writing to communicate not to perplex or impress. Avoid jargon. Focus on the specific purpose of the report. Every part of the report should relate to it and this will help keep the report concise and coherent.

Accuracy is vitally important so always be precise. Ensure that you are using the correct words. **Clarity is essential.** Do not write phrases or sentences that may have more than one meaning. To avoid this you must know precisely what you want to say. **Know the material you are trying to convey.**

Other important things to remember.

Keep sentences short and simple. Long complex sentences slow the reader down and confuse and impede understanding. The same applies to paragraphs.

Poor spelling automatically detracts from your work and will annoy the reader. Use a dictionary and you can also check the final document using the spell checker on the PC. (Remember, however, that this may well use American spellings and its dictionary may not include all the words you use in the report.)

3 Presentation

Your report must look good in addition to reading well. Adequate headings and numbering make it easier for the reader to comprehend what you are saying. This stage of report writing requires the same level of care that went into composing the text. Do not be afraid to use **bullet points** to present arguments.

The presentation of statistics is often more informative and eye-catching if shown visually: for example by using tables or pie charts.

Layout is important. This is the relationship between print and space on the page. This applies whether it is hand-written or word-processed. A crowded page with dense blocks of writing and little space looks unattractive and is off-putting.

Always ensure that there are:

- adequate margins
- either double or 1.5 spaced lines
- headings that stand out clearly from the page.

D Pre-submission editing

It is important not only to read the draft through from start to finish before submission but also to edit and refine the report. It is easy when word-processing.

As you read, mark the pages which will need attention later. Do not stop to deal with them now. You will need to get a feel of the overall structure and impact of the report first so your initial read through must be continuous. Put yourself in the reader's shoes and be highly critical of what you have written.

Proof reading is vitally important. Regardless of the time and effort put into writing the report, the required result will not be achieved without sufficient care devoted to proof reading. A poorly typed report, full of errors and inconsistencies in layout, has a damaging effect regardless of the quality of the content.

- a The report must be checked in great detail, for grammar and spelling errors.
- b Ask yourself whether you could have expressed yourself in a better way. If so change the sentence or the paragraph.
- c Decide whether the structure of the main body of work is really the most suitable one to present your material, ideas and arguments.
- d Is each paragraph structured well? Make sure that every idea or piece of information has a separate paragraph.
- e Are all the references in the text included in the bibliography with full formal details?
- f Does the report fulfil the stated aims and assessment objectives?
- g Is your argument watertight and easy to follow?
- h Does your conclusion make your argument all the more convincing?
- i Does your executive summary/abstract convey the key points of the report?
- j Finally, assess the layout and general appearance of the document.

Appendix F: Induction session

Introduction

The aim of this induction session is to introduce you to some of the words that you will commonly see in the GCE assessment grids and in the activities that you are given. It is also a team building exercise, as you will work with other members of your course to discuss results and produce a final answer chart, which you as a team, will discuss with your teacher.

Task

- Work in pairs. Look at the following list of words (active verbs) and definitions.

You are to decide which word goes with which definition – you are to pair/match them up.

In the box next to a definition place the word that you believe pairs up to that definition.

The words are only to be placed in a box once and there is to be only one word chosen per box. The first definition has been completed for you and matched with the word 'explain'.

This is the only word to be placed in the word box.

A dictionary-definition helpsheet is attached to this activity for you to use. Dictionaries are also available if you require them.

You will be given 15-20 minutes to complete this task.

- When you have completed this you will be placed into teams (teacher to decide) where you will compare your answers and produce an overall chart of results, as decided upon by your team.

You will be given 15-20 minutes to complete this task.

- Finally the teams will discuss their results with the teacher and be given the correct answers by the teacher.

This will take 15-20 minutes to complete.

Activity

Active verbs (words)

Identify	Describe	Evaluate
Justify	Explain	Evaluate critically
Analyse	Compare	Summarise
Contrast	Discuss	
Investigate/explore	Interpret	

Results chart (including definitions):

Definition	Active verb
To give reasons, purposes and/or the procedure for/how. For example 'Why did you choose that method?' Or, 'How was the procedure undertaken?' A student would normally introduce the topic and then provide details showing depth and also a breadth of knowledge and/or skills about a topic.	
To examine minutely, breaking down into component parts, identifying characteristics and carrying out tasks, which enable results to be interpreted, and findings presented.	
To examine a subject from all angles, without preconceptions.	
To identify and show the similarities and differences, or advantages and disadvantages between two or more things. Additionally, this may be extended by bringing together the findings in a description.	
To select, name and list item(s) as appropriate from information given or collected by the student.	
To clarify why a particular course of action was taken because of key reasons that were considered right at the time.	
To put forward both sides of an argument, identifying the salient points. This could be through group discussion or in writing.	
Show the differences between two or more things.	
To bring together all the main points of a subject.	
To paint a picture in words, setting out the characteristics.	
To carry out a review of activities/information and judge whether the outcomes met what was agreed/decided at the beginning; bringing together information to form a conclusion and from this making revisions for improvements.	
To define the meaning of, by translating information into a recognisable form.	

Teacher's copy (including answers)

Results chart (including definitions):

Definition	Active verb
To give reasons, purposes and/or the procedure for/how. For example 'Why did you choose that method?' Or, 'How was the procedure undertaken?' A student would normally introduce the topic and then provide details showing depth and also a breadth of knowledge and/or skills about a topic.	EXPLAIN
To examine minutely, breaking down into component parts, identifying characteristics and carrying out tasks, which enable results to be interpreted, and findings presented.	ANALYSE
To examine a subject from all angles, without preconceptions.	INVESTIGATE/EXPLORE
To identify and show the similarities and differences, or advantages and disadvantages between two or more things. Additionally, this may be extended by bringing together the findings in a description.	COMPARE
To select, name and list item(s) as appropriate from information given or collected by the student.	IDENTIFY
To clarify why a particular course of action was taken because of key reasons that were considered right at the time.	JUSTIFY
To put forward both sides of an argument, identifying the salient points. This could be through group discussion or in writing.	DISCUSS
Show the differences between two or more things.	CONTRAST
To bring together all the main points of a subject.	SUMMARISE
To paint a picture in words, setting out the characteristics.	DESCRIBE
To carry out a review of activities/information and judge whether the outcomes met what was agreed/decided at the beginning; bringing together information to form a conclusion and from this making revisions for improvements.	EVALUATE
To define the meaning of, by translating information into a recognisable form.	INTERPRET

Help sheet

Active verb	Dictionary definitions and associated words
Identify	Establish, identify, name or associate with
Describe	Give detailed account of
Interpret	Explain; translate
Justify	Prove right; vindicate
Explain	Make clear; intelligible; account for
Evaluate	Find or judge value of
Analyse	Separate into elements or components; examine critically; determine constitute parts
Compare	Notice similarities and differences
Contrast	Show differences
Discuss	Exchange opinions about; debate
Summarise	Make a brief statement of main points of something
Investigate/explore	Inquire into; examine; investigate by going through it.

Appendix G: Case studies

These case studies are taken from each unit, earlier in this document. They are reproduced here to make them easier to locate and use.

Unit 1: Human Growth and Development

Case study 1

Bruce is eight months old and is growing and developing within the norms for his age. He has an older sister, Hazel, who is 13 years of age. Hazel is very fond of her little brother and likes to look after him. She helps feeds him and plays with him. Her parents, Bill and Ann who are both 34 years of age, often praise her and tell her how clever she is.

Angela is Bruce and Hazel's grandmother. She is 58 years of age and lives on her own. She has an interesting job, but manages to see Bruce and Hazel regularly and also to visit the many friends she has.

Case study 2

Betty is 88 years of age and considers herself to be in good health. She owns her own house and does all her own shopping, cooking and cleaning. She describes herself as: *'Fit as a fiddle. I've always been one for the sports, cycling and skating and swimming and gymnastics'*. She still walks a lot and swims once a week with an evening class. She has also attended woodwork and pottery classes. Her hearing is not as good as it used to be and she has an NHS hearing aid. She has also had a period of bad eyesight before her cataract operation, but since the operation her confidence about using her computer has been restored. Her only complaint at the moment is itchy skin, but she says it is something that she can cope with and that she is lucky that this is all that bothers her. For her, health is very much about being able to carry on with her usual activities. Betty was a schoolteacher and enjoyed working with children. She never married and says that she would probably have been too independent. She clearly takes charge of her life.

