DRAFT

Teacher Support Materials for A2 Units Only

Health and Social Care

OCR Advanced GCE in Health and Social Care (H503)

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

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

Contents

1 Unit F919: Care practice and provision

1.1 Introduction

Overview

- Meeting the needs of people who use services at local level
- How services and practitioners meet individual needs
- Ways in which practitioners within services work in multi-disciplinary teams
- How quality assurance is promoted by services
- Effects of national policy and legislation on care practice and provision
- Conducting a survey relating to quality assurance.

This unit builds on knowledge skills and understanding gained from the mandatory AS units to form the synoptic assessment element for these specifications.

Suitable teaching and learning strategies

- Visiting speakers from the local Primary Care Trust, NHS Trust, Social Services
- Simulated exercises to plan provision using demographic data, national targets and an allocated 'budget'
- Presentation of demographic data for the local area
- Evaluation of a copy of the local plan
- Interviewing practitioners/people who use services
- Interviewing quality assurance specialist/speaker from local Trust Hospital
- Work placements/work shadowing
- Role-play, case studies, videos of TV programmes e.g. Casualty
- Group discussion/debate of the effects of national policies and legislation on care practice and provision
- Mini/trial surveys.

Possible pitfalls

- Covering too many/inappropriate demographic characteristics
- Poor choice of people who use services – must be someone who uses two different local services
- Approaches not relevant to the practitioners/services
- Limited detail relating to how the practitioners meet the needs of the people who use services
- Lack of relevant detail about the methods/interactions/processes used when multi-disciplinary teams work together
- Quality assurance mechanisms do not link to the two chosen services
- Depth of evidence does not meet the requirements of 'analyse'
- National policy/legislation does not link to the people who use services or services chosen
- Lack of/inaccurate use of specialist terms
- Evaluation does not link to the views of the people who use services/practitioner or the service.

Resources

- Our Healthier Nation
- Local Health Improvement plan
- Local demographic statistics (available on local authority website)
- A2 GCE Health and Social Care for OCR; Heinemann
- Sociology textbooks
- Local Education department (early years) and Early Years Development and Childcare Partnerships
- Local Primary Care Trusts and other NHS Trusts
- Local Social Services departments
- Private organisations
- Voluntary organisations
- Various websites (see specifications).

1.2 Guidance

Guidance on demographic influences

Demographic influences have a direct impact on the planning and delivery of health, social care and early years services to meet the needs of services users at a local level. Services work together to ascertain the requirements before joint planning takes place.

Demographic factors which are considered include:

The health needs of the population: these can be assessed using statistics of incidences of disease and illnesses, hospital admissions, A&E admissions. Lifestyle choices of smoking, alcohol abuse, poor diet, drug abuse, stress and lack of exercise also contribute to the health needs of the local population which have to be planned for.

Disability: there has been a decrease in the numbers of certain infectious diseases due to the effectiveness of the immunisation programmes; however, there has been an increase in the numbers of degenerative diseases like cancer, heart disease and strokes. Some areas may have higher incidences of inherited conditions which would put pressure on the local provision.

Age of populations: the variations in numbers of different age brackets within a population can be used to plan the services required. Each life-stage has specific needs. Birth rates are used to project the needs for pre-school and education provision. The numbers of adolescents may link to the needs for family planning, contraceptives, GUM clinics and alcohol/drug related services. The numbers of young adults could be used to plan pregnancy and maternity services as this is a time when people of this age tend to plan to have their families. The average life expectancy has increased over the last century which means there is greater cost for the provision of services. The cost of providing health and social care services varies according to age – knowing the age profile of the area enables the costing of service provision to be determined when applying for government funding.

Unemployment: the socio-economic status of an area is an indicator which is used to assess the health needs and provision of services required. Health Action Zones were introduced in areas of social deprivation to try and address the inequalities in health care provided. The income of a family has an impact of the diet, housing, exercise and stress levels which, in turn, can have a correlation to incidences of disease and increased health needs.

Numbers of single parent families: changes in family patterns have seen an increase in divorces and women deciding to have children without a partner to support them. There has also been an increase in the numbers of teenage mothers. If single parents want to work there is increased demand for childcare places and consequently the need for pre-school provision has risen.

The number of older people in the UK population: the number of older people in the population rose rapidly over the last century. In 1901, there were less than 2 million people over the age of 65. The number of over-65s is now over 9 million. This growth is projected to continue. By 2051 there are projected to be over 15 million people over 65. The care needs of older people are significantly more than those of younger people, the average treatment cost per person among the pver-85s is more than five times that of the 45 – 64 age group therefore, a local area must consider this aspect when planning the provision of services. The number of older people in the local population could have an impact on the provision of residential and nursing homes, domiciliary care services, day centres, mental health services, intermediate care provision, and community care services.

Sources of information:

- Local authority websites: www.plymouth.gov.uk, www.plymouth-informed.org.uk
- NHS Strategic Health Authority: For example, South West Peninsula Strategic Health Authority – www.swpsha.nhs.uk
- NHS Trusts: www.nhs.gov.uk
- Primary Care Trust: for example: www.plymouth-pct.nhs.uk
- Office for National Statistics: www.statistics.gov.uk
- Neighbourhood Statistics: www.neighbourhood.statistics.gov.uk
- General Household Survey: www.statistics.gov.uk/statbase/Product.asp?vink=5756&More=N
- Department for Health: www.doh.gov.uk
- Surestart: www.surestart.gov.uk
- Local NHS Delivery Plans
- Local Health Improvement Plans
- Sociology Textbooks
- Social Trends: HMSO.

1.3 Case study [1]: Unit F919 Care practice and provision

Adam is a 19 year old student. He has just finished his A levels and is going to start university. His family and friends have noticed that he has been fairly withdrawn recently and his personal hygiene is deteriorating. He spends long periods of time in his room and will not socialise with his friends. Initially his mother persuaded him to see his GP and he was given mild antidepressants but then the situation got much worse and Adam attempted to take his own life. He was sectioned under the Mental Health Act and admitted to a local mental health unit. He spent three weeks there after being diagnosed with schizophrenia.

During his time at the unit he spent time sorting his medication out and coming to terms with his diagnosis. He has since been discharged and is now under the care of adult community care services for adults.

In the town where Adam lives, the local NHS and Social Services have merged to form an NHS and Social Care Trust.

AO1

Generic – requires candidates to look at two local demographic characteristics and show how these influence service provision. The 2 required could relate to your case study. Which organizations are involved in planning and delivering services in your area? How are the person who uses services needs identified and met? Identify the stages undertaken at local planning level, i.e. how plans are produced, the role of stakeholders. Who would be involved in the planning? How do they monitor and evaluate the planning process?

AO2

Candidates need to pick one national policy or piece of legislation which relates to Adam and the services chosen. They need to say how it has affected the people who use services and service provider/practitioner (for mark band 3), providing an evaluation which draws valid conclusions of the overall effect of the legislation. For example, the NHS and Community Care Act 1990, the Mental Health Act 1983, the Health Act 1999 or the Care Standards Act 2000. If you want to look at a policy the NICE guidelines would be appropriate.

AO3

Candidates need to find out what quality assurance mechanisms each of the services use. For example, look on the NHS website for star rating of the NHS and Social Care trust or do day services have feedback mechanisms for people who use services and their families? They could ask care workers and people who use services (if appropriate) their opinions of the services, using the internet or organizational documents to look at actual quality assurance (note: primary and secondary methods required for mark band 3).

AO4

Adam will need to have his needs identified (PIES), e.g. physical – schizophrenia medication, intellectual – getting him back into study, emotional – helping him to come to terms with his diagnosis, social – rebuilding relationships/friendships.

Identify the two different services he will be using, i.e. community psychiatric nurse/consultant psychiatrist and a social worker. Describe how each practitioner meets Adam's needs. What approaches does each utilise? For example, the merging of the two trusts gives a more holistic

approach to Adam's treatment and the social worker may look at the empowerment approach so that Adam feels that he is making decisions about his care, etc.

How do the practitioners work in multi-disciplinary teams, e.g. care assessments, individual care plans, how often are these reviewed, how they link with the Inpatient unit Adam was in, etc.

1.4 Case study [2]: Unit F919 Care practice and provision

Sabrina is 75 years old. Her husband recently died and she is finding it very difficult to cope with her loss. Following the death of her husband, Sabrina had counselling sessions with the counsellor from the local hospice. She also has osteoporosis and arthritis. The joints in her shoulders and hips are very painful and she has regular pain relieving injections from her GP. She also takes medication to maintain the strength in her bones and her diabetes.

Cleaning the house and preparation of meals are becoming a chore and she cannot manage to maintain the garden. Her son is concerned because she is becoming very forgetful. She spends long periods of time at home alone and is not interested in socialising.

Sabrina has seen a consultant at the local NHS Trust hospital who offered her the choice of having a hip replacement operation. She is now on the waiting list and is determined to continue living in the home she shared with her husband for 52 years.

AO1

Generic – requires candidates to select two local demographic characteristics/trends and show how these influence service provision. The 2 required could relate to your case study, for example, the number of older people in the population and health needs. The stages in local planning of services need to be explained, including how the two demographic characteristics chosen are used to assess the needs of people who use services. What are the local and national targets? Why is it important to involve local stakeholders in local planning? How are services organized? How is the plan monitored and reviewed?

AO2

Candidates need to pick one national policy or piece of legislation which relates to Sabrina and the services chosen. They need to say how it has affected the person who uses services and service provider/practitioner (for mark band 3), providing an evaluation which draws valid conclusions of the overall effect of the legislation. For example, the NHS and Community Care Act 1990, the Health Act 1999 or the Care Standards Act 2000. If you want to look at a policy, the NICE guidelines or NHS Plan would be appropriate.

AO3

Candidates need to select and justify appropriate research techniques. They must use a range of both primary and secondary sources to analyse the quality assurance mechanisms each of the services uses. For example, look on the NHS website for star rating of the NHS Trust Hospital, or do hospice counselling services have feedback mechanisms for people who use services and their families? Does either service have the Charter Mark, or how does 'Your Guide to the NHS' improve information and consultation with people who use services? Internet, organisational publications and documents as secondary sources and questionnaires, surveys or observation as primary sources.

AO4

Sabrina will need to have her needs identified (PIES), e.g. physical – osteoporosis and arthritis – medication/operation, intellectual – getting her involved in activities, emotional – helping her to come to terms the death of her husband, social – developing new friendships.

Identify the two different services she will be using, i.e. hospice counselling service and hospital trust. How do the approaches used by practitioners working in each service meet Sabrina's needs? For example, the holistic approach used by the counsellor and the empowerment approach used by the NHS Trust hospital. An analysis will be made of how the practitioners meet Sabrina's needs.

How do the practitioners work in multi-disciplinary teams, e.g. GP, counsellor, home care, consultants? How do multi-disciplinary teams benefit the person who uses services?

1.5 Guidance from an expert: Unit F919 Care practice and provision

The following is a suggested format for delivery and presentation for the unit. It would be helpful to annotate the AO on the work.

A01 – Generic

- Select TWO **demographic** factors (page 100 of the spec) which have influenced the organisation and provision of services in your local area. We recommend that they are relevant to the chosen case study.
- How have these factors influenced local planning? Which organisations are involved in the planning and delivery of the services affected? How is the planning monitored and reviewed?

Remember this is only worth 10 marks so keep it concise.

Introduce students to a **case study** (2 examples provided)

AO2

- Introduce ONE National Policy or piece of Legislation relevant to either service.
- Evaluate the effects of this legislation on care practice and provision from TWO different perspectives i.e. the person who uses services and service provider/practitioners.
- Useful for candidates to reach an overall conclusion/judgement.

AO3

- Analyse the quality assurance mechanisms used by the TWO services.
- How is the data used, how does it help inform future practice?
- For MB2 and MB3 candidates need primary and secondary data. (Suggest one interview for primary).

AO4

- Identify the needs of the person who uses services – relate this to PIES.
- Analyse how practitioners from TWO different services meet the needs of the person who uses services and explain the **approaches** they use, for e.g. preventative and treatment, holistic, empowerment and behavioural approaches may be used.

- Give a detailed account of how the practitioners work in multi-disciplinary teams and analyse how this benefits the person who uses services.

Remember!!

- For ‘local area’ read: how far you have to go to obtain the minimum amount of information required for achieving (potentially) maximum marks for the unit.
- We don’t know your ‘area’ so if you’re having to use textbooks to obtain information, this is fine.

2 Unit F920: Understanding human behaviour and development

2.1 Introduction

Overview

- General understanding of PILES (Physical, Intellectual, Language, Emotional, Social) in relation to Human Development across specified lifespan stages.
- Factors (genetic, socio-economic, physical environment and psychological) which have can influence the acquisition and development of these skills, personality and behaviour.
- A sound understanding of theories which are relevant to the acquisition and development of these skills and behaviour.
- How these theories can be used by health and social care practitioners in a range of health, social care and early years' settings.

Suitable teaching and learning strategies/activities

- Group work by students to share ideas and opinions regarding factors influencing human development – share own experiences
- Use work from other units to help support understanding – Unit 1: *Care Values*, Unit 3: *Promoting Good Health*, Unit 6: *Roles Within Early Years' Sector*, Unit 9: *Roles Within Caring for Older People Sector*, Unit 13: *Child Development: Factors Influencing Developmental Norms*
- Case studies as group work to encourage understanding of how influences interact
- Invite local practitioners in to discuss their role in meeting the developmental needs of clients in identified settings in specifications
- Compile a glossary of terminology.

Possible pitfalls

- Studying PILES in too much detail – stage-by-stage development is not needed – keep to good understanding of each area
- Selecting too many theories to study – one from each perspective is sufficient for most examination questions although it is recommended that both Piaget and Vygotsky are studied as part of the constructivist perspective.
- Not being able to select RELEVANT theorist – make sure candidates fully understand which theory belongs to which perspective and to which area of PILES it is most relevant
- Not being able to APPLY their knowledge – questions will often ask candidates to select an aspect of a theory and apply it to a client or a setting
- Not keeping to main focus of question e.g. physical OR intellectual development.

Resources

- Birth to Three Matters – available from 0845 6022260
- Curriculum Guidance for the Foundation Stage available from QCA publications 01787 884444
- Experience/visits to settings identified in specifications
- Range of Health and Social Care textbooks **specifically new OCR A2 H&SC textbook**
- Child Development textbooks e.g. Child Development: a comprehensive text for GCSE; Brennand et al: Hodder & Stoughton: ISBN 0-340-78272-2
- **Human Growth and Development for Health and Social Care by Carolyn Meggitt and Hilary Thomson**
- The Department of Health: dhmail@doh.gsi.gov.uk
- BBC series, Child of Our Time, Robert Winston: www.bbc.co.uk/factsheets/child_of_our_time
- BBC series: Human Development: Robert Winston
- BBC Horizon programmes on David Rymer
- CH4 'Feral children ' programmes, for example 'Wild Child'
- Psychology series of videos/DVDs on Cognitive Development and Language Development
- Berryman, J et al, Developmental Psychology and You BPS books
- Resources mentioned in specification.