Case study 3

Neil is 26 years of age and his grandmother, Elsie, is 83 years of age. They are both content and happy and both of them have many good friends. They both consider themselves healthy. Neil has a busy job as a sales assistant but he plays football every weekend and trains twice a week. Elsie is able to do all her own housework and shopping. She goes to bingo every week with her friends.

Neil's father Ed is 51 years of age and overweight. He works long hours as a lorry driver and often does overtime to earn extra money. He smokes over 20 cigarettes each day and does not take any exercise. Recently, he has felt unwell and had pains in his chest. He visited his doctor who told him he has high blood pressure and that he should consider changing his lifestyle. Ed does not see anything wrong with his lifestyle at present, apart from the fact he would like to smoke less.

Unit 2: Communication and Values

Case study 1

Gillian works as a carer in a home for people in later adulthood.

An older woman has just come to live there and she goes to see her for the first time in the morning to help her to wash, dress and have her breakfast.

The woman is clearly upset. She is Asian and English is not her first language, and it is not spoken at home. She appears to be trying to tell Gillian that she doesn't want to be in the home but that her family has forced her to leave her own home. They have told her she is too old to be on her own and that she is being a nuisance.

The woman then tells you that she doesn't want you to tell anybody.

Unit 3: Positive Care Environments

Case study 1

Juan has moved to the United Kingdom from Portugal with his wife and two young children. They have found local rented accommodation and Juan has started work in a local meat factory. He would like to get his children enrolled in a local school but his English is not very good and he is having difficulty finding information about the schools in the area.

Case study 2

Martha is 83 years of age and, until recently, lived on her own. A few months ago she fell and fractured her left hip. Both Martha and her family would like her to move into a nearby residential home but are unable to do so as the residential home is full and she will have to wait until accommodation becomes available.

Case study 3

Alfred is 53 years of age and has suffered a stroke. He has lost the use of his left arm and leg and has become very aggressive. He has difficulty accepting his disability and is refusing any help from either his family or other professionals.

Case study 4

Lisa is 21 years of age and uses a wheelchair and has just completed her degree in psychology. She has thoroughly enjoyed university life and has made many new friends. Lisa and her best friends, Aimee and Hannah decided to celebrate the end of their university life with a big party in a local nightclub. When they arrived they realised that the disco was on the second floor and there was no lift or other form of access to allow Lisa to the dance floor. They left rather down hearted.

Case study 5

Oakdene is a large residential and nursing home. It has been open for six years. There are currently 48 residents living permanently in Oakdene. The manager of the home is a very busy man and has little time to listen to either his staff or the residents' concerns.

The staff at Oakdene try very hard to provide good care but are poorly trained and poorly equipped. An example of this occurred a few weeks ago when one resident slipped and fell on some water in the bathroom. The incident was not reported or written into the accident report book. In addition to this staff can be frequently overheard talking about residents behind their backs. Some residents are getting very frustrated and annoyed at being ignored all the time.

Case study 6

The Willows nursing and residential home opened six months ago. It is owned and managed by Mrs Potts who is an ex-nurse. Willows is extremely well organised and run. Each resident has been assigned a key worker and a care plan is developed for each resident. In addition the resident's forum can bring issues to the staff and have them addressed. The staff of Willows are well trained and many of the care assistants are currently completing their NVQ Level 2 or 3 qualification. In addition, Mrs Potts takes the opportunity to provide training for staff herself.

Unit 4: Social Aspects and Lifestyle Choices

Case study 1

Peter and Aziz attend a new day centre for young adults with disabilities. At the centre there are staff and clients from over 10 different cultural groups including people from Islamic cultures, Sikhs, Hindus, Jews, Rastafarians and Somalian refugees. The centre is normally open from 10am to 3.30pm. Most of the clients have limited mobility and some use a wheelchair at the centre. Aziz and Paul would like to organise a client's group to represent user's views.

Unit 5: Activities for Health and Well-being

Case study 1

Some of the residents in a home for older people want to go and see a film at the local cinema.

One of them is in a wheelchair, two have hearing aids and another is sometimes confused and likely to wander. Most of them need a stick to help them to walk.

The cinema is in the nearby town about two miles away.

A 'spokesperson' for this group of residents comes and asks you if you will take them to see this film including doing all the planning and organising.

The group of students is divided into two groups and each group plans, organises and implements this outing in a role play for the other group.

All aspects of the activity are undertaken from considering the benefits to the service users, all aspects of planning, organising, implementing and then, later, evaluating the activity.

Unit 6: Public Health

Case study 1

Your local borough council has developed a 'Green Policy' for your neighbourhood. Unfortunately, most of the local residents do not follow the policy and continue to fill their dustbins with recyclable materials. There have also been several issues with food poisoning in the town that have been linked to three fast-food outlets and two restaurants.

In addition to these problems, the council has had a national building company constantly applying for planning permission to build on their green belt areas. They are anxious to demonstrate to the local population that this will not be allowed to happen because of their policies on land usage.

Unit 7: Meeting Individual Needs

Case study 1

Kevin is 10 years of age and lives with his mother and father. Kevin has Down's syndrome and is also mildly autistic. He relies very heavily on his mother who gave up work when he was born. Kevin can do very little for himself and needs assistance with eating and toileting. He has the mental capacity of that of a pre-school child. Kevin's behaviour has recently become very aggressive. His mother and father were unable to control him and found it very difficult to cope with. This put a great deal of strain on their relationship. Eventually they contacted their GP and explained that they needed help and respite on a regular basis. Their GP referred them to social services for further professional support.

Unit 8: Promoting Health and Well-being

Case study 1

Ayesha has made several educational visits to a local nursery and they have asked her to help with the pre-school children during the summer when several members of staff take their holidays. Several new children have joined the nursery as their parents continue to work during their holidays.

Ayesha has noted that many of the older pre-school children who toilet themselves, frequently fail to wash their hands unless constantly reminded, or provide 'lip-service' to the task by not using soap and letting only a few drops of water fall on their hands.

After mentioning this to other staff, she learned that not only had the nursery been closed for several weeks, two years ago, due to an infectious type of diarrhoea, but that lack of hand washing was a constantly recurrent problem.

Later that week, Ayesha discussed the problem with her supervisor and also mentioned that she would have a small scale health promotion to plan in the near future. There seemed to be no opposition to her promoting the washing of hands after toilet visits.

Ayesha created and typed out a consent form for carers and parents to sign and assured them that confidentiality would be maintained. She also designed a small handout briefly explaining the purpose of her campaign. As she was tackling the campaign on her own, she decided to limit the number of participants to six of the latest arrivals in the nursery. She experienced no difficulty in obtaining consent and some parents, who were not involved, expressed a wish to include their children.

With another carer acting as witness, Ayesha collected the group of young children together and explained 'the project' to them in simple language. The children were enthusiastic and wanted Ayesha to come and see them wash their hands straight away! She did so, not wishing to curb any eagerness and then explained how she needed to go away, talk to her teacher and plan some activities for a later date.

Case study 2

The occupational health staff at a local college is very concerned that the numbers of students with special needs observed smoking outside the doors of the various college buildings seem to have increased. The college adopted a 'No Smoking' policy a few years ago. The two smoking rooms are always full and some students seem to be permanently in the smoking rooms rather than attending to their studies. An application to carry out a health promotion campaign related to smoking has been well received by the governing body and now needs to be planned implemented, analysed and evaluated.

Unit 9: Investigating Disease

Case study 1

Dr Patel works in a busy health centre. Many of the patients who come and visit him have coughs and colds. He is often so busy that he doesn't take time to examine the patients thoroughly. He knows that most patients will be happy if he prescribes them some medicine. Over the years he has prescribed antibiotics many times, often without first checking that the patient has a bacterial infection.

The other doctors at the health centre are more thorough at checking whether patients have a bacterial infection before they prescribe antibiotics. These doctors say that there are more patients with bacterial infections now than ever. The manager of the health centre is concerned about the rising trend in the number of patients with bacterial infections. He has asked all the doctors, especially Dr Patel, to keep the prescriptions for antibiotics to a minimum. The manager is concerned that there might be a strain of superbug which is resistant to antibiotics.

Unit 12: Understanding Human Behaviour

Case study

Pat was cared for by her grandmother Mrs F. Pat's father was killed in a car crash when she was 18 months old and her mother could not both look after her and provide for her financially. Pat's mother chose to continue in paid work and asked her mother Mrs F to look after Pat until she started school and, after that, in out-of-school times.

Mrs F was fond of Pat and always had time to play with her. When Pat was five she began asking why she had not got a Dad like her friends. Mrs F would not spend time answering these questions but would simply say 'he died when you were a baby', and she would, from time to time, scowl at Pat for asking questions that she, Mrs F, found emotionally difficult to answer. Pat loved Mrs F but was beginning to think that there was a 'secret' about why Mrs F got so cross with her for asking about her father. Pat was beginning to think it was something to do with her 'being a baby' that had caused him to die.

By the age of six Pat was spending a lot of time by herself in the garden playing with her toys, but would often, then, run indoors searching for Mrs F and when she found her would cuddle her.

When Pat was six and a half years old Mrs F was suddenly taken ill with breast cancer and was rushed into hospital. Pat's mother had to make arrangements, quickly, to take leave from work so that she could care for Pat and also visit her mother in hospital. Pat's mother found this very tiring emotionally and physically, and she could not give Pat the attention that Mrs F had been able to do previously. She sometimes, in fact, was quite sharp with Pat when she wanted attention.

Mrs F died two months later having never left hospital. Pat had only visited Mrs F once because her mother did not think that the other hospital patients would want a 'young kid running about the ward'. Pat was not allowed to attend the funeral because her mother thought she was too young.

In her teens Pat had several very short-lived sexual relationships with boys. She did not feel good about herself when these relationships ended. In some way she blamed herself and with each new relationship she determined that she would try harder than before to make the new boy like her, but it never happened.

Then she met Andy and their relationship lasted almost a year until she became pregnant and Andy left her. She intended to keep the baby but had a miscarriage at 3 months. Shortly after that she began to self-harm – at first she cut her arms once or twice and did not cause herself serious damage. Over time however, she began to cut her arms on a regular basis and caused permanent scarring.

She kept the self-harming a secret but felt worse and worse about what she was doing to herself, realising it was becoming serious. When she was nineteen she had become so depressed and full of self-loathing that she attempted suicide. She was found by her mother and taken to hospital. It was then that people became aware of the fact that she was self-harming and was given psychological help and counselling.

Over time, the help that Pat received began to make a significant difference and the professionals that are currently taking care of Pat feel positive about her future.

Appendix H: Assessment guidance

These grids reproduce the assessment guidance information from the GCE Health and Social Care specification. It is displayed here in an easy-to-read layout, to help centres in the marking of the student's portfolio work.

For each unit the assessment guidance is given in the same format as the assessment criteria from the specification. None of this material is different from the specification, it has been rearranged to make the marking of the portfolio work easier for centres. Centres need to mark the portfolio work against the assessment criteria, and use the assessment guidance for further information to help with this.

Unit 2: Communication and Values

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band it is expected that the student will demonstrate a very low level of knowledge and understanding of communication skills and the transmission of values. They give one example of their use, and their report has a very limited use of specialist vocabulary. The report is often not accurate and has many omissions. The student offers no explanations and needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a satisfactory level of knowledge and understanding of communication skills and the transmission of values. They give three examples of their use, which are explained briefly. Their report uses correct specialist vocabulary, but not as often as possible. It is accurate, but is not explained well. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a high level of knowledge and understanding of communication skills and the transmission of values. They provide satisfactory evidence and comparisons with respect to their use, throughout the report. Their report uses correct specialist vocabulary, in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that the student will demonstrate a basic knowledge and understanding of communication skills and the transmission of values. They give one or two examples of their use, and their report has limited use of specialist vocabulary. The report is not always accurate and has some omissions. The student offers few explanations and needs some guidance to complete the work.</p> <p style="text-align: right;">(0-10)</p>	<p>At the higher end of the mark band it is expected that the student will demonstrate a clear knowledge and understanding of communication skills and the transmission of values. They give three or four examples of their use, which are explained well. Their report uses correct specialist vocabulary, throughout most of the report. It is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p> <p style="text-align: right;">(11-15)</p>	<p>At the higher end of the mark band it is expected that the student will demonstrate a very high level of knowledge and understanding of communication skills and the transmission of values. They provide ample evidence and comparisons with respect to their use, throughout the report. Their report uses correct specialist vocabulary in all situations. It is accurate and very well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(16-20)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band it is expected that the student will demonstrate a very basic application of the knowledge, understanding and skills in a work-related context. Their report is descriptive with no explanations. There is very limited use of specialist vocabulary, and the report is often inaccurate and has many omissions. Students need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate a basic application of knowledge, understanding and skills in a work-related context. Their report is descriptive with few explanations. There is limited use of specialist vocabulary, and the report is often inaccurate and has some omissions. Students need some guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a satisfactory use of a range of communication and transmission skills. The report demonstrates a satisfactory application of the knowledge, understanding and skills in a work-related context, but this is often not explained fully. They need limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate a good use of a range of communication and transmission skills. The report demonstrates a good application of knowledge, understanding and skills in a work-related context, which is explained adequately, though not fully. They need very limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a good use of a range of communication and transmission skills. The report demonstrates a high level of application of the knowledge, understanding and skills in a work-related context. They should carry out two interactions and explain how these differed from each other. Their report uses correct specialist vocabulary, in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate an excellent use of a range of communication and transmission skills. The report demonstrates a very high level of application of the knowledge, understanding and skills in a work-related context. They should carry out two interactions and explain fully how these differed from each other. Their report uses correct specialist vocabulary, in all situations. It is accurate and very well explained. Students work independently and need no support.</p>
		(0-9)	(10-14)	(15-18)

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band it is expected that the student will demonstrate very basic skills in obtaining information, using only one source. The information is very limited and not often relevant. There is no analysis of work-related issues and problems. Students need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate basic skills in obtaining information, using one or two sources. The information is limited and not always relevant. There is little analysis of work-related issues and problems. Students need some guidance to complete the work.</p> <p style="text-align: right;">(0-5)</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate satisfactory skills in obtaining information, drawn from three sources. At least one of these sources will demonstrate independent research skills. The information will be relevant and sufficient, and there will be a brief analysis, but this may be lacking in detail. Students will receive limited guidance.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate good skills in obtaining information, drawn from three or four sources. One or two of these sources will demonstrate independent research skills. The information will be relevant and sufficient, and there will be an analysis, but this may be lacking in detail. Students will receive very limited guidance.</p> <p style="text-align: right;">(6-8)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate very good skills in obtaining information from their own methods, from at least three sources of different types. The information will be relevant and extensive, and there will be a detailed analysis, which will cover some work-related issues and problems. Students will receive only occasional support.</p> <p>At the higher end of the mark band it is expected that students will demonstrate excellent skills in obtaining information from their own methods, from at least four sources of different types. The information will be relevant and extensive and there will be a good, detailed analysis, which will analyse many work-related issues and problems. Students work independently and need no support.</p> <p style="text-align: right;">(9-11)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band it is expected that the student will describe a limited number of good and bad points (one or two good and bad points). A short summary is offered and the student needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will describe a reasonable number of good and bad points (three or four good and bad points). A summary is offered and the student needs some guidance to complete the work.</p> <p style="text-align: right;">(0-5)</p>	<p>At the lower end of the mark band the student is expected to show satisfactory evaluative skills and draw brief but reasoned conclusions. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band the student is expected to show good evaluative skills and draw reasoned conclusions, based on evidence. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(6-8)</p>	<p>At the lower end of the mark band it is expected that the student shows very good evaluative skills and draws well reasoned conclusions, with some detail. Students need only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that the student shows excellent evaluative skills and draws well reasoned and detailed conclusions. They need only occasional support to complete the work. Students work independently and need no support.</p> <p style="text-align: right;">(9-11)</p>
		Total marks		

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 3: Positive Care Environments