Revision and exam preparation

- Use exemplar questions
- Make a glossary of key terms and concepts
- Practice questions which use key commands: identify, describe, assess, explain, analyse, evaluate.

2.2 Revision schedule: Unit F920 Understanding human behaviour

Topic	Details	Completed
Factors influencing human behaviour	Definitions of physical, intellectual, emotional and social development. Identify MAIN stages of development. Define socialisation: Primary - family Secondary - education, media, work, peers.	
Genetic influences	Identify likely inherited characteristics/conditions. Identify common examples of genetic effects. *How might each affect PILES?*	
Socio-economic influences	How might each influence affect PILES?	
Influences of the physical environment	Examples of each influence and explore any likely effects on PILES. It is important to examine both positive and negative effects as a question might be evaluative.	
Psychological influences	Examples of each influence and explore any likely effects on PILES.	

Topic	Details	Completed
Theories of human development	Choose theory from each perspective and identify and outline main features of each theory. Identify which area of development/behaviour chosen theory focuses on e.g. psychodynamic perspective: Freud: emotional and social development/behaviour. The importance of bonding should be stressed and reference made to the ideas of Bowlby. Make a review of theories relating to language development and use these to illustrate arguments for and against nature or nurture. Identify and describe criticisms of each theory.	

Topic	Details	Completed
	Relate chosen theories to the life stages stated in the specifications especially looking at those that may explain development/behaviour in infancy, adolescence and late adulthood.	
Application of theories	Identify each care setting in the specifications. For each describe the role of the setting and the practitioners within the settings. *(It would benefit students to have a good understanding of the care values to support their understanding.)* General understanding of how each theory could help practitioners within each setting e.g. residential homes – care workers would benefit from an understanding of Freud or Erikson to explain why a resident may be feeling undervalued and worthless despite the care worker always treating the resident with respect.	
Case Studies	The use of case studies to encourage an understanding of how all aspects of this unit interact. *(More demanding questions would expect students to be able to present an answer which draws information together in this way.)*	

3 Unit F921: Anatomy and physiology in practice

3.1 Introduction

Overview

- Respiratory system
- Cardio-vascular system
- Digestive system
- Reproductive system
- Renal system
- Musculo-skeletal and neural systems.
- Effects of lifestyle choices

Suitable teaching and learning strategies

- Use of anatomical models and text books to understand the basic anatomy of the body systems.
- Use of self constructed models from card/paper/playdough etc
- Researching information of the functions of the systems to allow understanding of function and control.
- Group study of the dysfunctions and possible interviews with affected individuals to emphasise the causes and the effects of the different types of dysfunction.
- Specialist lessons with appropriate practitioners (school nurse, local GP) on the general principals of the use of diagnostic techniques and the information that they provide. This may include practical sessions where candidates can look at ECG traces or radiographs. If appropriate equipment is available, candidates may also be able to monitor each other under supervision (blood pressure and ECG monitoring).
- Using medical journals, newspaper articles and general nursing publications to understand the general principles and values of different types of treatment. This could also include interviews with people who have been treated to understand the effects on their lifestyle.

Possible pitfalls

- Failure to appreciate that this is simply a unit of the health and social care course and should therefore not be treated and delivered as an advanced level science course.
- Use of clinical terminology can often be difficult to get to grips with. Candidates should be able to use terms accurately and appropriately
- Candidates should also be aware of the homeostatic links between systems and be able to understand and demonstrate links between different systems

- Lack of regular feedback to candidates which is useful to make sure candidates are addressing the criteria
- Practice exam questions where the question stem is not understood and candidates' weaknesses in being able to extend their answers to demonstrate their level of knowledge
- Candidates should be aware that to gain high marks they must address the command verb accurately e.g. explain, analyse and evaluate.

Resources revision and exam preparation

Books

- 'Principles of Anatomy and Physiology', Tortora & Grabowski ISBN 0-471-36692-7
- 'Anatomica: The complete home medical reference' ISBN3-8290-8883-3
- The British Medical Association Family Health Encyclopaedia
- Any other good anatomy and physiology book.

Websites

- www.howstuffworks.com
- www.bbc.co.uk/health
- www.ama-assn.org/ama/pub/category/7140.html
- www.askann.co.uk
- www.merck.com/mmhe/index.html
- www.med.wayne.edu/diagRadiology/Anatomy_Modules/Page1.html
- www.nhs.uk

These are just a few of many sites on the web that could be of use

Publications

- Nursing Times
- Health Matters.

3.2 Revision schedule: Unit F921 Anatomy and physiology in practice

Topic	Details	Completed
Respiratory System	Understand the overall structure of the respiratory system and be able to sketch and accurately label the gross structures. Understand the functions of the respiratory system and its homeostatic links with other systems. Understand **at least one** respiratory dysfunction in detail and the causes of the respiratory dysfunction(s). Understand the general principles and values of **at least one** respiratory diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	
Cardio-vascular System	Understand the overall structure of the cardio-vascular system and be able to sketch and accurately label the gross structures. Understand the functions of the cardio-vascular system and its homeostatic links with other systems. Understand **at least** one cardio-vascular dysfunction in detail and the causes of the cardio-vascular dysfunction(s). Understand the general principles and values of **at least one** cardio-vascular diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	
Digestive System	Understand the overall structure of the digestive system and be able to sketch and accurately label the gross structures. Understand the functions of the digestive system and its homeostatic links with other systems. Understand **at least one** digestive dysfunction in detail and the causes of the digestive dysfunction(s). Understand the general principles and values of **at least one** digestive diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	

Topic	Details	Completed
Reproductive System	Understand the overall structure of the reproductive system and be able to sketch and accurately label the gross structures. Understand the functions of the reproductive system and its homeostatic links with other systems. Understand **at least one** reproductive dysfunction in detail and the causes of the reproductive dysfunction(s). Understand the general principles and values of **at least one** reproductive diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	
Renal System	Understand the overall structure of the renal system and be able to sketch and accurately label the gross structures. Understand the functions of the renal system and its homeostatic links with other systems. Understand **at least one** renal dysfunction in detail and the causes of the renal dysfunction(s). Understand the general principles and values of **at least one** renal diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	
Musculo-skeletal System	Understand the overall structure of the musculo-skeletal system and be able to sketch and accurately label the gross structures. Understand the functions of the musculo-skeletal system and its homeostatic links with other systems. Understand **at least one** musculo-skeletal dysfunction in detail and the causes of the musculo-skeletal dysfunction(s). Understand the general principles and values of **at least one** musculo-skeletal diagnostic technique for the dysfunction(s) in detail. Understand the general principles and values of **at least one** form of treatment for the dysfunction(s) in detail.	

Topic	Details	Completed
Lifestyle	Understand the effects (not only physiological and but also those related to PIES) of dysfunctions caused by lifestyle choices on each of the body systems studied to include: smoking drug misuse exercise (overindulgence and lack of it) poor diet obesity environmental factors (including living conditions, pollution, etc)	

4 Unit F922: Child development

4.1 Introduction

Overview

- Development and monitoring
- Factors that influence development and norms of development
- The role of play in development
- How to plan and make a learning aid/activity for a child (0-8).

Suitable teaching and learning strategies

- Visits to/speakers from Sure Start, Pre-school Learning Alliance, child guidance clinics/centres, Health Promotion Units
- Work placements in early years settings
- Interviews with early years workers e.g. health visitor, nursery nurse, paediatrician, primary school teacher
- Observation of children at different key stages
- Charts/tables of patterns (milestones) of PIES development
- Use of child development websites
- Use of child development videos/DVDs
- Interview with family/carers of the child studied
- Survey and presentation related to factors affecting development
- Comparison of family structures
- Use of case studies to compare different factors affecting development
- Reflection on factors which have affected candidates' own development
- Group work and presentations on theories of play
- Visits to/observation of different environments in which children play
- Visits to toy shops e.g. Early Learning Centre, Toys R Us
- Evaluation of various learning aids, toys, activities to assess how they encourage developmental skills.

Possible pitfalls

- Breaking confidentiality
- Child chosen is too young to cover the requirements ‘up to the age of eight years’
- Covering development from conception to birth which is not a requirement of this unit
- Attempting to cover too many patterns (milestones) in each area of development
- Factors affecting development not linked to the child studied
- Child’s development not compared to the norms
- Inclusion of charts without any further description/explanation of matching or variation from the norms
- Lack of use/inaccurate use of specialist vocabulary
- Limited sources of information used to gather information
- References/bibliography not included
- Poor choice of theories of play which are not relevant to the child studied
- Learning aid/activity not linked to the needs of the child studied.

Resources

- Child development text books
- Child development videos/DVDs
- Various websites (see specifications).

4.2 Case study [1]: Unit F922 Child development

In this portfolio I will produce a case study of a child and I will compare their development to the accepted norms. I will also develop a learning aid to improve one of the aspects of the child’s PIES (Physical, Intellectual, Emotional and Social development).

Ebony is a six-year girl, who lives with her mum, dad and younger brother, who is two years old. The family lives in an old Victorian terraced house that is owned. The family lives in the outskirts of a rural town called Bridgwater. The house is situated on a busy road that runs through the estate. The house has three bedrooms, a bathroom, front room, dinning room and large kitchen. The house also has a small front garden and a big back garden. Within the back garden there is a vegetable patch and a swing and slide for Ebony and her brother to play on.

The town that Ebony lives in is called Bridgwater and this is located near the Northern Somerset coast, about 13 km (8 miles) inland from the Bristol Channel. Bridgwater is on the banks of the River Parrett, and adjacent to the M5 motorway to the South West of England. Hinkley Point nuclear power stations are also 12 km (7 miles) away on the coast. Bridgwater was a busy port until it was overshadowed by Bristol in the north. The docks, built in the 1840s, are still used by small coastal craft transporting the products of the town’s industries, such as bricks and tiles, heavy machinery, footwear, plastics and electrical goods. Bridgwater has a historical background as the church of St Mary dates from the 14 century, and there are a number of fine Georgian houses within the area. Also the Battle of Sedgemoor was fought there and Bridgwater is the home of Admiral Robert Blake who was born in the town in 1599; his birthplace is now a museum. The estimated population in 1993 was around 35,000, however these figures have steadily increased.

There are two big main factories in Bridgwater; Gerber foods and Cellophane, these factories are mainly responsible for the employment in the area. The town is split into different housing estates and in the town centre there is a swimming pool and a small indoor adventure play ground, as well as other facilities such as a town library and museum. The town centre is only a couple of miles away from the countryside and it has a canal and river that runs through it.

On the estate that Ebony lives on, there is a nursery, primary school, and a secondary school. There are also a number of parks on the estate and a Sure Start house. This offers services to the local community, to try and improve their lives. The Sure Start House is situated near Ebony's house and the family has access to it within its opening hours. The services it supplies can range from legal advice to a play school. Ebony's parents are both working class and earn collectively £27,000 per year. Ebony's mum stayed home with ebony until she was a couple of months old and then she returned to work. Ebony's mum went back to work because her maternity leave was up and she wished to go back to work for financial reasons. Along with emotional reasons as her mum enjoys her job and she returned to build herself-esteem.

When Ebony's mum returned to work, Ebony had a nanny that looked after her whilst her parents were at work. Ebony responded well with her nanny and she gained contact with her mum and dad at night and on the weekends. Although Ebony lost contact with her parents during the day, it was only for a couple of hours, therefore she still built up relationships and bonded with her parents, when they were not working. This is because both parents shared parental responsibilities and took time out to do activities with their child.

When Ebony was two years old she attended a playgroup until she was three. She soon settled in and made friends quickly: At three years old Ebony attended a pre-school called Jack and Gills and then she started school when she was four and a half. Ebony has always enjoyed Pre-school and has taken an active involvement in her learning. When she goes home from school she is always interested in telling her parents what she has been doing that day and she shows her work to her parents.

Ebony was a lonely child until she was four years old. When her new sibling arrived she was very happy and keen to help out. There was never any jealousy of the new sibling, however she had moments of attention seeking. She has always been very protective of her brother and they share a good relationship, as she is always willing to share her toys and to play with him.

4.3 Case study [2]: Unit F922 Child development

Marie is seven years old. Marie lives with her mother who is her primary care giver and her twin sister. She has another brother and sister who are older than her but she does not know them well as she was not brought up with them. They were put into care when they were 3 and 4 years old as their mother could not handle them. Marie only occasionally sees her brother and sister.

Marie never had her father as a permanent part in her life as when she was three years old her dad moved away, he lived with her until she was eighteen months old before he split with her mum.

Marie went to playschool at three years of age she also moved at the age of three. She has been to a variety of different primary schools and houses. Marie mixed well with all her peers mainly females at every school. She has good health apart from a small case of asthma and a slight eye problem. Her asthma is kept under control with asthma pumps and her eye problem is kept under control with wearing glasses.

Marie moved house again at the age of six which interfered with her upbringing as she was out of school for a while and when she went back she had to make new friends, which became harder to do as she became more self conscious about herself.

Marie's birth weight was 4 pounds 5.25 ounces, which is below the 'norm' of 7-8 pounds. Marie's height at birth was approximately 30cms, which again is below the average 'norm' of 48-50cms, because of this Marie had to go into an incubator, she was bought home after 10 days.

QUESTIONNAIRE

1 **Name:**

Marie

2 **Age:**

7 years old

3 **Gender:**

Female

4 **Length when born?**

Roughly 30cms

5 **Weight when born?**

4 pounds 5 and a quarter ounces

6 **Was your child premature/on time or late?**

Premature

7 **If they were premature or late by how much?**

3 weeks early

8 **Did your child have to go into an incubator?**

Yes

9 **If so why?**

Weighed under the norm and born too early

10 **Were there any birth defects or complications?**

No

11 **If so what kind?**

12 **Have they had any illnesses?**

No

13 **If so what kind?**

14 **Was it a natural birth or a caesarean?**

Caesarean

15 **Do they have any siblings?**

Yes

16 **If so how old are they?**

7, 13 and 15 years old

17 **What gender are they?**

1-male and 2-female

18 **Do they live with you?**

No

19 **Did your child grow up with them around?**

Not really/ saw them occasionally

20 **Is there often any sibling rivalry from other siblings?**

Yes from older sister

21 **If so why?**

Jealous of attention for younger sisters off mother

22 **Did your child have good or bad temper tantrums when younger?**

Bad

23 **Was there ever an arrival of a younger sibling?**

No

24 **Did your child have to share a room with siblings or did your child have their own room?**

Shared a room

25 **Who was the baby's main caregiver?**

Mother

26 **Were both parents together when the child went home?**

Yes, up to 18 months

27 **If not did the child ever see the absent parent?**

Yes/ occasionally after 18 months up to 3 years old

28 **Does your child still live in the house they were born in?**

No

29 **If not, how often have they moved?**

Roughly 8 times

30 **What sort of home do you live in?**

Flat

31 **How many bedrooms do you have?**

2

32 **How many people live in your home?**

3

33 **Do they go to nursery/playschool or have a childminder?**

Playschool

34 **How old was your child when they started school?**

4 years and started in September

35 **Is your child at the same school they started at?**

No

36 **If not, how many schools have they been to?**

Roughly 8

37 **Does your child tend to play with girls or boys?**

Girls

38 **Does your child socialize well with others?**

Yes

39 **If no why?**

40 **If yes why?**

Brought up around a large family

41 **Has your child ever been bullied?**

Yes

42 **If yes what sort of bullying?**

Verbal and physical

43 **Does your child go out to play around the area they live in?**

Yes

44 **Has your child ever been in hospital?**

Yes

45 **If yes why?**

Broken nose, drinking dettol and unfermented wine

46 **How many times has your child been in hospital?**

3

47 **What sort of area do you live in?**

All right area

48 **Do you work?**

No

49 **Do you work part/ full time?**

50 **If you do how much do you earn?**

51 **Do both parents or one parent work?**

52 **Do you get benefits?**

Yes

53 **If yes what ones?**

Child benefit

54 **Have there been any big changes in your Childs life?**

Moving around a lot

55 **Have there been any traumas in your Childs life?**

Granddad died when 4 years old and another granddad died when 6 years old and an auntie died when 7 years old.

Developmental milestones

Physical development		
Development milestones	**General age milestone is met**	**Age Marie met the milestones**
Gross Motor Skills		
Lifted head and chest when lying on stomach	4 months	3 months
Rolled over (stomach to back)	4 months	3 and a half months
Sat with support	4 months	3 months
Rolled from stomach to back and back to stomach	8 months	7 months
Sat alone without support and holds head erect	8 months	7 months
Raises up on arms and knees into crawling position; rocked back and forth, but may not have moved forward	8 months	Never did
Pulled self to a standing position	12 months	10 months
Stood alone holding onto the furniture for support	12 months	10 months
Walked holding onto the furniture	12 months	10 months
Crawled well	12-18 months	Never did
Stood alone, sat down	12-18 months	13 months
Walked without help	12-18 months	15 months
Could stand, balance, and hop on one foot	36 months	34 months
Kicked a ball forward	36 months	34 months
Pedalled a tricycle	36 months	34 months
Walked on a line	4 years	3 years
Caught a ball	4 years	3 years
Bounced a ball	4 years	3 years
Pedalled and steered tricycle skilfully	4 years	3 years
Learnt to skip	5 years	4 and a half years
Had a good sense of balance	6-8 years	6 and a half years
Fine Motor skills		
Grasped rattle or finger	4 months	3 months
Held both eyes in a fixed position	4 months	3 months
Followed moving object or person with eyes	4 months	3 months
Used finger and thumb to pick up an object	8 months	6 and a half months
Transferred objects from one hand to the other	8 months	6 and a half months
Drank from a cup with help	8 months	7months
First teeth began to appear	8 months	8 months

Physical development		
Development milestones	**General age milestone is met**	**Age Marie met the milestones**
True eye colour was established	8 months	From birth
Enjoyed drinking from a cup	12 months	10 months
Chewed on objects	12 months	10 months
Explored everything in mouth	12 months	10 months
Turned pages in a book	12-18 months	14 months
Stacked three blocks	12-18 months	14 months
Held crayon and scribbled, but with little control	12-18 months	14 months
Waved goodbye and clapped hands	12-18 months	12 months
Developed a full set of baby teeth	12-18 months	14 months
Put on shoes, but could not tie shoe laces	36 months	34 months
Fed self, with some spillage	36 months	34 months
Stacked 10 or more blocks	4 years	2 and a half years
Could brush teeth, wash hands, get drink	4 years	3 years
Thread small beads on a string	4 years	3 and a half years
Used a spoon, fork, and dinner knife skilfully	5 years	4 years
Dressed self without much assistance	5 years	4 years
Cut on a line with scissors	5 years	4 years
Began to loose baby teeth	5 years	4 years
Left or right hand dominance was established	5 years	4 years
Could print name	6-8 years	6 years
Able to tie shoe laces	6-8 years	6 years
Skilled at using scissors and small tools	6-8 years	6 years
Able to copy simple designs and shapes	6-8 years	6 years
Developed permanent teeth	6-8 years	7 years

Intellectual development		
Development milestone	**General age milestone is met**	**Age Marie met the milestone**
Played with fingers, hands, toes	4 months	4 months
Reacted to sound of voice, rattle, bell	4 months	4 months
Turned head toward bright colours and lights	4 months	4 months
Recognised bottle	4 months	4 months
Made noises to voice displeasure or satisfaction	8 months	6 months
Recognised and looked for familiar voices and sounds	8 months	6 months
Learnt by using senses like smell, taste, touch, sight, hearing	8 months	7 months
Focused eyes on small objects and reached for them	8 months	7 and a half months
Explored objects by touching, shaking, banging and mouthing	8 months	7 months
Babbled expressively as if talking	8 months	6 months
Said first word	12 months	12 months
Said “da-da” and “ma-ma” or equivalent	12 months	12 months
Interested in picture books	12 months	12 months
Paid attention to conversation	12 months	12 months
Said 8-20 words you can understand	12-18 months	12 months
Looked at person talking to him/her	12-18 months	14 months
Asked for something by pointing using one word	12-18 months	14 months
Identified object in book	12-18 months	14 months
Looked for objects that are out of sight	12-18 months	14 months
Understood and followed simple 1-step direction	12-18 months	14 months
Spoke in complete sentences of 3-5 words	36 months	34 months
Listens attentively to short stories and books	36 months	34 months
Enjoyed repeating simple rhymes	36 months	34 months
Understood “ now, soon, and later”	36 months	34 months
Asked who, what, where and why questions	36 months	34 months
Can put together a 6-piece puzzle	36 months	34 months
Identified common colours such as red, blue, yellow, green	36 months	34 months
Could distinguish, match and name colours	36 months	34 months
Could say his/her age	36 months	34 months

Intellectual development		
Development milestone	**General age milestone is met**	**Age Marie met the milestone**
Could place objects in a line from largest to smallest	4 years	4 years
Had basic understanding of concepts related to number, size, weight, colours, textures, distance, position and time	4 years	4 years
Continued one activity for 10-15 minutes	4 years	4 years
Had long attention span and finishes activities	4 years	4 years
Understood and remembered own accomplishments	4 years	4 years
Understood the order of daily routines (breakfast before lunch, lunch before dinner, dinner before bed time)	4 years	4 years
Understood the concepts of "tallest, biggest, same, more, in, under, and above"	4 years	4 years
Could recognise some letters if taught	4 years	4 years
Named 6-8 colours and 3 shapes	4 years	4 years
Used 5-8 words in a sentence	5 years	4 years
Understood that stories have a beginning, middle, and end	5 years	4 years
Drew pictures that represent animals, people and objects	5 years	4 years
Could sort objects by size	5 years	4 years
Understood "more, less and same"	5 years	4 years
Had good attention span and could concentrate well	5 years	4 years
Could understand time concepts like yesterday, today and tomorrow	5 years	4 years
Reading became a major interest	6-8 years	6 years
Had increased problem-solving ability	6-8 years	7 years
Had the ability to learn difference between left and right	6-8 years	6 years
Could begin to understand time and the days of the week	6-8 years	7 years

Emotional and social development		
Development milestone	**General age milestone is met**	**Age Marie met the milestone**
Cried (with tears) to communicate pain, fear, discomfort, or loneliness	4 months	4 months
Loved to be touched and held close	4 months	From birth
Returned a smile	4 months	4 months
Responded to a shaking rattle or bell	4 months	4 months
Responded to own name	8 months	6 months
Showed fear of failing	8 months	6 months
Spent a lot of time observing and watching	8 months	6 months
Responded differently to strangers and family members	8 months	6 months
Imitated sounds, actions and facial expressions made by others	8 months	6 and a half months
Showed distress if toy is taken away	8 months	7 months
Recognised family members names	8 months	6 months
Showed mild to serve anxiety at separation from parent	8 months	From birth especially from her twin sister more then her mother
Likes to watch self in mirror	12 months	Never did
Wanted caregiver or parent to be in constant sight	12 months	12 months
Became attached to a favourite toy or blanket	12 months	12 months
Became upset when separated from parent	12-18 months	Didn't really become upset but roughly 12 months
Played alone on floor with toys	12-18 months	Never did
Could make simple choices between two things	36 months	36 months
Enjoyed playing alone but near other children	36 months	Never did play alone
Enjoyed playing with other children briefly, but still does not co-operate or share well	36 months	12 months
Enjoyed playing with other children	4 years	12 months
Took turns and shared (most of the time)	4 years	12 months
Persistently asked why	4 years	3 years
Imitated parent of the same sex, particularly in play	4 years	3 and a half years
Enjoyed pretending, often with imaginary playmates	4 years	3 years
Loved to tell jokes that may not make any sense at all to adults	4 years	3 years
Invented games with simple rules	5 years	4 years

Emotional and social development		
Development milestone	**General age milestone is met**	**Age Marie met the milestone**
Often feared loud noises, the dark, animals and some people	5 years	4 years
Carried on conversation with other children and adults	5 years	4 years
Liked to make own decisions	5 years	4 years
Began to have a very basic understanding of right and wrong	5 years	4 years
Sometimes needed to get away and be alone	5 years	3 years
Began to see things from another child's point of view, but still very self-centred	6-8 years	5 years
Found criticism or failure difficult to handle	6-8 years	6 years
Became upset when behaviour or school-work is ignored	6-8 years	6 years

4.4 Guidance from an expert: Unit F922 Child development

The following is a suggested format for delivery and presentation for the unit. It would be helpful to annotate the AO on the work.

AO1 – Generic

- Produce a table. For each key stage (infant, toddler, pre-school and school age) describe two patterns/milestones/norms for each area of development (physical growth and development, intellectual – including cognitive, language and social and emotional).
- Use the table to produce a continuous piece of prose that shows the progression of development over time.
- An investigation of two methods of monitoring child development providing explanations for their use.

Introduce a case study of a child of 8 years or above – you can base this study on yourself.

AO2

- Produce a detailed comparison of your child's development compared to the norms for each area of development (this could be started by adding to the table produced for AO1). Any variations from the norm should be explained.
- In order to explain these differences/similarities you need to give a detailed explanation of the factors (at least three from those listed in the specification p55/56) that have affected your child's development. How do these help to explain any variations from the norms? *Remember, the impact of these factors can be positive and negative.*

AO3

- Using three sources of information analyse how two roles of play can be reflected in the child's development. Pick any two bullet points from p56. *Recommend stages, types and benefits of play, as these are easily applied to the child.* A detailed record of the sources should be kept and there should be clear evidence of their use.
- It is a good idea to observe a child so that you can give examples of how these roles are reflected in the child's development.

AO4

- Create a learning aid or activity that would be of benefit to your child. Think about which area(s) of development it will impact on. Think PIES. *You could use the same activity used for Unit 6 here.*
- Produce a detailed plan outlining your methods, resources and timescales.
- Justify your plan.
- Trial you learning aid or activity on any child of the age intended.
- Evaluate, in detail, the performance of the learning activity or aid. Analyse how it would benefit your child. Make realistic recommendations for improvements.
- Discuss how you could introduce progression to your learning aid or activity.

Remember!

- Make sure you reference sources of information within the text and include in your bibliography, of which there should be one at the end of the portfolio.

5 Unit F923: Mental-health issues

5.1 Introduction:

Overview

- The concept of mental health
- Types of mental illness
- Causes of mental illness
- Effects of mental illness
- Preventative and coping strategies
- Support for people who use services with mental health needs.
- Mental health in the media.

Suitable teaching and learning strategies

- Use of newspaper, magazine articles, video/TV clips to portray the concept of mental health
- Survey and presentation of findings of media portrayal of people with mental health problems
- Questionnaires and presentation of findings of the views of society of mental health
- Role-play activities to portray positive and negative attitudes towards people with mental health needs
- Interviews with health/social care workers e.g. community psychiatric nurse, support worker, counsellor, social worker
- Preparation of fact sheets/information guides on different types of mental illness
- Group research and presentations on causes of mental illness
- Visiting speakers from/visits to charities supporting people with mental-health needs
- Evaluation of provision/support available for people with mental-health needs
- Group discussion/debate on the effects of mental illness
- Use of case studies to evaluate preventative and coping strategies
- Debate based on the moral and ethical implications of exercising compulsory powers by practitioners.

Possible pitfalls

- Breaking confidentiality
- Covering insufficient types of mental health illnesses
- Not linking causes and mental health needs appropriately to the chosen types of mental health illness

- Inappropriate choice of person who uses services – they do not actually have mental health needs
- Effects of mental illness not applied to the chosen person who uses services
- Lack of/inaccurate use of specialist vocabulary
- Inappropriate choice of services which could provide support for the chosen person who uses services
- Irrelevant legislation used
- Preventative/coping strategies not relevant to the needs of the person who uses services
- Heavy reliance on internet research in the main body of the text
- Muddled information presented on the concepts/definitions of mental health
- Including less than the required number of examples
- Not covering both positive and negative effect of portrayal in the media
- Recommendations for improvements not relevant.
- Negative language and prejudice shown in candidates' work through lack of understanding and stigma around mental health issues.

Resources

- Re -Think online resources
- Mind online resources
- Psychology and sociology text books
- Various websites (see specifications).

5.2 Unit F923: Mental Health Act 1983 Leaflet 6 - Detention under section 2

Your rights under the Mental Health Act 1983

Why are you being held?

You are being held in this hospital/ nursing home on the advice of two doctors. You can be kept here for up to 28 days (4 weeks) so that the doctors can find out what is wrong and how they can help. You may also be given any treatment you may need while you are kept here. You must not leave before the end of the 28 days unless a doctor decides you can. You can be brought back. If you try to leave before then the staff can stop you, and bring you back. You can be held in this way because of section 2 of the Mental Health Act 1983. These notes are to tell you what that means. After 28 days you can only be kept in hospital if your doctor thinks you need to stay longer and makes new arrangements (under Section 3 of the Mental Health Act. If your doctor is thinking of doing this he will talk to you about it towards the end of the 28 days and you will be given a further leaflet to explain your rights.

If you want to leave

The doctor will tell you when he thinks you are well enough to leave hospital. If you want to go before the end of the 28 days and before he says you are ready, you will have to get the agreement of either:

- The hospital managers, or
- The Mental Health Review Tribunal.

If you think you should be allowed to leave hospital you should talk to your doctor. If he thinks you should stay, but you still want to leave you can ask the hospital managers to let you go. You should write to them to ask them to do this. Their address is _____.

The tribunal

You can also ask the Mental Health Review Tribunal to decide if you can leave hospital. You can ask the Tribunal to look at your case by writing to them or sending them a form which the hospital can give you. The Tribunal's address is _____.

You must write to the Tribunal within the first 14 days (2 weeks) of your stay in hospital. If you need help writing the letter or filling in the form your social worker or the hospital staff will help you. There are usually three people on the Tribunal - a lawyer, a psychiatrist (doctor) and a third person who is not a doctor. All these people will come from outside the hospital. If you ask the Tribunal to look at your case they will probably ask to see you and your doctor. If the Tribunal see you, they will be able to make sure that they have full details of your case, and you will be able to tell them yourself why you want to leave hospital. You may not have to see the Tribunal if you do not want to, but you can insist on seeing them if you want. The doctor from the Tribunal will want to talk to you in any case. The Tribunal will listen to what you and your doctor say, and to what everyone else says, and then decide if you can leave hospital. You can also ask someone, including a solicitor if you wish, to help you to ask the Tribunal to look at your case and help you put your views to the Tribunal. Because of the legal advice and assistance scheme this solicitor's help may be free or it may only cost you a little. The Tribunal office or social worker will tell you how to find a solicitor or other help if you ask them.