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band it is expected that students will demonstrate a very low level of knowledge and understanding of service users' rights. They identify and provide a basic description of one aspect of a value base. The report is often not accurate and has many omissions. The student offers no explanations and needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a satisfactory level of knowledge and understanding of service users' rights. They identify and provide satisfactory descriptions of a few aspects of a value base. The report is mostly accurate but has many omissions. The student offers few explanations and needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a very good level of knowledge and understanding of service users' rights. Students can clearly explain the importance of the value base, and show a clear understanding of this. The report is mostly accurate and usually well explained. Students need only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that students will demonstrate a basic knowledge and understanding of service users' rights. They identify and provide basic descriptions of one or two aspects of a value base. The report is not always accurate and has some omissions. The student offers few explanations and needs some guidance to complete the work.</p> <p style="text-align: right;">(0-10)</p>	<p>At the higher end of the mark band it is expected that students will demonstrate a clear knowledge and understanding of service users' rights. They identify and provide clear descriptions of some aspects of a value base. The report is accurate but has many omissions. The student offers some explanations and needs limited guidance to complete the work.</p> <p style="text-align: right;">(11-15)</p>	<p>At the higher end of the mark band it is expected that students will demonstrate a high level of knowledge and understanding of service users' rights. Students can clearly explain the importance of the value base, and show an excellent understanding of this. The report is accurate and well explained. Students work independently and need no support.</p> <p style="text-align: right;">(16-20)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band, students will demonstrate a very basic application of knowledge and understanding of potential barriers to access. They are able to list and provide two very basic descriptions of the barriers and their effects. They give brief descriptions of how this is applied to the promotion of positive care environments. They need considerable guidance to complete the work.</p> <p>At the higher end of the mark band students will demonstrate a basic application of knowledge and understanding of potential barriers to access. They are able to list and provide two or three basic descriptions of the barriers and their effects. They give descriptions of how this is applied to the promotion of positive care environments. They need some guidance to complete the work.</p> <p style="text-align: right;">(0-9)</p>	<p>At the lower end of the mark band students will demonstrate a satisfactory level of application of knowledge and understanding of potential barriers to access. They are able to list and provide two satisfactory descriptions of the barriers and their effects. They give descriptions of how this is applied to the promotion of positive care environments. They need limited guidance to complete the work.</p> <p>At the higher end of the mark band students will demonstrate a clear application of knowledge and understanding of potential barriers to access. They are able to list and provide two or three clear descriptions of the barriers and their effects. They give good descriptions of how this is applied to the promotion of positive care environments. They need very limited guidance to complete the work.</p> <p style="text-align: right;">(10-14)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a very good level of knowledge and understanding of service users' rights. Students can clearly explain the importance of the value base, and show a clear understanding of this. The report is mostly accurate and usually well explained. Students need only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate a high level of knowledge and understanding of service users' rights. Students can clearly explain the importance of the value base, and show an excellent understanding of this. The report is accurate and well explained. Students work independently and need no support.</p> <p style="text-align: right;">(15-18)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band it is expected that students will demonstrate a very basic ability to research and analyse one factor that influences the creation of a positive care environment. They identify one way that policy and practice helps organisations to promote a more positive environment. Students need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate a basic ability to research and analyse two factors that influence the creation of a positive care environment. They identify at least two ways that policy and practice helps organisations to promote a more positive environment. Students need some guidance to complete the work.</p> <p style="text-align: right;">(0-5)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a satisfactory level of ability to research and analyse two factors that influence the creation of a positive care environment. They identify two ways that policy and practice help organisations to promote a more positive environment. Students need limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate a clear ability to research and analyse two or three factors that influence the creation of a positive care environment. They identify two or three ways that policy and practice help organisations to promote a more positive environment. Students need very limited guidance to complete the work.</p> <p style="text-align: right;">(6-8)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a very good ability to research and analyse three factors that influence the creation of a positive care environment. They identify three ways that policy and practice help organisations to promote a more positive environment. Students need only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate an excellent ability to research and analyse four factors that influence the creation of a positive care environment. They identify four ways that policy and practice help organisations to promote a more positive environment. Students work independently and need no support.</p> <p style="text-align: right;">(9-11)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band it is expected that students will demonstrate a very basic ability to evaluate one way in which legislation safeguards and promotes the rights of service users. Students are able to identify and describe one responsibility of organisations under relevant legislation at a very basic level. Students display very basic knowledge of methods of redress open to service users by simplistic identification and description of one method. Students need considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a satisfactory ability to evaluate two or three ways in which legislation safeguards and promotes the rights of service users. They are able to describe two or three responsibilities of organisations under relevant legislation at a satisfactory level. Students display satisfactory knowledge of methods of redress open to service users by providing explanations of two or three methods. Students need limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a very good ability to evaluate three ways in which legislation safeguards and promotes the rights of service users. Students are able to describe three or four responsibilities of organisations under relevant legislation at very good levels. Students display very good knowledge of methods of redress open to service users by providing explanations of three or four methods. Students need only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that students will demonstrate a basic ability to evaluate two ways in which legislation safeguards and promotes the rights of service users. They are able to identify and describe two responsibilities of organisations under relevant legislation at a basic level. Students display basic knowledge of methods of redress open to service users by identification and description of two methods. Students need some guidance to complete the work.</p> <p style="text-align: right;">(0-5)</p>	<p>At the higher end of the mark band it is expected that students will demonstrate a good ability to evaluate three ways in which legislation safeguards and promotes the rights of service users. They are able to describe three responsibilities of organisations under relevant legislation at a good level. Students display good knowledge of methods of redress open to service users by providing explanations of three methods. Students need very limited guidance to complete the work.</p> <p style="text-align: right;">(6-8)</p>	<p>At the higher end of the mark band it is expected that students will demonstrate an excellent ability to evaluate four ways in which legislation safeguards and promotes the rights of service users. Students are able to describe four responsibilities of organisations under relevant legislation at an excellent level. Students display excellent knowledge of methods of redress open to service users by providing explanations for four methods. Students work independently and need no support.</p> <p style="text-align: right;">(9-11)</p>
			Total marks	60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 5: Activities for Health and Well-being

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band it is expected that students will demonstrate a very basic knowledge and understanding of one or two activities. They will only give one or two examples of the activities they considered, giving a very brief reason for their choice. Their report has a very limited use of specialist vocabulary and is often inaccurate and has many omissions. Students offer no explanations and need considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a satisfactory level of knowledge and understanding of three activities. They will give three examples of the activities they considered, giving a satisfactory reason for their choice. Their report uses correct specialist vocabulary, but not as often as possible. It is accurate, but is not explained well. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a high level of knowledge and understanding of four activities. They will give four examples of the activities they considered, giving a well explained reason for their choice. Their report uses correct specialist vocabulary, in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that students will demonstrate a basic knowledge and understanding of two activities. They will only give two examples of the activities they considered, giving a very simple explanation for their choice. Their report has a very limited use of specialist vocabulary, is not always accurate and has some omissions. Students offer few explanations and need some guidance to complete the work.</p> <p style="text-align: right;">(0-10)</p>	<p>At the higher end of the mark band it is expected that the student will demonstrate an accurate level of knowledge and understanding of four activities. They will give four examples of the activities they considered, giving a clear reason for their choice. Their report uses correct specialist vocabulary throughout most of the report. It is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p> <p style="text-align: right;">(11-15)</p>	<p>At the higher end of the mark band it is expected that the student will demonstrate a high level of knowledge and understanding of more than four activities. They will give more than four examples of the activities they considered, giving a well explained reason for their choice. Their report uses correct specialist vocabulary, in all situations. It is accurate and very well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(16-20)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band it is expected that the student will demonstrate a very basic application of the knowledge, understanding and skills in a work-related context. The student will identify one or two of the benefits this will have for service users, but they will offer descriptions rather than explanations. Their report has a very limited use of specialist vocabulary, and is often not accurate. The student offers no explanations and needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate a basic application of the knowledge, understanding and skills in a work-related context. They will identify two of the benefits this will have for service users, and they will offer simple explanations. Their report has a very limited use of specialist vocabulary, and is often inaccurate. The student offers few explanations and needs some guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate a satisfactory application of the knowledge, understanding and skills in a work-related context. The student will identify three of the benefits this will have for the service users, and they will offer clear explanations. Their report uses correct specialist vocabulary, but not as often as possible. It is accurate, but is not explained well. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate a clear application of the knowledge, understanding and skills in a work-related context. They will identify three or four of the benefits this will have for service users, and they will offer good explanations. Their report uses correct specialist vocabulary throughout most of the report. It is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate an accurate, and usually appropriate, application of the knowledge, understanding and skills in a work-related context. They will explain four of the benefits this will have for service users. Their report uses correct specialist vocabulary in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate an accurate and appropriate application of the knowledge, understanding and skills in a work-related context. They will clearly explain more than four of the benefits this will have for the service users. Their report uses correct specialist vocabulary in all situations. It is accurate and very well explained. The student works independently and needs no support.</p>
		(0-9)	(10-14)	(15-18)