Your treatment

You are being kept in hospital to make sure that you get the medical treatment you need. Your doctor will talk to you about any treatment he thinks you need. In most cases you will have to accept his advice except in the case of certain treatments.

If your doctor wants you to have certain very specialised and rare treatments he must have your agreement and he must get another doctor's opinion on the treatment that he wants you to have. You can withdraw your agreement at any time. The other doctor will have to talk to other staff who are involved in your case, including a nurse. The law protects you in other ways, too. If your doctor wants you to have one of these treatments he will explain all this to you.

If your doctor feels that you need to have ECT (Electro-Convulsive Therapy, sometimes called electric or shock treatment) and you agree, he can go ahead with the treatment. But if you do not agree, unless it is an emergency, he must first ask a doctor from outside the hospital to see you. This other doctor will talk to you and to other staff who are involved in your case, including a nurse, about the treatment and decide whether you need it. If the second doctor says you should have this treatment you will be given it.

If at first you agree that your doctor may give you ECT but later you change your mind you should tell your doctor that you no longer agree to this treatment. He will then have to ask a doctor from outside the hospital to see you to decide whether you need to go on having it. Again, he will talk to other staff.

If you have any questions or complaints

If you want to ask something, or to complain about something, talk to the doctor, nurse or social worker. If you are not happy with the answer you may write to the hospital managers. If you are still not happy with the reply you are given you can ask the Mental Health Act Commission to help you. You can also write to the Commission even after you have left hospital.

The Mental Health Act Commission

The Commission was set up specially to make sure that the mental health law is used properly and that patients are cared for properly while they are kept in hospital. You can ask them to help you by writing to them at:

Mental Health Act Commission
Maid Marion House
56 Hounds Gate
Nottingham
NG1 6BG.

Your letters

Any letters sent to you will be given to you. You can send letters to anyone except a person who has said that he does not want to get letters from you. Letters to these people will be stopped by the hospital.

Your nearest relative

A copy of these notes will be sent to your nearest relative who we have been told is _____.

If you do not want this to happen please tell the nurse in charge of your ward or a doctor. Your nearest relative can write to the hospital managers to ask them to let you leave. The managers will need at least 72 hours (3 full days) to consider such a request, so that your doctor can consider whether you should leave or not.

If there is anything in this leaflet you do not understand, the doctor or a nurse or social worker will help you. If you need help in writing a letter you should ask one of them, or a relative or friend.

5.3 Unit F923: Mental Health Act 1983 Leaflet 7 - Detention under section 3

Your rights under the Mental Health Act 1983

Why are you being held?

You are being held in this hospital/mental nursing home on the advice of two doctors. You can be kept here for up to 6 months, so that you can be given the treatment and care that you need. You can only be kept in hospital for longer than 6 months if your doctor thinks you need to slay. If your doctor thinks you should stay longer he will talk to you about this towards the end of the 6 months. You must not leave unless a doctor tells you that you can. If you try to leave before then the staff can stop you, and if you do leave you can be brought back. You can be held in this way because of Section 3 of the Mental Health Act 1983. These notes are to tell you what that means.

If you want to leave

The doctor will tell you when he thinks you are well enough to leave hospital. If you want to go before the end of the 6 months, or before he says you are ready, you will have to get the agreement of either:

- The hospital managers, or
- The Mental Health Review Tribunal.

If you think you should be allowed to leave hospital you should talk to your doctor. If he thinks you should stay, but you still want to leave, you can ask the hospital managers to let you go. You should write to them to ask them to do this. Their address is _____.

The tribunal

You can also ask the Mental Health Review Tribunal to decide if you can leave hospital. You can ask the Tribunal to look at your case by writing to them or send them a form, which the hospital can give you. The Tribunal's address is _____

You can apply to the Tribunal any time in the next 6 months and if you withdraw your application you can apply again. If you need help writing the letter or filling in the form your social worker of the hospital staff will help you.

There are usually three people on the Tribunal - a lawyer, a psychiatrist (doctor) and a third person who is not a doctor. All these people will come from outside the hospital.

If you ask the Tribunal to look at your case they will probably ask to see you and your doctor. If the Tribunal see you they will be able to make sure that they have full details of your case, and you will be able to tell them yourself why you want to leave hospital. You may not have to see the Tribunal if you do not want to but you can insist on seeing them if you want. The doctor from the Tribunal will want to talk to you in any case. The Tribunal will listen to what you and your doctor say, and to what everyone else says, and then decide if you can leave hospital.

You can also ask someone, including a solicitor if you wish; to help you to ask the Tribunal to look at your case and help you put your views to the Tribunal. Because of the legal advice and assistance scheme this solicitor's help may be free or it may only cost you a little. The Tribunal office or social worker will tell you how to find a solicitor or other help if you ask them.

If you have not applied after 6 months, the hospital managers will apply for you. If your doctor advises that you need to stay in hospital for a further 6 months, you will be allowed to apply again. After that you can apply every year you are still kept in hospital under the Mental Health Act.

Your treatment

You are being kept in hospital to make sure that you get the medical treatment you need. Your doctor will talk to you about any treatment he thinks you need. In most cases you will have to accept his advice except in the case of certain treatments.

If your doctor wants you have certain very specialised and rare treatments he must have your agreement, and he must get another doctor’s opinion on the treatment that he wants you to have. You can withdraw your agreement at any time. The other doctor will have to talk to other staff who are involved in your case, including a nurse. The law protects you in other ways, too. If your doctor wants you to have one of these treatments he will explain all this to you.

If your doctor feels that you need to have ECT (Electro-Convulsive Therapy, sometimes called electric or shock treatment) and you agree, he can go ahead with the treatment. But if you do not agree, unless it is an emergency, he must first ask a doctor from outside the hospital to see you. This other doctor will talk to you and to other staff who are involved in your case, including a nurse, about treatment and decide whether you need it. If the second doctor says you should have the treatment you will be given it.

If at first you agree that your doctor may give you ECT, but later you change your mind, you should tell the doctor that you no longer agree to this treatment. He will then have to ask a doctor from outside the hospital to see you to decide whether you need to go on having it. Again, he will talk to other staff.

Your doctor will talk to you about any medicine or drug treatment he thinks you need. You must accept the treatment for the first three months that you are kept in hospital under the Mental Health Act. (If you are not given any medicines or drugs at first, the three months only begins when your doctor starts to give you them.) If after three months your doctor wants you to carry on having any drug treatment or medicine he must, except in an emergency, get your agreement first. If you agree he can continue the treatment. But if you do not agree, he must ask a doctor from outside the hospital to see you. This other doctor will talk to you and to other staff who are involved in your case, including a nurse, about the treatment and decide whether you need it. If the second doctor says you should have this treatment, you will continue to be given it.

If when the three months is up you at first agree that your doctor can carry on giving you any medicine or drug treatment, but later you change your mind, you should tell your doctor. He will then have to ask a doctor from outside the hospital to see you and decide whether you need to go on having it. Again, he will talk to other staff.

If you have any questions or complaints

If you want to ask something, or to complain about something, talk to the doctor, nurse or social worker. If you are not happy with the answer you may write to the hospital managers.

If you are still not happy with the reply you are given you can ask the Mental Health Act Commission to help you. You can also write to the Commission after you have left hospital.

The Mental Health Act Commission

The Commission was set up specially to make sure that the mental health law is used properly and that patients are cared for properly while they are kept in hospital. You can ask them to help you by writing to them at:

Mental Health Act Commission
Maid Marion House
56 Hounds Gate
Nottingham
NG1 6BG.

Your letters

Any letters sent to you will be given to you. You can send letters to anyone except a person who has said that he does not want to receive letters from you. Letters to these people will be stopped by the hospital.

Your nearest relative

A copy of these notes will be sent to your nearest relative who we have been told is _____.

If you do not want this to happen please tell the nurse in charge of your ward or a doctor. Your nearest relative can write to the hospital managers to ask them to let you leave. The managers will need at least 72 hours (3 full days) to consider such a request so that they can get a report from your doctor. Only one request will be considered in any one period of 6 months. If your doctor reports that you should not leave, your nearest relative can ask for a Tribunal to look at your case.

If there is anything in this leaflet you do not understand, the doctor or a nurse or social worker will help you. If you need help in writing a letter you should ask one of them, or a relative or friend.

5.4 Unit F923: Patients Information Leaflet 21 - Mental Health Act 1983 Sections 26-30:

Rights and responsibilities of the nearest relative under the Mental Health Act 1983

What is meant by 'Your Nearest Relative'?

For the purposes of the Mental Health Act 1983, the term "nearest relative" is applied to a person who has certain rights in connection with the treatment and care of a mentally ill person (who, for convenience, will be referred to as the 'patient' throughout this leaflet).

The nearest relative is the person who comes highest in this list:

- Husband or wife (this includes a partner who has lived with the patient as their husband or wife for more than six months (and includes Gay or Lesbian partners: MW)
- Eldest child
- Eldest parent
- Eldest brother sister
- Eldest grandparent
- Eldest grandchild
- Elders uncle/aunt
- Eldest nephew/niece.

The only exceptions to this list are that:

- If the patient normally lives with a non-relative, and has been doing so for not less than five years, that person is regarded as the nearest relative.
- If the patient normally lives with one or more relatives, the eldest of those will be considered the nearest relative.
- If the highest person on the list is living abroad, or is under 18, or it is not allowed access to the patient for legal reasons, then the next eligible person is regarded as the nearest relative.
- If the patient is under 18 and in the care of a local authority or another person, then that authority or person will take priority over everyone in the list (except a spouse).
- If the patient is under 18 and is subject to guardianship, the guardian will be regarded as the nearest relative.
- Any of the patient's relatives, or any person she or he has been living with, or a local social services authority, may apply to the county court to be regarded as the nearest relative.

They can only do this if:

- It cannot reasonably be determined whether the patient has any other nearest relative.
- Or the existing nearest relative is too ill to take responsibility.
- Or the existing nearest relative makes unreasonable objections to applications for the patient to be admitted for treatment or to be placed under guardianship.

- Or the existing nearest relative has exercised, or is likely to exercise, his or her rights in relation to the patient in a way which does not give due regard to the patients welfare or to the interests of the public.
- When a county court makes an order nominating a particular person or authority to act as the nearest relative, the court can also cancel it if the nominated person or authority requests it, or if a previously absent or ill relative becomes available to take on the responsibility.

What can I do if I do not want to be involved as the nearest relative?

If you are unable to undertake the role of nearest relative, or do not wish to be involved as such, you can authorise any person to perform the task. You will need to write to the hospital if the patient is detained or the local social service department if the patient is subject to guardianship, confirming that you no longer wish to act as the patients nearest relative.

What rights does the nearest relative have?

You have a number of important rights under the Mental Health Act 1983:

- The right to require an assessment to be made

  If you feel that your relative may need hospital care for a mental health problem, and she or he is unwilling to seek it personally, you are entitled to ask the local authority where the patient lives to ask an approved social worker to consider the case. The social worker might apply for the patient to be admitted to hospital after an assessment by two doctors. If he or she does not, you must be given a written explanation of why an application for detention under the Act will not be made.

- The right to apply for compulsory admission

  Although most applications for a person to be admitted to hospital under the Mental Health Act are made by approved social workers – which is usually easier for you and for the rest of the family – you have the right to make a application yourself. If you want to do this, you will need to get the written support of two doctors (or one doctor in urgent circumstances). The doctor or an approved social worker will advise you on how to make an application, and whether the circumstances are urgent.

- The right to information and consultation before the patients admission to hospital

  If a social worker applies for the patient to be admitted to hospital for assessment (section 2), she or he must take reasonable steps to inform you and must advise you of your power of discharge (see below).

  If a social worker applies for the patient to be admitted to hospital for treatment (section 3), she or he must take reasonable steps to consult you and obtain your agreement. If you do not agree, then the patient cannot be detained. The social worker might then apply to the county court and ask for you to be replaced as nearest relative; if this happens, and you object, you should see a solicitor.

- The right to information and consultation after the patients admission to hospital

  The patient has the right to be given certain information concerning:

  (i) His or her detention

  (ii) Applying to a mental health review tribunal

  (ii) Discharge from hospital

  (iii) Compulsory treatment

  (iv) The Mental Health Act Commission.

Unless the patient objects, the same information should be given to you in writing as soon as possible.

In addition to the information to which you are legally entitled, it is now widely accepted that, as long as the patient agrees, you should be involved in discussions and decisions relating to the patient's care and treatment.

- The right to review the patient's detention

  If the patient's detention is being reviewed by the hospital manages or by a mental health review tribunal, you are entitled to be informed of this and given the opportunity to state your point of view.

- The right to obtain the patient's discharge

  In the case of patients who are not subject to special restrictions or a hospital order you can, if you wish, write to the managers of the hospital in which the patient is being detained, and tell them that you want him or her to be discharged. If you do this, the patient must be discharged three days after receipt of your letter unless the patient's doctor certifies that, in his or her opinion, the patient is likely to present a danger to himself or to others if she or he ceases to be detained. As a nearest relative you can ask any registered medical practitioner to examine the patient in connection with your right to order up his or her discharge.

  If the patient is detained under section 2 of the Mental Health Act, there is nothing more you can do once the doctor overrules your request for discharge.

  If the patient is detained under section 3 of the Mental Health Act, and the doctor overrules your request for discharge, you can then apply to a mental health review tribunal.

- The right to apply to the mental health review tribunal

  If your relative is not subject to special restrictions you can apply to a mental health review tribunal if the patient's mental disorder is reclassified. This means the doctor caring for your relative has changed his views on the mental disorder stated at the time the patient was originally detained. You can also apply if you are displaced by a Court as the nearest relative.

- The right to be told when the patient is about to be discharged.

  Unless the patient objects, you should, where practical, be given early notice of his or her discharge.

What arrangements will be made to support my relative in the community when they leave hospital?

Section 117 of the Mental Health Act 1983 requires the health authority and local authority, together with voluntary agencies, to provide aftercare for patients detained under section 3, 37, 47, or 48 of the Act. The purpose of the aftercare is to enable a patient to return to his home or accommodation other than a hospital or nursing home, and to minimise the chances of him needing any future in-patient hospital care. Unless the patient objects, you should be involved in arrangements for planning the aftercare, which should take place before the patient is discharged.

Patients detained under other sections of the Act will be entitled to receive a package of aftercare under the Care Programme Approach (CPA). The CPA places a responsibility upon health authorities, in collaboration with local authorities, to provide individually tailored care programmes for all mentally ill patients accepted by the specialist psychiatric services.

Being taken to a place of safety

Section 135 and section 136 allow you to be taken to a place of safety for assessment.

Under section 135 an approved social worker can give evidence to a magistrate and obtain a warrant. This gives a police officer to power to enter premises where they think you are – they can break in if needed. The police officer must be accompanied by an approved social worker and a doctor. The grounds for the warrant are that it appears that:

- You are being (or have been) ill-treated, neglected, or not kept 'under proper control', or
- That you are living alone and are unable to care for yourself.

If it is thought necessary you can be taken to a place of safety and held there for up to 72 hours to allow you to be assessed and for arrangements to be made for your treatment or care. This time limit cannot be extended.

Section 136 allows a police officer to take you to a place of safety if you are in a public place and it appears to the officer that you have a mental disorder and you are in immediate need of care and control. If so you can be taken to a place of safety and held there for up to 72 hours. This is to allow you to be assessed by a doctor and an approved social worker, and any arrangements for your treatment or care to be made. The time limit cannot be extended.

A place of safety can be:

- A police station
- A hospital
- A mental nursing home or residential home for people with a mental disorder
- A residential home provided by the social services
- Any suitable place of which the occupier is willing to have you.

Information for detained patients about The Mental Health Act Commission

What is the Mental Health Act Commission?

The Mental Health Act Commission was set up to protect the rights and interests of all patients detained under the 1983 Mental Health Act.

It is independent of all staff and managers of hospitals and mental nursing homes.

Members of the Commission include doctors, nurses, social workers, lawyers, psychologists and other people with knowledge of the Mental Health Act and mental health services. They work part-time for the Commission and are supported by about 30 civil servants.

What does the Commission do?

The Commission:

- Checks that you are lawfully detained and well cared for
- Checks that the Mental Health Act is being used properly
- Checks that you are informed about your rights under the Mental Health Act
- Arranges for an independent doctor from another hospital to provide a second opinion if you are not able or willing to consent to your treatment in certain circumstances
- Investigates certain types of complaint

- Makes sure that you know how to apply to the Mental Health Review Tribunal, or to the hospital managers, about your discharge from hospital
- Publishes a report of its activities and findings every 2 years.

How does the Commission do it?

Members of the Commission:

- Visit all places where patients are detained under the Mental Health Act
- Meet and talk to detained patients in private. Any information you provide will not be passed on without seeking your agreement
- Check that all your complaints are taken seriously
- Check that all detained patients have an equal chance to receive good services and treatment. Particular attention is paid to the special needs of women and members of ethnic, cultural and other minority groups
- Meet with managers and other staff to talk about those things that affect your care and treatment
- Check that the Mental Health Act Code of Practice is being followed. You can ask the ward staff to let you see a copy of the Code of Practice
- Review decisions in Special Hospitals to stop letters or parcels
- Keep in touch with Patients' Councils
- Check that the right plans are made for you before you are discharged from hospital.

What the Commission cannot do

The Commission:

- **Cannot** discharge you from your section under the Mental Health Act
- **Cannot** discharge you from hospital
- **Cannot** transfer you to another hospital
- **Cannot** offer individual medical advice
- **Cannot** offer individual legal advice.

How can I contact a Member of the Commission?

- You can ask the hospital staff to make an appointment for you to meet a member when the Commission next visits the hospital
- You can ask to see one of the members on the day of the visit
- You can write to the Commission office in Nottingham (the address is shown on the back page of this leaflet). Letters to the Commission are confidential and may not be stopped or opened by the hospital staff
- If the matter is urgent you can telephone the Commission office in Nottingham on: **0115 943 7100**
- You can speak to someone in the office between 9-00 a.m. and 4-30 p.m. from Monday to Friday
- There is a telephone answering service from 4-30 p.m. to 9-00 a.m. on weekdays and all day on Saturdays, Sundays and Bank Holidays

- If you use the answering service, please leave your name, ward/home address or telephone number so that someone can contact you as soon as possible
- If you do not like using the answer machine, please call back during normal working hours, or ask a relative or friend to call on your behalf.

Please Remember

The Mental Health Act Commission is here to protect the rights and interests of all patients detained under the 1983 Mental Health Act.

You can contact the Commission's Nottingham office if you wish to:

- Complain about your care and treatment as a detained patient; (you can do this even after you leave hospital)
- Find out more about the work of the Commission
- Tell us what you think about this leaflet and the service provided by the Commission.

The Objectives of this Tutorial are:

- To know when compulsory admission is necessary
- To understand what patients can be detained
- To know the different types of the most commonly used sections in general practice
- To be able to apply them appropriately and be aware of the limitations.

It is the duty of the doctor to try to persuade a patient to agree to admission. The MHA can only be evoked if such persuasion fails. Consider admission under MHA if:

(i) Suffering from **mental disorder** that warrants admission for assessment/treatment for at least a limited period, and

(ii) They ought to be detained in the **interest of their own health/safety or protection of others**

(iii) There is **no alternative** to compulsory admission.

Alcohol/Drug dependence, acute intoxication and temper tantrums are not mental disorders. Drug-induced psychoses, including delirium tremens, may be.

Admission Refused?

How Desperate?

- If about to commit suicide then under common law restraint is defensible if done in good faith. Section is usually followed (either 4 or 2)
- If less dire but still urgent that cannot leave patient or wait for second doctor because of ‘undesirable delay’ then consider Section 4
- If less urgent then can contact ASW and CP to meet at residence of patient.

Approved Social Workers are preferred applicants for detention orders because of their specific training and independence from family relationships.

There is a Code of Practice which emphasises the importance of joint assessments by doctors and ASW and gives detailed guidance on assessment procedure.

Once detained, they are informed of their rights, including making an appeal.

Section Two

Up to 28 days for **assessment** or **assessment followed by treatment** for mental disorder. Not renewable and followed by Section 3 if continued detention required.

Used for:

(i) No history of admission

(ii) No treatment plan in place

(iii) Effectiveness not known of compulsory treatment.

- Application by ASW/Relative with 2 doctors (one section 12 approved).
- Applicant must have seen patient **within 14 days** and signed after medical recommendations had been made. Applicant states why no prior knowledge of patient by doctors, if appropriate.
- Doctors must have seen patient **within 5 days**, if seen separately.
- Admission must take place **within 14 days** of medical recommendation.
- Consent for treatment obtained where possible, but can treat without consent for 3 months.
- Nearest relative can discharge the patient not less than 72 hours within writing to hospital managers. This can be disbarred by the consultant with a form if thinks a danger to themselves or others.

Section Three

- Compulsory admission for **up to six months**. Renewable for another six months and then subsequently for periods of one year. The initial section is for a maximum of 3 months and need not run its full course.
- Must be suffering from **mental illness**, **mental impairment** or **psychopathic disorder** and appropriate that treatment **must take place** in hospital.
- For mental impairment / psychopathic disorder, an **additional** requirement is that treatment is likely to alleviate or prevent deterioration in their condition.
- Treatment can be given for 3 months without consent.
- Similar requirements as for Section 2 for application etc. Both doctors must agree on the **same form** of mental disorder.
- If patient is absent without leave for 28 days than a fresh application is needed.

Section Four

- Compulsory detention for up to 72 hours for assessment **in an emergency from the community** when those involved cannot cope with mental state of patient and needs to be forcibly admitted to hospital. It should be used with the **clear intention** to use Section 2 immediately in hospital.
- Used only when a delay in waiting for a second opinion would be undesirable due to the serious nature of the current illness and ability to cope in a community setting.
- Application again by ASW/relative with only one medical recommendation needed. Doctor must have seen the patient within 24 hours and preferably had previous knowledge.
- Patient to be admitted within 24 hours.
- Non renewable. If AWL for 72 hours then fresh application needed. Cannot be transferred to Section 3 and cannot be treated without consent.

Other Sections

Section 5 (2)

Allows detention of **informal hospital patient** for 72 hours to allow application for Section 2 or 3. Designed for use as an emergency holding order if patient wishing to leave before Section 2 or 3 completed. One medical recommendation required only. Consent for treatment needed.

Section 5 (4)

Allows a **registered nurse to detain an informal patient** who is already being treated for mental disorder for up to six hours. Only used if verbally or otherwise indicating intention to leave hospital and not practical to obtain a doctor for Section 5 (2).

Section 135

A **power of entry** to ASW from Magistrates' Court to person's home believed to be suffering from mental disorder. Someone being neglected/ill-treated/unable to care for themselves. The police may enter locked premises only if **a doctor and ASW** are both present. Does not apply to those on a Section already and AWL. Can be detained for 72 hours only.

Section 135 (2)

Allows **retaking of an initially detained** patient who has gone AWL. Does not need ASW or doctor to go with police officer. It is an offence to harbour a detained patient who is AWL.

Section 136

Allows a police officer who believes that a person is suffering from a mental disorder to be **removed from a public place** to a **place of safety**. They must be in immediate need of care of control **and** is necessary in the interest of either the patient or general public. Period must not exceed 72 hours.

Places of safety are defined as:

(i) Hospital

(ii) Police station

(iii) Mental nursing home/residential home

(iv) Residential accommodation provided by LA under part 3 NAA 1977

(v) Any other suitable place where occupier is willing to accept patient.

Miscellaneous

Nearest relative hierarchy:

- Husband/wife
- Son/daughter
- Father/mother
- Brother/sister
- Grandparent
- Grandchild
- Uncle/aunt
- Nephew/niece.

The Mental Health Act: A summary

The Mental Health Act

Most people who have mental health problems are treated in the community or in a hospital on a voluntary basis and have the same rights as everyone else. The latter are sometimes called 'informal' patients. A small number of people are compulsorily detained under a section of the Mental Health Act 1983, and they have different rights. People who are compulsorily detained are referred to as 'formal' patients. In urgent circumstances an informal patient can be detained under section 5, for either 6 or 72 hours, pending a fuller assessment as described below under Section 2: Assessment, 28 days. The Mental Health Act is very complex and covers many different areas, including compulsory admission to hospital, consent to treatment and the right of appeal, guardianship, and patients' involvement in criminal proceedings. There is also a separately published Code of Practice, which is regularly updated. This gives a guide to the implementation of the Act. It is only possible to give a very brief guide here to the most commonly used sections. Please note that you will need advice in interpreting the Act and should consult your local Citizens Advice Bureau or a solicitor specialising in mental health. What follows is not an authoritative statement of the law.

To be assessed for compulsory admission under the Act, the person must firstly be suffering from a mental disorder. This is defined by the Act to mean 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'.

Section 2: Assessment, 28 Days

A person may be detained for assessment purposes for up to 28 days. The grounds for this are that the patient is 'suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and he ought to be so detained in the interests of his own health or safety, or with a view to the protection of other persons'.

Section 3: Treatment, 6 Months

A person can be detained for treatment for up to six months (and that period can be renewed). The grounds for this are that the patient is 'suffering from mental illness, severe mental impairment, psychopathic disorder or mental impairment and his mental disorder is of a nature which makes it appropriate to receive medical treatment in hospital' and 'in the case of psychopathic disorder or mental impairment, such treatment is likely to alleviate or prevent a deterioration of his condition' and 'it is necessary for the health or safety of the patient or for the protection of other persons, that he should receive such treatment and it cannot be provided unless he is under this section'.

Procedure

With Sections 2 and 3 either an Approved Social Worker (ASW) or, if necessary and appropriate, a person's 'nearest relative' can make an application. This application must be supported by the recommendations of two registered medical practitioners. In addition, under Section 3 the ASW must consult the 'nearest relative'. The application cannot proceed if the nearest relative objects, although court proceedings can be taken to overrule a nearest relative who objects unreasonably.

If a patient's nearest relative unreasonably objects to admission under Section 3, an application could be made to the County Court under Section 29 of the act for the functions of the nearest relative to be transferred to the local Social Services or another person.

Discharge

With both Sections, the patient may be discharged by one of:

- The Responsible Medical Officer (RMO)
- The Hospital Managers

- The Nearest Relative – who must give 72 hours' notice to the hospital managers, who in turn may overrule the request. The RMO can refuse the request on the grounds that discharge would be dangerous to the patients or to others. The nearest relative can then bring the case before a Mental Health Review Tribunal. The onus of proof is then on the RMO.

Appeal

The patient may appeal to the Mental Health Review Tribunal. Under Section 2 this appeal must be made within 14 days of detention. Under Section 3 one appeal can be made within the six-month period. Community Legal Service funding (not means-tested) is available to pay a solicitor to represent someone at a Tribunal. Patients may also appeal to the hospital mangers. It is important to get advice about the wording of a letter to the managers and about representation at a managers' meeting or a Tribunal. If representation is used at a managers' meeting, free legal aid is means-tested.

Section 4: Emergency, 72 Hours

A person may be detained for assessment purposes for up to 72 hours 'in any case of urgent necessity'. In this case the application is supported by the recommendation of one registered medical practitioner.

Section 135: Police, 72 hours

A police constable may enter into premises and remove a person to a place of safety for up to 72 hours, using force if need be. This may only be used when an ASW has obtained a warrant from the Magistrate's Court, when there is reasonable reason to suspect that a person in the premises is being ill-treated, neglected, or not being kept under proper control or is living alone and unable to care for themselves.

Section 136: Police, 72 Hours

A police constable can remove someone from a place to which the public have access, to a place of safety for up to 72 hours, if the constable thinks that the person is "suffering from mental disorder and to be in immediate need of care or control…in the interests of that person or for the protection of other persons".

Consent to Treatment

Informal patients over the age of 16 have the right to refuse treatment except in the case of an emergency. Formal (detained, 'sectioned') patients under Sections 2 and 3 can be given treatment without their consent in certain circumstances. Special rules apply to specific treatments such as electro-convulsive treatment (ECT) and psychosurgery.

Rights of the Nearest Relative

If you are the nearest relative of someone affected by a mental disorder you have certain rights:

- The right to ask an Approved Social Worker to assess your relative for compulsory admission to psychiatric hospital
- The right to apply for your relative to be admitted compulsorily to psychiatric hospital. This application must be accompanied by two medical recommendations, one at least from a doctor approved under Section 12 (2)
- The right to object to formal admission to hospital under Section 3 (though this right can be removed by the courts)
- The right to request the discharge of your relative if they are compulsorily detained in psychiatric hospital
- The nearest relative can formally transfer his functions to another person, usually in writing, who can then act as nearest relative.

The nearest relative is defined in Section 26 of the Act, but you will need to contact your Approved Social Worker to discuss this.

Your Right to Information

Under Section 132 the managers of a hospital have the duty to provide a formal patient with information on:

- The section she or he is detained under
- His or her right to apply to a Mental Health Review Tribunal and/or appeal to the hospital managers
- His or her right to be discharged
- Consent to treatment rules
- The Mental Health Act Commission, its obligation to protect detained patients and its code of practice.

Mental Health Review Tribunals

Mental Health Review Tribunal
Block 2, Spur Q North
Cannons Park Government Buildings
Honeypot Lane
Stanmore
Middlesex HA7 1AY

These independent tribunals, which hear patients' appeals, are made up of three people, a lawyer, a psychiatrist and a lay person with relevant qualifications or skills. Patients can either make their own case or have the right to representation. Anyone can act as representative for the patient, though special skills would clearly be an advantage and some solicitors are experienced in this area. Community Legal Service Funding is available to employ a solicitor and this is usually advisable. The Law Society has a panel of solicitors who are able and willing to represent patients, and only solicitors who are experienced, and have a contact with the Community Legal Service, can do this work under public funding. All hospital wards and social service departments should be able to show people a list of these solicitors. On hearing the evidence the tribunal decides whether to discharge the patient. A formal advocate (please refer to section on Advocacy) can also offer support or represent a person who is appealing.