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band it is expected that the student will demonstrate very basic skills in planning, implementing and analysing the activity. They will only use one or two information sources, and the information is very limited and not often relevant. There is no analysis of work-related issues and problems. Students need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate basic skills in planning, implementing and analysing the activity. They will only use two information sources, and the information is limited and not always relevant. There is little analysis of work-related issues and problems. Students need some guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate satisfactory skills in planning, implementing and analysing the activity. They will use three information sources, and the information is limited, but is usually relevant. There is a simple analysis of work-related issues and problems, but this lacks detail. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate good skills in planning, implementing and analysing the activity. They will use four information sources, and the information is limited, but is usually relevant. There is an analysis of work-related issues and problems, but this lacks detail. The student needs very limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that the student will demonstrate very good skills in planning, implementing and analysing the activity. They demonstrate very good skills in obtaining information from their own methods, from at least four sources of different types. The information will be relevant and extensive, and there will be a detailed analysis, which will cover some work-related issues and problems. Students will receive only occasional support.</p> <p>At the higher end of the mark band it is expected that the student will demonstrate very good skills in planning, implementing and analysing the activity. They demonstrate excellent skills in obtaining information from their own methods, from more than four sources of different types. The information will be relevant and extensive and there will be a good, detailed analysis, which will analyse many work-related issues and problems. The student works independently and needs no support.</p>
		(0-5)	(6-8)	(9-11)

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band it is expected that the student will describe a limited number of good and bad points (one or two good and bad points) of the activity. A short summary is offered, indicating one or two of the benefits to the clients, but no supporting argument is offered. The student needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students show satisfactory evaluative skills. An evaluation of the activity is given, which will indicate some of the benefits for the client. The student draws satisfactory conclusions based on evidence, and needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students show very good evaluative skills. They will evaluate the activity and discuss at least four of the benefits for the client. The conclusions are well reasoned and detailed, and they need only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that the student will describe a reasonable number of good and bad points (three or four good and bad points) of the activity. A short summary is offered indicating two of the benefits to the clients, but no supporting argument is offered. The student needs some guidance to complete the work.</p> <p style="text-align: right;">(0-5)</p>	<p>At the higher end of the mark band it is expected that the student shows good evaluative skills. An evaluation of the activity is given, which will indicate most of the benefits for the client. The student draws satisfactory conclusions based on evidence, which is shown in the clearly explained conclusions. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(6-8)</p>	<p>At the higher end of the mark band it is expected that students show excellent evaluative skills. They will evaluate the activity and discuss more than four of the benefits for the client. The conclusions are clear, well reasoned and detailed, and the student works independently and needs no support.</p> <p style="text-align: right;">(9-11)</p>
			Total marks	60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 6: Public Health

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band a student will produce a very brief and generalised description, using listed or undeveloped points about either or both the issue and/or the public health implications.</p> <p>At the higher end of the mark band students will describe the chosen issue more fully and will also identify a range of possible effects that it has, or may have, on public health. It would be expected that this section of the student's report will be generalised, descriptive in content and brief. Little understanding will be shown of how social, environmental or lifestyle factors have a negative impact on public health.</p>	<p>At the lower end of the mark band a student will provide a clear, informed summary of an issue relevant to public health but this will lack detail and depth. The work will be based on relevant and appropriate sources of information, all with limited guidance.</p> <p>At the higher end of the mark band a student will provide a clear summary that links their chosen issue to actual or possible public health concerns. The work will be based on relevant and appropriate sources of information, which will be used effectively to make the points in a clearer, more concise and relevant manner, all with very limited guidance.</p>	<p>At the lower end of the mark band a student will demonstrate a high level of knowledge of both the issue and of its possible or actual public health implications. However, breadth of knowledge will not always be matched by depth of understanding, with occasional support.</p> <p>At the higher end of the mark band a student will demonstrate a deep and thorough knowledge of their chosen issue and will clearly understand its implications for public health, working independently.</p>
		(0-10)	(11-15)	(16-20)

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band students will provide a general, descriptive account of the possible links between a social, environmental or lifestyle issue and the public health of a specific group or section of the population.</p> <p>At the higher end of the mark band students will use one or two relevant examples and make points that illustrate some of the connections between their chosen issue and the public health needs, risks or experiences of the chosen group.</p> <p>(0-9)</p>	<p>At the lower end of the mark band, students will demonstrate awareness of a possible link between the chosen health issue and public health. This will be based on valid, credible background information. It will explicitly link the issue to public health needs or risks.</p> <p>At the higher end of the mark band students demonstrate awareness of some links (actual or potential) between the social, environmental and/or lifestyle aspects of their chosen issue and public health, giving examples, statistics and reference sources to support their points with evidence.</p> <p>(10-14)</p>	<p>At the lower end of the mark band, students will demonstrate an understanding of the possible links between a social, environmental or a lifestyle issue and public health. They will make few points about the impact that the issue may have on public health and well-being of the specified population group, with occasional support.</p> <p>At the higher end of the mark band students will demonstrate a clear understanding of the possible links between a social, environmental or a lifestyle issue and public health. They will make several points about the impact that the issue may have on public health and well-being of the specified population group. The work will be insightful and detailed, all working individually.</p> <p>(15-18)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band students will use few appropriate sources and elect to try and make use of some inappropriate or unproductive sources of information.</p> <p>At the higher end of the mark band students will identify and make use of more appropriate sources of information and will obtain and use sufficient information to make connections between the social, environmental and/or lifestyle aspects of their chosen issue and public health.</p> <p style="text-align: right;">(0-5)</p>	<p>At the lower end of the mark band students will use a number of relevant and appropriate sources of information, though these are likely to be of a similar type and will lack variety.</p> <p>At the higher end of the mark band students will use a variety of different types of relevant and appropriate sources. They will investigate both their chosen issue and its public health implications thoroughly.</p> <p style="text-align: right;">(6-8)</p>	<p>At the lower end of the mark band students will use the sources to focus clearly on their chosen public health issue and will make effective use of the material they obtain, with occasional support.</p> <p>At the higher end of the mark band students will demonstrate an excellent ability to research, select and employ information from a variety of sources in constructing points and arguments coherently and concisely, working independently.</p> <p style="text-align: right;">(9-11)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band students will provide a limited, descriptive outline of the aims or goals of public health protection and may briefly explain possible ways of achieving this.</p> <p>At the higher end of the mark band students will draw some basic, reasoned conclusions about strategies or measures available and which could be effective.</p>	<p>At the lower end of the mark band students will consider a number of relevant strategies and techniques that could be used and will demonstrate an ability to identify their relative strengths and weaknesses.</p> <p>At the higher end of the mark band students will comprehensively review a number of strategies and techniques. They will also use clear reasoning and explanation to propose ways of minimising the risk to public health that the issue poses.</p>	<p>At the lower end of the mark band students will concentrate on one or two strategies, demonstrating a clear, knowledgeable understanding of the public health imperative of tackling the chosen social, environmental or lifestyle issue, with occasional support.</p> <p>At the higher end of the mark band students will present a clearly balanced and reasoned evaluation of various issues and options involved, demonstrating a clear knowledgeable understanding of the public health imperative of tackling the chosen social, environmental or lifestyle issue, working independently.</p>
		(0-5)	(6-8)	(9-11)
			Total marks	60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 8: Activities for Health and Well-being

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band students will demonstrate that they have accessed relevant information but used only one source, not explaining the choice of target group or explaining it inadequately. The student needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate independent research skills, and that they have accessed relevant information. Information will be drawn from two or three sources. They will explain the choice of target group adequately. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate very good independent research skills, and that they have accessed sufficient and relevant information. Information will be drawn from three or four sources, of different types. They will explain the choice of target group well, and give a well reasoned rationale for their decision. The student needs only occasional support to complete the work.</p>
		<p>At the higher end of the mark band students will demonstrate that they have accessed relevant information and used one or two sources, explaining the choice of target group simplistically. The student needs some guidance to complete the work.</p>	<p>At the higher end of the mark band, students will demonstrate good independent research skills, and that they have accessed relevant information. Information will be drawn from three sources. They will explain the choice of target group well. The student needs very limited guidance to complete the work.</p>	<p>At the higher end of the mark band, students will demonstrate excellent independent research skills, and that they have accessed sufficient and relevant information. Information will be drawn from at least four sources of different types. They will explain the choice of target group very well, and give a well reasoned rationale for their decision. The student works independently and needs no support.</p>
		(0-7)	(8-10)	(11-13)