The Mental Health Review Tribunal must discharge a patient unless, in evidence, the detaining authority can satisfy the Tribunal that the continuation of the section is justified according to the law. Prior to this, the burden of proof rested with the patient who had to satisfy the Tribunal that the section should be discharged. This change has come about as a result of the Human Rights Act.

Managers' Appeals

Under Section 233 of the Mental Health Act patients who are detained in hospital have a right to appeal to the hospital managers. The hospital managers have the power to discharge the person from the detention order if it is considered the criteria for detention are no longer met. When someone is detained, rights of appeal will be given both verbally and in writing and more than once if necessary. If you need more information, speak to the nursing staff on the ward, or to the Citizens Advice Bureau or Medical Records Staff.

Mental Health Act Commission

Maid Marion House
56 Hounds Gate
Nottingham NG1 6BG
0115 9437100

This is a special health authority authorised to keep under review all aspects of the care of patients detained under the Mental Health Act. It can investigate complaints, arrange second opinions under the Mental Health Act on consent to treatment provisions, and is responsible for monitoring the Mental Health Act Code of Practice. It cannot discharge a patient from hospital. A patient can make a complaint to the Commission about anything that has happened to him or her while detained. The complaint should be made to the hospital management in the first instance. However, when a complaint is about being compulsorily detained it can be made directly to the Commission. In both instances the Commission will decide whether to investigate the complaint.

The Mental Health Act (1983) has now been updated and some amendments and changes have been made. The main aims were to increase the rights of patients with mental illness and modernise services to meet needs effectively.

Most of The Mental Health Act (1983) is still relevant, but there are some significant updates under The Mental Health Act (2007) they are:

- Widening the definition of mental disorder.
- Patients having a greater say about who is their nearest relative.
- 16 and 17 year olds now being able to agree to or refuse an admission to hospital without this decision being overridden by a parent.
- A decrease in the situations where Electro – convulsive Therapy (ECT) can be given without consent.
- A right to a specialist Independent Mental Health Advocate for detained patients.
- The introduction of Supervised Community Treatment in the form of Community Treatment Orders (CTOs).

http://www.mentalhealthshop.org/products/rethink_publications/mental_health_act_fa.html

5.5 Case study [1]: Unit F923 Mental-health issues

Kelly is 20 years of age and is an only child. When she was 3 years of age, her dad left her and has never tried to get in touch since. After this happened, Kelly and her mum could not afford the mortgage of their two bedroom house, so they had no option but to move in with Kelly's mum's parents.

Over the years, Kelly's mum changed dramatically, she would often go out, without any explanation leaving Kelly with her Grandparents. Kelly's mum often brought many men home, some of whom were very violent towards Kelly, but none of the relationships lasted. Kelly began to resent her mum, she felt unloved and insecure.

When Kelly was sixteen and studying for her exams, she began to feel depressed. She felt she had no support from her mum and had no one to talk to at school. She wanted to prove to everyone that she could do well in her exams though.

During this period of time, Kelly felt continuously sad and often cried for no apparent reason. She found it hard to sleep and did not eat properly. Her tutor at school noticed that she was having problems and asked her to speak to the school counsellor. Kelly reluctantly went, but actually found it beneficial to speak to the school counsellor. Kelly's condition improved and she just managed to pass her GCSEs. Kelly had meetings with the counsellor for the rest of her time a school, once she finished, she felt she could cope without the sessions.

Kelly then managed to get a job in a call centre, which held many opportunities. Her confidence and self-esteem increased as she made new friends and worked with different people, her wariness of strangers decreased. Kelly started to socialise more and often went out with friends after work. Through this Kelly met her partner Kevin.

They got on extremely well and found they had a lot in common, including the fact that neither of them got on particularly well with their parents, so they helped and supported each other. Once again she felt loved and secure. They then decided to move into a flat together.

Kelly was glad about this, as her mum had recently moved in with one of her boyfriends. Kelly did not trust him to start with; she found it hard to communicate with him and suspected he was an alcoholic at one stage. Kelly believed he was dragging her mum down to his standards. She did not want to stay with her grandparents, as she felt she was intruding on their privacy, and they needed the room for the younger grandchildren, who the grandmother looked after whilst their parents were at work.

After Kelly's 18th birthday, Kevin was tragically killed in a road accident. Once again Kelly cried uncontrollably and started not eating sensibly again. Her colleagues found that she constantly made mistakes, giving customers wrong advice. She was often late for work and did not explain absences. She never went out after work and would not talk to anyone at lunch. Friends tried to talk to her but she ignored them, which continued for weeks.

Kelly's boss eventually realised what was going on and suggested that she took some time off work to sort herself out. Once at home she locked herself indoors. She could not sleep and did not want to get up in the mornings. She did not bother to eat and therefore lost an incredible amount of weight, making herself feel weak. Kelly began to think suicidal thoughts, as she no longer enjoyed life or had the willpower to live.

It was when one of Kevin's older brothers came to see her to speak about Kevin that Kelly realised that she needed help. She went to her doctor, who referred her to psychiatrist. She was then diagnosed with depression. A few weeks on, Kelly is on anti-depressants and is receiving help from a Community Health Team at the Young People's Centre in Mount Gould Hospital. Slowly Kelly is getting better, through trying to stay positive and active as well as trying to rebuild her relationship with her mum.

5.6 Case study [2]: Unit F923 Mental-health issues

Alex lives with her mother, father and her older sister. She was a bright and popular girl, her family was well known for being pleasant to everyone - they were all well-liked. Alex's sister was already at university when Alex had to take her A levels at college. There was a high expectation, especially from her father, that Alex would achieve similar grades to her sister.

The pressure from Alex's father was suffocating Alex, and so she threw herself into her studies. She began to stay in and would create excuses for not going to her part-time job on the weekends. At first, Alex's mum and dad were pleased that Alex had become so determined, but then she became agitated and angry at every little thing.

Alex's parents put her mood swings down to exams looming nearer. Alex took her exams and a few months passed by. Results day came - Alex got her A level grades and they weren't good enough for university; she had to make do with a job in her local bank. Alex's father was disappointed, but her mother recognised that Alex was not her usual self and began thinking that all the work that Alex had put in should have allowed her to pass her exams.

When Alex was 19 her friends and family had noticed that she was becoming withdrawn and that she had lost interest in activities she used to enjoy. Her friends regularly invited her out with them although she always declined the offer. Her family started to notice that the girl who used to wash her hair every day was more often or not leaving showers to once a week. This puzzled her family. When they tried to have a conversation with Alex, she would jump between completely unrelated topics which made talking to Alex impossible. Alex also suffered from muddled thinking, or thought-disorder. This made working difficult and doing anything on her own was made very hard.

At this time Alex's mother began to look at possible illnesses that might explain Alex's behaviour. She began her search on the internet and came across a site that described the symptoms of a mental illness called schizophrenia. Alex seemed to have many of the symptoms.

When Alex was nearly 20 her mother urged her to make an appointment at the doctors. Alex, with help from her mum, described the way she was feeling. The doctor explained the he was referring Alex to the Local Community Mental Health team. Alex visited the centre, where a consultant psychiatrist gave her an assessment; he concluded that Alex had all the symptoms of schizophrenia. He then prescribed her medication which was called Haloperidol.

Alex's mum's worst fears were confirmed. Alex had got schizophrenia.

Alex found that these drugs controlled some symptoms of her schizophrenia, although she suffered from difficulty in remembering things. Alex went back to Parkgate House where her psychiatrist was based and asked whether she could be put onto another type of drug. The psychiatrist explained to Alex that she should maybe wait another month or so to see whether the side effects calmed down or not.

After another week on Haloperidol, a typical anti-psychotic drug, Alex had severe hallucinations and complained of voices in her head. This made her family very concerned, so they took Alex to Parkgate House and from there she was admitted to Rydon House, an inpatient hospital. Alex wasn't sectioned which meant that she was there voluntarily. Although Alex wasn't sectioned she stayed at Rydon for two weeks, whilst she received the care that she needed to get her state of mind back to some normality.

She is now reliant upon atypical anti-psychotics, which do not cause her many side effects.

5.7 Guidance from an expert: Unit F923 Mental-health issues

The following is a suggested format for delivery and presentation for the unit. It would be helpful to annotate the AO on the work.

AO4

- Evaluate thoroughly the concepts/definitions of mental health.
- Discuss TWO examples of the media's portrayal of people with mental–health needs – must look at one positive and one negative effect of these portrayals.
- Realistic and reasoned recommendations for improvements need to be made, showing understanding of the way the media can influence attitudes.

AO1

- Candidates give a detailed account of THREE types and possible causes of mental-health illnesses. They will explain the resultant health needs/symptoms.
- The complexity of causes will be discussed with confidence and how causes may interrelate.

Introduce a case study (two provided in support materials).

AO2

- Produce a comprehensive account of the effects of mental illness on their chosen person who uses services. Refer to PIES.
- Suggest they look at short and long term, plus the effects not only on the person who uses services but family, friends and wider society.

AO3

- Outline the main preventative/coping strategies the person who uses services could use and explain how TWO services could provide support for the person who uses services.
- Why are these strategies appropriate for the person who uses services?
- Outline ONE piece of legislation relevant to their person who uses services and discuss the possible impact of the legislation

Remember!!

- We would recommend a case study for this unit – a potentially 'sensitive' area, where it's best practice to use fictional scenarios.
- The BBC website (www.bbc.co.uk) has excellent resources for mental health.

6 Unit F924: Social trends

6.1 Introduction

Overview

- Demographic changes over the last 50 years relating to social trends and patterns of family life.
- Explanations for recent changes in the structure of the family and the roles of members of the family
- Understanding of changes in statutory, private and voluntary provision available to the family and individual members
- Using primary and secondary data to draw conclusions about the trends and patterns of family life.

Changes to terminology

- **Same sex couples** has replaced **homosexual couples**
- **Older people** has replaced **elderly people**
- **Individuals/practitioners** replaces **professionals**

New inclusions

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

- Changing role of men and increasing life expectancy have been added

Changes to service provision available to the family and individuals

- Third sector services have been added
- Protection services for adults has been included

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

- Observation (overt/covert) and Participant/non-participant observation have been included in Methods of collecting primary data

Suitable Teaching and Learning Strategies/Activities

- Use government/official statistics to identify recent demographic changes
- Group work by students to investigate aspects of family life through surveys, questionnaires, interviews, observations
- Invite local/national services into your centre to discuss their role in meeting the changing needs of the family in a multi-cultural society
- Use material in the media to highlight the rapid changes taking place within the family and the wider society
- Make contact with another centre in a very different demographic area in order to widen the students' perception of society and overcome the narrow insular view they may have

- Ensure the students are aware of basic terminology relating to the family and social science research.

Possible Pitfalls

- Using data which does not reflect the requirements of the specification and does not relate to multi-cultural society
- Candidates being too insular and inward looking – they must have a macro view of the wider society
- Not fully understanding the complexity of research and failing to assess and evaluate the effectiveness of a particular piece of research
- Not being able to clearly identify and explain trends in data
- Not realising that the nuclear family is only one type of relationship arrangements
- Failing to understand and apply terms such as objectivity, subjectivity and bias.

Resources

- Social trends 2005 No. 35 HMSO – also available on www.statistics.gov.uk
- Sociology textbooks; Sociology in Action: Investigating Families and Households, N. Jorgensen. Collins Educational ISBN 0-00-322407-4, Sociology: The Complete Companion, McNeil et al. Nelson Thornes ISBN 0-7487-7212, particularly section 2 Families and Households and section 4 Research Methods
- There are many alternative textbooks which provide the factual background on the family and the essential introduction to research methods
- Newspapers, particularly The Independent and The Guardian and documentaries on television
- Pressure groups and agencies working with the family e.g. National Council for One Parent Families.

Revision and Exam Preparation

- Make use of statistical/demographic data and get students to interpret, analyse and comment upon the data
- Use exemplar questions
- Make a revision list of key terms and concepts
- Give students practice questions which illustrate the key command terms: Identify Describe, Assess, Analyse, and Evaluate
- Ensure students are aware of the Assessment Objectives and their weighting within the exam paper
- Ensure the students are aware of the difference between validity and reliability.

6.2 Lesson plan: Social trends and patterns of family life

Learning objectives	Teaching strategies	Timing	AO	Resources
Changes in structure of family life Analysis of data Interpretation of data Trends in data Patterns in data	**Starter activity** • Students identify changes which have happened in family life during the last 50 years.	5 mins	**AO1** Recall of knowledge	
	Teacher input • Teacher led explanation of changes in family structure and types of data.	15 mins	**AO1** Provision of knowledge	• OHPs or PowerPoint • Board work • Handouts.
	Candidate activity • Candidates research for data about changes in family structure using the National Statistics website • Print examples of data records for use in next activity.	20 mins	**AO2** Application of knowledge and understanding	• Computer / internet access
	Teacher input • How to analyse data • How to interpret data • What are trends in data? • What are patterns of data?	20 mins	**AO1** Provision of knowledge	• OHPs or PowerPoint
	Candidate activity • Using the examples of data printed earlier candidates write practice questions • Candidates swap data and questions • Answer and mark questions prepared • Summary charts of changes in family structure.	40 mins	**AO3** Research and analysis	• Printed data • Questions prepared • Paper to answer questions • Summary charts to be completed.
	Group discussion • Review of findings • Analysis of difficulties experiences • Suggested strategies for overcoming difficulties experienced trainee doctors to provide information.	10 mins	**AO4** Evaluation	• Completed questions and answers.
	Plenary Review of changes in family structure.	10 mins		• Summary charts.

6.3 Marital breakdown and divorce

There has been a rise in the number of divorces in Britain, which has had a huge impact on family life.

Divorce rates have increased but not at a steady rate:

1945:

1950s:

1960s:

Problems of not using divorce statistics

They are not always an accurate measure of marital breakdown? Write down any reasons why you think that they could be problematic:

Who gets divorced?

- Teenage marriages
- First five years
- After 15 years
- Childless couples
- Different social classes/religions

Explanations:

There are two broad reasons:

- Legal changes
- Social changes
- Changes in the law making divorce cheaper and easier to obtain
- Higher expectations of marriage – people demand more of their marriages today
- Privatisation of family life – less pressure from extended kin to retain marriage ties
- Changing social attitudes causing less stigma – divorce more socially acceptable
- Changing role and attitudes of women and their growing financial independence
- Increasing life expectation – marriages have more time to break down
- Welfare state – support for single parents
- Secularisation – less religious importance attached to marriage

Changes in the law:

Before 1857, divorce could only be obtained by the rich, since each divorce needed a private Act of Parliament. As a result there were very few divorces. Since that time, changes in the law have made it easier to get a divorce, particularly during the twentieth century.

The Matrimonial Causes Act of 1857:

This made divorce procedure easier and cheaper, but still beyond the financial means of the lower middle class and working class. Men had more rights in divorce than women, and divorce was only possible if it could be proved in court that a 'matrimonial offence' such as adultery, cruelty, or desertion had been committed.

The Matrimonial Causes Act of 1923:

This gave women equal rights with men in divorce for the first time, and therefore gave more women the opportunity to terminate unhappy marriages.

The Legal Aid and Advice Act of 1949:

This gave financial assistance with the costs of solicitors' and court fees, which made it far more possible for working-class people to cope with the costs of divorce action.

The Divorce Law Reform Act of 1969:

This came into effect in 1971, and was a major change. Before the 1969 Act, a person wanting a divorce had to prove before a court that his or her spouse had committed a 'matrimonial offence' such as adultery, cruelty, or desertion. This frequently led to major public scandals, as all the details of unhappy marriages were aired in a public law court. This may have intimidated many people whose marriage had broken down from seeking a divorce. Also, marriages may have broken down – become 'empty shell' marriages – without any matrimonial offence being committed.

The 1969 Act changed all this, and made 'irretrievable breakdown' of a marriage the only grounds for divorce. It is now no longer necessary to prove on partner 'guilty' of a matrimonial offence, but simply to demonstrate that a marriage has broken down beyond repair. After 1971, one way of demonstrating 'irretrievable breakdown' of a marriage was by two years of separation. This change in the law led to a massive increase in the number of divorces after 1971.

The Matrimonial and Family Proceedings Act of 1984:

This allowed couples to petition for divorce after only one year of marriage, whereas previously couples could normally divorce only after three years of marriage. This led to a record increase in the number of divorces in 1984 and 1985.

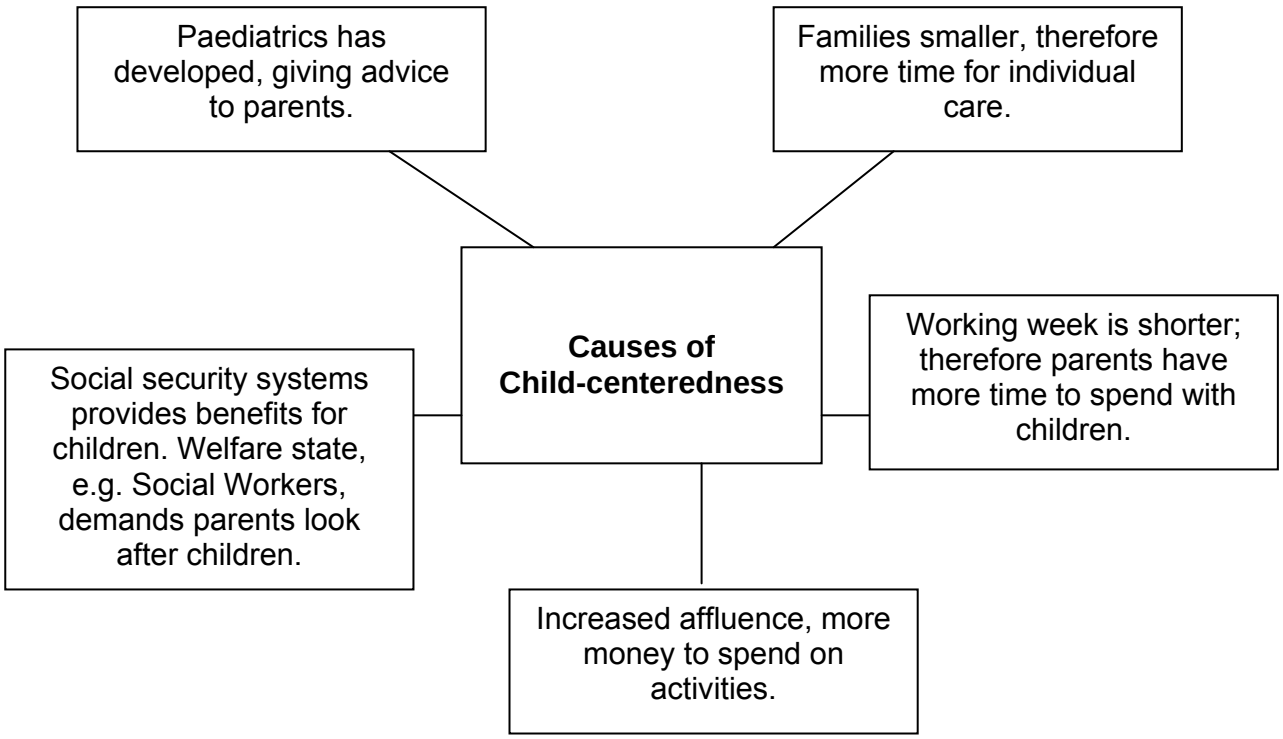
6.4 The changing position of children in the family

Children and the family in the 19th Century:

- Father and husband was the head of the family
- Little to do with children
- Upper/middle class families – often had governess/nanny
- Working class families – children seen as workers and an economic asset to the family
- Children had low status – 'seen and not heard'

Children and the family in the 20th Century:

- Families have become more child centred, family activities and outings
- Parents are more involved with their children, spending time, talking to them
- Child's welfare is major family priority



6.5 Guidance from an expert: Unit F924 Social trends

- Study the pre-release material carefully – this is an obvious indicator of the nature of the questions and a focus for final revision.
- Make sure you are confident with the range of primary and secondary research methods. Feel confident when dealing with concepts such as quantitative and qualitative, validity and reliability.
- Ensure you are aware of recent trends over the last 10 years. Do not rely just on data before this time as a final indication of patterns and trends. Newspapers and magazines such as the *Sociology Review* cover contemporary trends and comment on the implications for society and the individual.
- Be aware of the implications of cultural diversity on structures such as the family. Learn the key definitions of family types and feel comfortable in using them when discussing family diversity.
- Ensure that you have studied the way service provision has changed in **recent** years with the growing emphasis towards the **privatisation** of services. Refer to the continuing importance of **informal** care as a key influence in maintaining the care structure.
- Avoid making too many stereotypical judgements about controversial issues such as teenage pregnancy, immigration, asylum seekers, etc. Look at the evidence that is available and put your comments into a context. Use the Social Trends data available from the recent census – this can been looked at online by using a range of websites linked to government data (www.statistics.gov.uk).
- Try to show that you are aware of the relationship between government policy and the family. For example, how policy on health, education and welfare has influenced family structures and relationships.
- Make sure that you are aware that the structure of society is constantly changing and that people are now more likely to live in a series of relationships throughout their lives. The emphasis is now on choice and a growing tolerance towards diversity both at the family structure level and within personal relationships.

Produced by Michael Ancil, Principal Examiner.

6.6 Hints and tips – Unit F924 Social trends

- Create a glossary for candidates of all the key terms in the specification for them to fill out as they progress with the unit – a useful revision tool as well.
- Ensure you spend time going over the pre-release material in real depth – make sure candidates read the titles of the tables/graphs and pay attention to all the labelling – there may be useful tips here.
- The focus is not on numbers – they will not have to answer one mark numerical questions, but look for TRENDS – interpret that data!
- Questions about 'trends' will require candidates to describe a pattern/change from one point to another. Do they increase/decrease? Are there any inconsistencies?
- When candidates receive the pre-release material follow the following three steps with each piece of data:
  - What trends does the information show?
  - What are the possible reasons/explanations for these trends?(this will need to be explained in depth for A2).
  - What is the impact of the trends on services? (Ensure they know statutory, private and voluntary). Who will it effect in society and how? Look for positive and negative effects.
- Ensure candidates can analyse the data in terms of Reliability and Validity. How was the information gathered? Where did it come from?
- Official statistics – what are these and what are the strengths and weaknesses of using them?
- Create a summary sheet for all the services available to assist with family breakdown, child protection, assistance with care for family members and financial support for children and families. Each sheet could be divided into statutory, private and voluntary services.
- Use Sociology and Psychology textbooks to help with this unit – if candidates are doing either of these A levels they should find the research methods questions very accessible. It also links well with all the information required for Unit 16 Research Methods (if you have candidates submitting portfolio evidence for Unit 16, try to sit the test after they've completed their portfolio work).

7 Unit F925: Research methods in health and social care

7.1 Introduction

Overview

- Purposes and methods of research
- Ethical issues, sources of error and bias in research
- Planning, presenting and analysing findings from research
- Evaluating findings from and methods of research.

Suitable teaching and learning strategies

- Provide examples of existing research, for example, medical, educational, behavioural, sociological..... Provide suitable websites, for example, www.jrf.org.uk (The Joseph Rowntree Foundation) which will enable students to follow actual research projects and understand the rationale behind them.
- Summary table of all primary and secondary research methods with strengths and weaknesses of each method, this could be done individually or in groups
- Students create a glossary of key research terminology especially reliability, validity and representativeness
- Use examples of previous research to identify methods used, the ethical issues and to justify why the researcher chose the particular method(s)
- Give candidates scenarios of methods and get them to say how reliable and valid they would be
- Mind map areas of research that would be sensitive or inappropriate for their research report
- Draw up a list of ethical issues and bias in research which need to be considered when doing their research
- Discussion of relevant research topics
- Choose a broad topic area and identify ways of focusing the topic into a achievable hypothesis or research question
- Use 16.2.3 as a form of project planner to break up the required tasks which need to be completed
- Candidates practice presentation of research findings into an appropriate format
- Use previous research results to help candidates to analyse what was found and draw relevant conclusions
- Use evidence from Unit 3 AO4 to evaluate the stages of the research process and problems that could be encountered.

Possible pitfalls

- Choosing topic areas that are too sensitive or inappropriate
- Choosing a topic for which there is no or very limited secondary data available
- Choosing topic areas that are too broad - ensure that research question or hypothesis is focused
- Completing too many questionnaires or interviews (questionnaires 15 – 20 and interviews 5 maximum)
- Not using three relevant sources of information
- Not following the guidelines on presentation on page 152 of the specification
- Not using an appropriate format to present findings i.e. death by pie charts
- Repetition of findings in different formats
- Not referring to both primary and secondary data when analysing and drawing conclusions
- Not understanding the difference between reliability and validity
- Having too many aims and objectives (no more than 3 aims or objectives)
- Pretending everything went well or that they proved or disproved their hypothesis **(it is the process that is assessed not the results)**
- Recommendations for improvement do not link to their chosen research report.

Resources

- Green, S. - Research Methods in Health, Social and Early Years Care - Stanley Thornes
- A2 Health and Social Care for OCR - Heinemann
- Sociology in Focus Methods in Sociology - Morrison M
- Introduction to Sociology - Browne K
- Sociology text books
- Various websites (see specifications)
- Examples of previous research
- Sociology Review - Phillip Allen.

7.2 Case study: Unit F925 Research methods in health and social care

The Springfields Centre is a youth club which provides activities for children from 8 to 16. They run an after school club from 3pm until 6pm which children can attend for a fee of £1.50 each session. Children are able to join the youth club if they live within 3 miles.

Regular evening sessions are held on Tuesday Thursday and Friday evenings. On Tuesdays the focus is on the younger children, from 8 to 10, with fun activities from 6pm until 7.30pm. The fee for the evening is £1. The activities include challenges, games, painting, singing, dancing and computer games. Thursday evenings are dedicated to children 11 to 13 with creative activities, team games, problem solving, table tennis, computer games and quizzes. The session runs from

6.30 to 8.30pm and costs £1.50. Friday evenings are for 14 to 16 year olds with disco dancing, badminton, problem solving, computer games and information sessions linked to career planning. The session runs from 7pm to 10pm and costs £2 to attend.

Refreshments are available to buy but mainly consist of fizzy drinks, sweets and crisps. The children can buy raffle tickets and win tickets to the local cinema and bowling club. Trips are arranged during school holidays to adventure parks, swimming pool, ice skating and the dry ski slope.

The staff at Springfields are becoming increasingly concerned by the numbers of children who do not exercise, are smoking outside the centre; they have had to deal with a number of teenage pregnancies and a few older children arrived drunk to a session. They have had a complaint from the local shop that some members are asking people to buy alcohol for them.

AO1

Generic – requires candidates to describe the purposes of research and three different research methods available.

Using the case study above choose areas of research which could provide useful information for the staff of Springfields. Identify the categories of research that these areas fall under and using reference books and/or the internet explain why these types of research are carried out. **(5 marks)**

Describe three possible methods that could be used to gather for research purposes. **(5 marks)**

AO2

Choose an area and topic for research and explain the rationale behind choosing this. **(3 marks)**

What are the ethical issues related to your chosen area of research? Explain all of these fully and explain how you will address or avoid these. **(4 marks)**

Describe all possible sources of error and bias and explain how you would avoid these in your research. **(3 marks)**

You must show the depth of your understanding in the way you present your information.

AO3

Candidates must choose and describe three different sources of information to undertake research into their chosen area of study. You will need to decide which method(s) you are going to use to collect your information and prepare questionnaires, interview questions or observations depending on your choice. Reasons must be included for your choice of method(s) including sampling techniques. You should use both primary and secondary sources to gain higher marks and record all your sources clearly in a bibliography. **(3 marks)**

You must carry out your research and collect data relevant to your chosen area of study.

You will need to provide evidence that you have used a wide range of relevant information sources using a balance of primary and secondary data. This evidence must be presented clearly and in an appropriate manner. **(6 marks)**

You must analyse your findings thoroughly. A comprehensive analysis would include references to both primary and secondary data and any correlations or dissimilarities between them. Brief conclusions need to be drawn from your findings. **(6 marks)**

AO4

You must evaluate in depth the success of your research using your predetermined aims and objectives. Your evaluation should include: How well were the aims met? How well were the

objectives met? Was the research valid? Was the research reliable? Was there representation within the research? **(7 marks)**

You need to analyse/describe in detail the strengths and weaknesses of your chosen piece of research and your approach to it. Were you too ambitious? Was your research achievable? What worked well? What didn't? Were your methods and sampling techniques appropriate? **(5 marks)**

Note that your overall approach to this unit and the standard of your report will influence how many of the five marks you obtain.

You need to make realistic recommendations for improvements to the research if you were to carry it out again.

You also need to make recommendations for activities which would lead to continuation or extension of the research. **(3 marks)**

7.3 Guidance from an expert: Unit F925 Research methods in health and social care

A01 – Generic

- In depth explanation of the purposes of research (P65 of the specification).
- In depth explanation of 3 different research methods – suggest one secondary and two primary methods (P65) of the specification).

The following is a suggested format for delivery and presentation for the remainder of the unit. It would be helpful to annotate the AO on the work. The rest of the work relates to the candidate's own piece of research.

Introduction – (AO2)

- What is **the central research question** or **hypothesis**?
- **Aims and/or objectives**. No more than three aims suggested.
- **Rationale** for their choice of research i.e. why have they decided to research their chosen area? Why does their topic merit investigation? Possible inclusion of statistics and secondary research to help justify choice. These should be candidate's fully referenced summaries and not just downloads or highlighted photocopies.