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band, students will demonstrate an ability to plan their health promotion, displaying a very basic understanding of one health promotion model or approach. One or two aims, objectives and evaluative methods are stated. The student needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate an ability to plan their health promotion, displaying a basic understanding of one or two health promotion models and approaches. Two aims, objectives and evaluative methods are stated. The student needs some guidance to complete the work.</p> <p style="text-align: right;">(0-7)</p>	<p>At the lower end of the mark band, students will demonstrate an ability to plan their health promotion, displaying a satisfactory understanding of two or three health promotion models and approaches. Two or three aims, objectives and evaluative methods are stated. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate a good ability to plan their health promotion, displaying a good understanding of three health promotion models or approaches. Three aims, objectives and evaluative methods are stated. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(8-10)</p>	<p>At the lower end of the mark band, students will demonstrate a very good ability to plan their health promotion, displaying a very good understanding of three or four health promotion models and approaches. Three or four aims, objectives and evaluative methods are stated, and these are well explained. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate an excellent ability to plan their health promotion, displaying an excellent understanding of at least four health promotion models and approaches. At least four aims, objectives and evaluative methods are stated, and these are very well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(11-13)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band students will demonstrate a very basic ability to implement their health promotion, and produce an analysis based on very weak data, which is unsupported. They are able to select and use one or two pieces of media and materials. The student needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate a basic ability to implement their health promotion, and produce an analysis based on limited and weak data, which is unsupported. They are able to select and use two pieces of media and materials. The student needs some guidance to complete the work.</p> <p style="text-align: right;">(0-8)</p>	<p>At the lower end of the mark band students will demonstrate a satisfactory ability to implement their health promotion, and produce an analysis based on adequate data, which is reasoned. They are able to select and use two or three pieces of media and materials. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band students will demonstrate a good ability to implement their health promotion, and produce an analysis based on adequate data, which is reasoned and based on evidence. They are able to select and use three pieces of media and materials. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(9-13)</p>	<p>At the lower end of the mark band, students will demonstrate a high level of ability to implement their health promotion, and produce an analysis based on extensive data, which is well reasoned and based on well-founded evidence. They are able to select and use three or four pieces of media and materials. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate an excellent ability to implement their health promotion, and produce an analysis based on extensive data, which is well reasoned and based on well-founded evidence. They are able to select and use at least four pieces of media and materials. The student works independently and needs no support.</p> <p style="text-align: right;">(14-17)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band, students will demonstrate a very basic understanding of evaluations. They will produce a report that is descriptive but only outlines the one main outcome of the health promotion. A very basic understanding of one or two of the aims and objectives and evaluative criteria is shown. There is no evidence of independent thinking. The student needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate a satisfactory understanding of evaluations. They will produce a report that indicates two of the main outcomes of the health promotion, and gives reasoned conclusions. A satisfactory understanding of two or three of the aims and objectives and evaluative criteria is shown. They demonstrate a good level of independent thinking and initiative. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate a very high level of understanding of evaluations. They will produce a report that indicates three or four of the main outcome of the health promotion, and gives well reasoned conclusions. A very good understanding of three or four of the aims and objectives and evaluative criteria is shown. They demonstrate a good level of independent thinking and initiative. The student needs limited guidance to complete the work.</p>
		<p>At the higher end of the mark band students will demonstrate a basic understanding of evaluations. They will produce a report that is descriptive but only outlines one or two of the main outcome of the health promotion. A basic understanding of two or three of the aims and objectives and evaluative criteria is shown. There is little evidence of independent thinking. The student needs some guidance to complete the work.</p> <p style="text-align: right;">(0-8)</p>	<p>At the higher end of the mark band, students will demonstrate a good understanding of evaluations. They will produce a report that indicates two or three of the main outcomes of the health promotion, and gives well reasoned conclusions. A good understanding of three of the aims and objectives and evaluative criteria is shown. They demonstrate a high level of independent thinking and initiative. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(9-12)</p>	<p>At the higher end of the mark band, students will demonstrate a good understanding of evaluations. They will produce a report that indicates two or three of the main outcomes of the health promotion, and gives well reasoned conclusions. A good understanding of three of the aims and objectives and evaluative criteria is shown. They demonstrate a high level of independent thinking and initiative. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(13-17)</p>
Total marks				60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 9: Investigating Disease

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band, students will demonstrate, with evidence, a very limited ability to describe their chosen diseases. They will give one fact about the signs and symptoms of each disease, and give one fact about how the body responds to the diseases. The information is often not accurate and is not explained. The student needs considerable guidance to complete their work.</p>	<p>At the lower end of the mark band, students will demonstrate, with evidence, a satisfactory ability to describe their chosen diseases. They will give two or three facts about the signs and symptoms of each disease, and give two or three facts about how the body responds to the diseases. The information is drawn from two or three sources and is relevant. The student needs limited guidance to complete their work.</p>	<p>At the lower end of the mark band, students will demonstrate, with evidence, a high level of ability to describe their chosen diseases. They will give three or four facts about the signs and symptoms of each disease, and give three or four facts about how the body responds to the diseases. The information is drawn from four sources and is always relevant and sufficient. It is accurate and usually well explained. The student needs only occasional support to complete the work.</p>
		<p>At the higher end of the mark band, students will demonstrate, with evidence, a limited ability to describe their chosen diseases. They will give one or two facts about the signs and symptoms of each disease, and give one or two facts about how the body responds to the diseases. The information is often inaccurate and is not explained. The student needs some guidance to complete their work.</p> <p style="text-align: right;">(0-7)</p>	<p>At the higher end of the mark band, students will demonstrate, with evidence, a good ability to describe their chosen diseases. They will give three facts about the signs and symptoms of each disease, and three facts about how the body responds to the diseases. The information is drawn from three sources and is relevant and sufficient. The student needs very limited guidance to complete their work.</p> <p style="text-align: right;">(8-10)</p>	<p>At the higher end of the mark band, students will demonstrate, with evidence, an excellent ability to describe their chosen diseases. They will give at least four facts about the signs and symptoms of each disease, and give at least four facts about how the body responds to the diseases. The information is drawn from at least four sources and is always relevant and sufficient. It is accurate and very well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(11-13)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band, students will demonstrate a very basic ability to apply knowledge, understanding and skills accurately. They will identify one factor that affects the cause and distribution of the disease. Their report has a very limited use of specialist vocabulary and the report is often not accurate. The student offers no explanations and needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate a basic ability to apply knowledge, understanding and skills accurately. They will identify two factors that affect the cause and distribution of the diseases. Their report has a limited use of specialist vocabulary and the report is often inaccurate. The student offers no explanations and needs some guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate a satisfactory ability to apply knowledge, understanding and skills accurately. They will identify two or three factors that affect the cause and distribution of the diseases. Their report uses correct specialist vocabulary, but not as often as possible. It is accurate, but is not explained well. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate a satisfactory ability to apply knowledge, understanding and skills accurately. They will identify three factors that affect the cause and distribution of the diseases. Their report uses correct specialist vocabulary, throughout most of the report. It is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate a high level of ability to apply knowledge, understanding and skills accurately. They will identify and review three or four factors that affect the cause and distribution of the diseases. The student will compare and contrast both diseases, identifying and listing differences and similarities. Their report uses correct specialist vocabulary in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate an excellent ability to apply knowledge, understanding and skills accurately. They will identify and review at least four factors that affect the cause and distribution of the diseases. The student will compare and contrast both diseases, identifying and discussing differences and similarities. Their report uses correct specialist vocabulary in all situations. It is accurate and very well explained. The student works independently and needs no support.</p>
		(0-7)	(8-10)	(11-13)

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band, students will identify one way in which the diseases can be identified, and one factor which will affect the outcome of its treatment. They will briefly describe the role of one professional worker. Their information is from only one source and is often not relevant. The student needs considerable guidance.</p> <p>At the higher end of the mark band, students will identify two ways in which the diseases can be identified, and two factors which will affect the outcome of its treatment. They will briefly describe the role of one professional worker or voluntary worker. Their information is from only one or two sources and is not always relevant. The student needs some guidance.</p>	<p>At the lower end of the mark band, students will identify two or three ways in which the diseases can be identified, and two or three factors which will affect the outcome of its treatment. They will briefly describe the role of two professional workers or voluntary workers. Their information is from three sources and is relevant. The student needs limited guidance.</p> <p>At the higher end of the mark band, students will identify three ways in which the diseases can be identified, and three factors which will affect the outcome of its treatment. They will briefly describe the role of three professional workers or voluntary workers. Their information is from three sources and is both relevant and sufficient. The student needs very limited guidance.</p>	<p>At the lower end of the mark band, students will identify and examine three or four ways in which the diseases can be identified, and three or four factors, which will affect the outcome of its treatment. They will compare the support given from two professional workers or voluntary workers, for their chosen diseases and with other diseases. They will also compare the support given for the diseases in two different areas, locally or nationally, explaining two of the differences. Their information is from three sources of different types, and is relevant and extensive. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students will examine and explain at least four ways in which the diseases can be identified, and at least four factors, which will affect the outcome of its treatment. They will compare the support given from at least two professional workers or voluntary workers, for their chosen diseases and with other diseases. They will also compare the support given for the diseases in three different areas, locally and nationally, explaining three of the differences and providing justified reasons for these differences. Their information is from at least four sources of different types, and is relevant and extensive. The student works independently and needs no support.</p>
		(0-8)	(9-13)	(14-17)

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band, the student will show very basic evaluative skills, and they will give one reason why it was not always successful. They give no suggestion of how this issue impacts on prevention, support and treatment. There is no evidence of independent thinking. The student needs considerable guidance to complete the work.</p> <p>At the higher end of the mark band, the student will show basic evaluative skills, and they will give two reasons why it was not always successful. They give brief suggestions of how these issues impact on prevention, support and treatment, but this is not explained fully. There is limited evidence of independent thinking. The student needs some guidance to complete the work.</p>	<p>At the lower end of the mark band, the student will show satisfactory evaluative skills, and they will give two or three reasons why it was not always successful. They give brief suggestions of how these issues impact on prevention, support and treatment, and this is explained well. The student demonstrates some independent thinking and initiative, although this is not always accurate. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, the student will show good evaluative skills, and they will give three reasons why it was not always successful. They give some suggestions of how these issues impact on prevention, support and treatment, and this is explained well. The student demonstrates some independent thinking and initiative, and this is shown in the clearly explained conclusions, that are based on evidence. The student needs very limited guidance to complete the work.</p>	<p>At the lower end of the mark band, the student will show very good evaluative skills, and they will give three or four reasons why it was not always successful. They give good suggestions of how these issues impact on prevention, support and treatment, and this is explained well. The student demonstrates a good level of independent thinking and initiative. They need only occasional support to complete the work.</p> <p>At the higher end of the mark band, the student will show excellent evaluative skills, and they will give four reasons why it was not always successful. They give good suggestions of how these issues impact on prevention, support and treatment, and this is explained very well. The student demonstrates a high level of independent thinking and initiative. They need only occasional support to complete the work. The student works independently and needs no support.</p>
		(0-8)	(9-12)	(13-17)
			Total marks	60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 10: Using and Understanding Research

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (A01)	<p>At the lower end of the mark band it is expected that students will be able to identify one appropriate method of research. They will list two basic points and offer a brief, descriptive outline of a proposed research investigation. This will be shown in their final report, which is often inaccurate and has many omissions. The student offers no explanations and needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will be able to identify a relevant topic and research question or hypothesis and describe an appropriate research strategy to investigate it. However, there will be some omissions in breadth of knowledge and understanding of weaknesses in the proposed strategy. This will be shown in their final report, which is accurate, but is not explained well. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band students will produce a structured research proposal, which is quite detailed. They will demonstrate a high level of knowledge and understanding of their chosen topic, and of research processes and methodology. There will be no omissions in breadth of knowledge and understanding of weaknesses in the proposed strategy. This will be shown in their final report, which is accurate, and usually well explained. The student needs only occasional support to complete the work</p>
		<p>At the higher end of the mark band it is expected that students will be able to identify two appropriate methods of research. They will list three basic points and offer a brief, descriptive outline of a proposed research investigation. This will be shown in their final report, which is not always accurate and has some omissions. The student offers few explanations and needs some guidance to complete the work.</p> <p style="text-align: right;">(0-7)</p>	<p>At the higher end of the mark band it is expected that students will be able to identify a relevant topic and research question or hypothesis and describe an appropriate research strategy to investigate it. There will be some omissions in breadth of knowledge, and understanding of weaknesses in the proposed strategy. This will be shown in their final report, which is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p> <p style="text-align: right;">(8-10)</p>	<p>At the higher end of the mark band, students will produce a clear, structured research proposal, which is very detailed. They will demonstrate a high level of knowledge and understanding of their chosen topic, and of research processes and methodology. There will be no omissions in breadth of knowledge and understanding of weaknesses in the proposed strategy. This will be shown in their final report, which is accurate, and well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(11-13)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band it is expected that students will be able to identify one type of data-collection tool. They will be able to produce a basic data-collection tool (such as a questionnaire) but will require considerable advice, guidance and practical support to do so. Their data collection will be poor, yielding insufficient data for analysis.</p> <p>At the higher end of the mark band it is expected that students will identify two types of data-collection tools. They will be able to produce a basic data-collection tool with only limited advice, guidance and practical support. Their data collection will still be poor and will result in insufficient data for analysis.</p> <p style="text-align: right;">(0-7)</p>	<p>At the lower end of the mark band it is expected that students will show a systematic planning of their research investigation. They will conduct it in a satisfactory manner, and obtain sufficient data, for an analysis. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will show a clear and systematic planning of their research investigation. They will conduct it in a good manner, and obtain sufficient appropriate data, for an analysis. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(8-10)</p>	<p>At the lower end of the mark band, students will independently produce and use a data-collection tool to obtain sufficient good quality data for analysis. They will show a systematic planning of their research investigation, they will conduct it in a satisfactory manner, and obtain sufficient data for an analysis. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, students will independently produce and use an appropriate data-collection tool to obtain sufficient good quality data for analysis. They will show systematic and considered planning of their research investigation, they will conduct it in an excellent manner, and obtain sufficient data, for an analysis. The student needs limited guidance to complete the work. The student works independently and needs no support.</p> <p style="text-align: right;">(11-13)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band it is expected that students will provide a very superficial analysis of their data, summarising two of its main features. They will identify one main theme in the data, and they make tenuous links between the research questions and the data.</p> <p>At the higher end of the mark band it is expected that students will provide a basic analysis of their data, and summarise its main features. They will identify two of its main themes and make links between the research question and the data.</p> <p style="text-align: right;">(0-8)</p>	<p>At the lower end of the mark band it is expected that students will provide a satisfactory analysis of their data, on its main features. They will draw some valid conclusions that are well reasoned. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will provide a clear descriptive analysis of their data, of its main features. They will draw valid conclusions that are clear and well reasoned. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(9-13)</p>	<p>At the lower end of the mark band, students will be able to produce a detailed analysis, based on the systematic use of data-analysis methods. They will highlight the main features of the data, and will make conclusions that the coherent to support this. Their report uses correct specialist vocabulary, in almost all situations. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark range, students will be able to produce a detailed and clear analysis, based on the systematic use of data analysis methods. They will highlight the main features and patterns of the data, and will make conclusions that the coherent to support this. Their report uses correct specialist vocabulary, in all situations. The student works independently and needs no support.</p> <p style="text-align: right;">(14-17)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band it is expected that students will provide a very basic evaluation, identifying one problem or weakness in the data. Their final project will show no appreciation of the purpose of the research. The student will give one strength and one weakness of the research project, all with considerable guidance.</p> <p>At the higher end of the mark band it is expected that students will provide a basic evaluation, identifying two problems or weaknesses in the data. Their final project will show a limited appreciation of the purpose of the research. The student will give one or two strengths and weaknesses of the research project, all with some guidance.</p>	<p>At the lower end of the mark band, students will be able to produce a satisfactory evaluation, giving some understanding of the purpose of the research. The student will present clear arguments, and will acknowledge two of the limitations of their data. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, students will be able to produce a good evaluation, giving clear understanding of the purpose of the research. The student will present and develop clear arguments, and will acknowledge three of the limitations of their data. The student needs very limited guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate very good evaluative skills, and provide an accurate and balanced report. Students will demonstrate a high level of analytical thinking, and show a very good understanding of the reasons for carrying out the research. They will acknowledge three or four possible limitations and weaknesses in their data. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate excellent evaluative skills, and provide a full, accurate and balanced report. Students will demonstrate an excellent level of analytical thinking, and show a high level of understanding of the reasons for carrying out the research. They will acknowledge at least four possible limitations and weaknesses in their data. The student works independently and needs no support.</p>
		(0-8)	(9-12)	(13-17)
Total marks				60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

Unit 11: Social Issues and Welfare Needs

		Mark Band 1	Mark Band 2	Mark Band 3
Knowledge, understanding and skills	(a) (AO1)	<p>At the lower end of the mark band it is expected that students will demonstrate a very basic knowledge and understanding of the origins of a social issue or welfare need. They will show basic skills in obtaining information, and information will be drawn from only one source. The report is often not accurate and has many omissions. The student offers no explanations and needs considerable guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a satisfactory knowledge and understanding of the origins of a social issue or welfare need. They will show satisfactory skills in obtaining information, and information will be drawn from three sources. The report is accurate, but is not explained well. The student needs limited guidance to complete the work.</p>	<p>At the lower end of the mark band it is expected that students will demonstrate a very good knowledge and understanding of the origins of a social issue or welfare need. They will show very good skills in obtaining information, and information will be drawn from a wide range of different types of sources. The report is accurate and usually well explained. The student needs only occasional support to complete the work.</p>
		<p>At the higher end of the mark band it is expected that students will demonstrate a basic knowledge and understanding of the origins of a social issue or welfare need. They will show basic skills in obtaining information, and information will be drawn from two sources. The report is not always accurate and has some omissions. The student offers few explanations and needs some guidance to complete the work.</p>	<p>At the higher end of the mark band it is expected that students will demonstrate a good knowledge and understanding of the origins of a social issue or welfare need. They will show good skills in obtaining information, and information will be drawn from four sources. The report is accurate and has some explanation, but it is not explained fully. The student needs very little guidance to complete the work.</p>	<p>At the higher end of the mark band it is expected that students will demonstrate an excellent knowledge and understanding of the origins of a social issue or welfare need. They will show excellent skills in obtaining information, and information will be drawn from a wide range, of different types of sources. The report is accurate and very well explained. The student works independently and needs no support.</p>
		(0-7)	(8-10)	(11-13)

		Mark Band 1	Mark Band 2	Mark Band 3
Application of knowledge, understanding and skills	(b) (AO2)	<p>At the lower end of the mark band, students can demonstrate very basic knowledge and understanding of how one or two demographic factors have affected the social issue or welfare need. They are able to list and provide basic descriptions of one or two pieces of relevant demographic data. There is very limited use of specialist vocabulary, and the report is often not accurate and has many omissions. They need considerable guidance to complete the work.</p> <p>At the higher end of the mark band, students can demonstrate basic knowledge and understanding of how two demographic factors have affected the social issue or welfare need. They are able to list and provide descriptions of two pieces of relevant demographic data. Their report is descriptive with some explanations. There is limited use of specialist vocabulary, and the report is often not accurate and has some omissions. They need some guidance to complete the work.</p> <p style="text-align: right;">(0-7)</p>	<p>At the lower end of the mark band students can demonstrate satisfactory knowledge and understanding of how two or three demographic factors have affected the social issue or welfare need. They are able to provide good explanations of two pieces of relevant demographic data. Their report uses correct specialist vocabulary but not as often as possible. It is accurate, but is not explained well. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band students can demonstrate an accurate level of knowledge and understanding of how three demographic factors have affected the social issue or welfare need. They are able to provide accurate explanations of three pieces of relevant demographic data. Their report uses correct specialist vocabulary throughout most of the report. It is accurate and has some explanation but it is not explained fully. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(8-10)</p>	<p>At the lower end of the mark band students can demonstrate very good knowledge and understanding of how three or four demographic factors have affected the social issue or welfare need. They are able to provide very good explanations of three pieces of relevant demographic data. Their report uses correct specialist vocabulary in almost all situations. It is accurate, and usually well explained. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students can demonstrate excellent knowledge and understanding of how four demographic factors have affected the social issue or welfare need. They are able to provide excellent explanations of three pieces of relevant demographic data. Their report uses correct specialist vocabulary in all situations. It is accurate and well explained. The student works independently and needs no support.</p> <p style="text-align: right;">(11-13)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Research and analysis	(c) (AO3)	<p>At the lower end of the mark band it is expected that students will demonstrate a very basic knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate the ability to analyse, but it is not linked to work-related issues. The information is very limited and only one relevant source is used. Students need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate a basic knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate the ability to analyse, but little of it is linked to work-related issues. The information is very limited and only one or two relevant sources are used. Students need some guidance to complete the work.</p> <p style="text-align: right;">(0-8)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate satisfactory knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate a satisfactory ability to analyse and make relevant links to work-related issues. The information is drawn from three sources, and is relevant. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate good knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate a good ability to analyse and make relevant links to work-related issues. The information is drawn from three or four sources, and is relevant and sufficient. The student needs limited guidance to complete the work. The student needs very limited guidance to complete the work.</p> <p style="text-align: right;">(9-13)</p>	<p>At the lower end of the mark band it is expected that students will demonstrate very good knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate a very good ability to analyse and make relevant and extensive links to work-related issues. The information is drawn from four sources of different types, and is relevant. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate an excellent knowledge and understanding of the contemporary context of the social issue or welfare need. They demonstrate an excellent ability to analyse and make relevant and extensive links to work-related issues. The information is drawn from more than four sources of different types, and is relevant. The student works independently and needs no support.</p> <p style="text-align: right;">(14-17)</p>

		Mark Band 1	Mark Band 2	Mark Band 3
Evaluation	(d) (AO4)	<p>At the lower end of the mark band it is expected that students will demonstrate very basic knowledge and understanding of one of the governmental responses to the social issue or welfare need. Students demonstrate a very basic level of evaluative skills, giving short summaries, without any supporting arguments. They need considerable guidance to complete the work.</p> <p>At the higher end of the mark band it is expected that students will demonstrate basic knowledge and understanding of one or two of the governmental responses to the social issue or welfare need. Students demonstrate a basic level of evaluative skills, giving simple summaries, without any supporting arguments. They need some guidance to complete the work.</p>	<p>At the lower end of the mark band it is students will demonstrate a satisfactory knowledge and understanding of two of the governmental responses to the social issue or welfare need. Students demonstrate a satisfactory level of evaluative skills, discussing and drawing short conclusions. The student demonstrates some independent thinking and initiative, though this is not always accurate. The student needs limited guidance to complete the work.</p> <p>At the higher end of the mark band students will demonstrate a good knowledge and understanding of two of the governmental responses to the social issue or welfare need. Students demonstrate a good level of evaluative skills, discussing and drawing conclusions. The student demonstrates some independent thinking and initiative, and this is shown in the clearly-explained conclusions that are based on evidence. The student needs very limited guidance to complete the work.</p>	<p>At the lower end of the mark band, students will demonstrate a very good level of knowledge and understanding of three of the governmental responses to the social issue or welfare need. Students demonstrate a very high level of evaluative skills, discussing and drawing valid conclusions. The student demonstrates a good level of independent thinking and initiative. The student needs only occasional support to complete the work.</p> <p>At the higher end of the mark band, students will demonstrate an excellent level of knowledge and understanding of three or more of the governmental responses to the social issue or welfare need. Students demonstrate an excellent level of evaluative skills, discussing and drawing valid conclusions, which are clear and well reasoned. The student demonstrates an excellent level of independent thinking and initiative. The student works independently and needs no support.</p>
		(0-8)	(9-12)	(13-17)
			Total marks	60

For further information please see the specification: *Appendix D: Performance descriptors* for descriptions of the AOs, and *Applying the Mark Band* in the *Assessment information* section for descriptions of the amount of guidance permitted.

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