Methodology – (AO2 and AO3)

- In depth explanation of the range of **ethical issues** which relate to their chosen research.
- A description of possible sources of bias and error.
- Research using secondary data and primary data. (No more than 20 questionnaires/structured interviews, 2/3 unstructured interviews) (AO3).
- **Justify** the choice of methods chosen. For example, why questionnaires? It may be helpful to compare with another method and state why one was chosen over another. For secondary data is it up to date, relevant (AO3)?
- Discuss the **sampling methods** used for collecting your primary data (AO3).
- **Carry out** the research.
- **Findings** - Clearly present their findings – do not just put in lots of unnecessary graphs/pie charts (AO3).

- **Analyse the findings** – it is useful if candidates relate these back to their initial aims rather than just listing all the questions out. Make use of secondary data as well as primary. (AO3).
- Draw a **conclusion** (A03).
- **Evaluate** the research design. Did they meet their aims/objectives? Relate back to the original question or hypothesis. They must evaluate its success in relation to **Validity, Reliability** and **Representativeness.** What went well, what did not go as well (AO4)?
- **Analyse** the strengths and weaknesses of their work/topic/methodology. (AO4)
- Make realistic and detailed **recommendations** for improvements and ideas for **future development** (AO4).

Remember!!

- The findings are not the key issue – it is the process/methods and evaluation that are most important.
- No more than 20 questionnaires/structured interviews.
- Only 1 copy of the questionnaire/interview to be put in the final portfolio. Do NOT send in all the raw data.
- Printed data from the Internet does not need to be included.
- If secondary data is used the candidate must refer/source them within the evidence.

Dear Colleague

Following on from the success of the pre-moderation service for GCSE Health & Social Care (Double Award), I am able to offer you the opportunity to participate in the GCE A level Health & Social Care Coursework Consultancy service.

The process will closely mirror the current system for moderation, whereby Consultants will contact you to request individual pieces of work to be sent. Once the consultation process is complete, written feedback on each Unit submitted will be forwarded to you. It is hoped that you will receive feedback on the Portfolio Consultancy within four weeks of submitting the portfolios (although this may be longer during holiday periods).

Guidelines for submitting GCE A Level Health & Social Care Portfolios:

- Only ***photocopied*** work should be sent to Consultants as we are not able to return Portfolios to centres.
- All Portfolios submitted must be clearly annotated, demonstrating where marks have been allocated.
- Each Portfolio must have the appropriate Unit Recording Sheet as a covering page.
- Centres should send copies of ***completed*** Portfolios where possible; however, clearly annotated, partially complete Portfolios will be reviewed.
- Please either staple or use an elastic band to bind Portfolios for ease of use.
- Please respond to Consultant's requests promptly; each Consultant will issue the centre with their preferred contact details.

Below you will find a tear-off slip which must be completed and returned to me (via email or post). I would be extremely grateful if you could provide me with as much information as you feel is available at this time, to enable us to fully meet your requirements.

Kind regards

Sarah Faulkner
Subject Officer
Health & Social Care

✂----------

GCE A LEVEL HEALTH & SOCIAL CARE *[Double Award]*

Name of contact person: _____ **Centre Number:** _____

Telephone number: _____ **Centre Name:** _____

Email address: _____

Total number of GCE H&SC candidates:	*Yr 12:*	*Yr 13:*

Please return to: *Sarah Faulkner, OCR, Mill Wharf, Mill Street, Birmingham, B6 4BU*

8 Sample Assignments

Sample assignment Unit F919: Care practice and provision

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

You need to produce an investigation to show how demographic factors influence the organisation and provision of health, social care and early years services in the local area, illustrating how two different local services meet the needs of one person who uses services.

Your evidence needs to include:

- Information about how **two** demographic characteristics influence the provision of services in the local area
- An evaluation of the effects of **one** national policy or **one** piece of legislation on care practice and provision and how this has affected the people who use services.
- Research and analysis of quality assurance methods used by the **two** services for the people who use services
- How, from **two** different services, practitioners work in multi-disciplinary teams using a range of approaches to identify and meet the needs of **one** person who uses services

Choose a person who uses services who accesses the provision of **two** different services who you will base your evidence for AO2, AO3 and AO4. This could be someone you know or you could use a case study.

Activity 1 (AO1)

Choose **two** demographic influences which have influenced the organisation and provision of services in the local area from the following:

- Health needs
- Disability
- Age of populations
- Unemployment
- Numbers of single parent families
- The number of older people in the population.

Research your **two** chosen demographic influences using the internet, National Trends, local information sources.

Activity 2 (AO1)

Write a factual account of the stages in local planning of services which includes information about:

- How local plans are produced
- How demographic characteristics/trends are used to assess local needs
- A description of the involvement of local stakeholders who contribute to the plan
- The influence of national and local targets
- How local services are organised
- The processes of monitoring and evaluating service provision.

Activity 3 (AO2)

Choose **one** national policy or piece of legislation on care practice which relates to the people who use services and services used.

Activity 4 (AO2)

Evaluate the effects of the national policy or piece of legislation you have chosen from:

(i) The person who uses service's perspective

(ii) The practitioners

(iii) And/or the services.

You must:

- Identify the strengths and weaknesses
- Make reasoned judgements
- Draw valid conclusions of the effects.

Activity 5 (AO3)

Carry out research to investigate the quality assurance systems used by the **two** services. Your research methods could include:

- Questioning practitioners
- Questioning people who use services
- Interviews
- Surveys
- Observation of practice
- Organisational documents
- Publications
- Textbooks
- Internet.

Give reasons for the research techniques you have chosen to use.

Activity 6 (AO3)

Describe, with examples, the quality assurance mechanisms used by the **two** services.

Activity 7 (AO3)

Use the information gathered for Activity 5 to analyse the quality assurance mechanisms used by the **two** services.

Activity 8 (AO4)

Prepare questions to use to gather information from the person who uses services about their needs and reasons for accessing healthcare services and practitioners who work in **two** different services which provide care for your chosen person who uses services.

Visit the person who uses services and healthcare services to gather the information you need and/or research from books and the internet.

Activity 9 (AO4)

Explain the approaches used by practitioners working in the **two** services from the following:

- Preventative and treatment
- The holistic approach
- The empowerment approach
- The behavioural approach.

Activity 10 (AO4)

Use the **two** approaches to explain and analyse how practitioners meet the needs of the person who uses services. You should include information about the purpose of individual care assessments and plans used in meeting the needs of the person who uses services.

Activity 11 (AO4)

Explain how practitioners work in multi-disciplinary teams to meet the needs of the person who uses services. Use examples to highlight the information provided.

Analyse how working in a multi disciplinary team benefits the person who uses services.

Activity 12

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

Sample assignment Unit F922: Child development

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

You need to produce evidence based on the study of a child up to the age of **eight** years.

NB: To enable you to fully cover the requirements of this unit the child you choose should be at least eight years old as it is difficult to project the development of the child.

Your evidence needs to include:

- A description of two patterns (milestones) in each area of development of children, described from birth to eight years explaining two methods of monitoring development
- An explanation of the factors that have influenced the child studied and how they have affected his/her development, comparing their development with the norms
- Research relating to two roles of play and how they can be reflected in the development of the child studied
- Records of the planning and making of a learning aid for the child studied to use and an evaluation of the effectiveness of the aid and the benefits to the child studied.

Activity 1 (AO1)

Identify the key stages and describe in detail **two** patterns (milestones) of development for each of the following:

- Physical growth and development
- Intellectual development
- Language development
- Social and Emotional development

Your information will cover children's development from 0 – 8 years.

Activity 2 (AO1)

Provide an explanation of two methods of monitoring development from:

- Developmental screening
- Growth monitoring
- Assessments

Activity 3 (AO2)

Explain the factors which have affected the development of your chosen child. You must choose factors which have actually had an impact on the child's development from:

- The family
- Environmental factors
- Social and economic factors
- Psychological factors

- Behavioural problems.
- Education

Explain the effect of factors on your chosen child's development.

Activity 4 (AO2)

Compare your child's development with the norms for:

- Physical development
- Intellectual development
- Language development
- Social development
- Emotional development.

Explain any variations from the norms.

Activity 5 (AO3)

You must use **three** different sources of information to research **two** roles of play. You must keep a detailed record of all the sources you have used and record these in your bibliography.

Activity 6 (AO3)

Research **two** roles of play. You could carry out your research by:

- Visiting toy shops and analysing the toys available
- Using catalogues to analyse toys available
- Using books
- Researching on the internet
- Observing your chosen child playing.

Activity 7 (AO3)

Analyse how **two** roles of play are reflected in your chosen child's development. You must give **at least three** examples of each role.

Reasoned judgements must be made to achieve mark band 3.

Activity 8 (AO4)

Plan and make a learning aid/activity to use with your chosen child. Your choice must be designed to help their development in a specific way.

Your plan must include:

- The aims of the learning aid/activity
- The objectives of the learning aid/activity
- The outcomes to be achieved by the child using the aid/activity
- The method of making the learning aid/activity
- Resources used
- Safety aspects considered

- Timescales.

Activity 9 (AO4)

Plan your data collection methods for evaluating the learning aid/activity. You could use:

- Own observations – prepare an observation sheet
- Parent teacher reflections – prepare questionnaires
- Assessor records – prepare record sheet
- Questionnaire
- Interview.

Activity 10 (AO4)

Use the learning aid/activity with the child and collect evaluation data.

Activity 11 (AO4)

Evaluate the learning aid/activity in terms of:

- The child's response
- Achievement of outcomes
- Effectiveness of purpose
- Benefits to the child
- Recommendations for improvements.

Activity 12

Include a detailed bibliography of all sources of information and reference the sources within the text of your portfolio where appropriate.

Sample assignment Unit F923: Mental health issues

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

You need to produce an investigation of mental-health needs and issues, including a portfolio of one person who uses services.

Your evidence needs to include:

- Understanding of the concepts/definitions of three types and possible causes of mental-health illness and associated mental health needs
- An explanation of three effects of the mental-health illness on the person who uses services, including day-to-day life
- Research on the prevention and coping strategies and two services that could provide support for the person who uses services, including research on one piece of relevant legislation
- An evaluation of the concepts and definitions of mental health, including the images and perceptions in the media (using two examples) of people with mental-health needs and one possible negative effect and one possible positive effect of such portrayal.

You must choose a person who uses services who has a mental-health illness to base your evidence for AO2 and A03 on, this could be from a case study or someone you know – confidentiality must be maintained at all times.

Activity 1 (AO1)

Research three types of mental-health illness from the following:

- Alzheimer's
- Depressive illness
- Generalised anxiety disorder
- Personality/perception disorders
- Autism
- Obsessive compulsive disorders
- Phobias.

Activity 2 (AO1)

Write up your findings for each mental-health illness you researched to include:

- The concepts/definitions
- Symptoms
- Causes
- Resultant health needs.

Activity 3 (AO2)

Gather information from the person who uses services, case study or their carers about the effects of the mental-health illness.

Explain **three** effects of the mental-health illness for your chosen person who uses services. Your information must include:

- Description of each effect (both specific and general)
- How each effect produce challenges
- Examples of how each effect relates to their day-to-day life.

You must use specialist vocabulary accurately.

Activity 4 (AO3)

Use a variety of sources to gather information to evaluate preventative/coping strategies and **two** services that could provide support for your chosen person who uses services. You must record all sources of information used in your bibliography.

Information could be gathered from:

- Books
- Internet
- The person who uses services
- Carers
- Service providers/services
- Professional care workers.

Activity 5 (AO3)

Evaluate the main preventative/coping strategies.

Describe **two** services that could provide support for your chosen person who uses services. Include examples of the type of support that could be provided and assess the appropriateness of the services for your chosen person who uses services.

You must make judgements to achieve mark band 3.

Activity 6 (AO3)

Choose **one** relevant piece of legislation that is relevant to your chosen person who uses services.

Analyse the legislation and explain the possible impact on the person who uses services.

Activity 7 (AO4)

Use a range of sources of information to gather information on the concepts/definitions of mental health. You must record all sources of information clearly in your bibliography.

Explain your sources of information.

Activity 8 (AO4)

Choose **two** examples of media portrayal of people with mental-health needs.

Evaluate the concepts/definitions and portrayal within the examples chosen.

Activity 9 (AO4)

Explain **one** positive and **one** negative effect of the portrayal in the media.

Activity 10 (AO4)

Make realistic recommendations for improvements relating to the media portrayal of mental health and the way the media can influence attitudes.

Activity 11

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

Sample assignment Unit F925: Research methods in health and social care

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

You need to produce a research report that would be relevant to a health or social care or early years setting that you have designed and carried out.

Your evidence needs to include:

- Knowledge of the purposes of research relating to Health, Social Care and Education and **three** different methods of research available
- An explanation of the rationale for the chosen research area and project. Understanding of the ethical issues and sources of error and bias to be taken into consideration when planning and carrying out your research project and justification of your choice of research methods – this should include sampling methods.
- Research into your chosen area of study using **three** different sources of information; presentation and analysis of your findings in an appropriate format. Justification of methodology and analytical methods used in research
- An evaluation of the success of your research project using predetermined aims and objectives and applying the issues of validity, reliability and representation together with a discussion of your strengths and weaknesses. The latter links to recommendations for improvements and possible continuation/extension of the research.

Activity 1 (AO1)

- Investigate the types of research carried out within Health and Social Care and provide a detailed explanation of the purposes of such research.

Activity 2 (AO1)

- Investigate and provide a detailed description of three methods of research that can be employed when carrying out research. (Whilst this is a generic section it would make sense to cover those methods that will relate to your own work.)

Activity 3

- Choose a research area relevant to a health, social care or early years setting that you will plan carry out and write a report on.

Activity 4 (AO2)

- Explain the rationale for the chosen research area. You may wish to include statistics and make reference to existing pieces of secondary research to help justify your choice of topic.

Activity 5 (AO2)

- Explain the range of ethical issues which relate to your chosen area of research. Include details of how you will approach these within your research.

Activity 6 (AO2)

- Describe possible sources of error and bias which apply to your chosen research area.
- Explain how you will avoid these in your research.

Activity 7 (AO3)

- Choose and describe in detail the research methods you will use to gather information from **three** different sources. You should include both primary and secondary sources of information. You must record all sources of information in your bibliography.
- Give reasons for your choice of research methods.
- Prepare data collection methods for your research, for example, questionnaires, interview questions, observation charts, experiment recording sheets choosing the most appropriate sampling techniques.

Activity 8 (AO3)

- Carry out your research.

Activity 9 (AO3)

Present you evidence in an appropriate format. This could include:

- Tables
- Bar charts
- Line graphs
- Pie charts
- Pictograms
- Sociograms
- Venn diagrams.

Activity 10 (AO3)

- Analyse in depth your findings using appropriate analytical techniques making sure that you refer to and compare both primary and secondary data.
- Draw brief conclusions from your findings/research.

Activity 11 (AO4)

- Evaluate the success of your research using your predetermined aims and objectives.

Your evaluation should include:

  - How well were the aims met
  - How well were the objectives met
  - Validity of the research
  - Reliability of the research
  - Representation within the research
  - Strengths of the evidence/methods
  - Weaknesses of the research/methods

Activity 12 (AO4)

- Make detailed realistic recommendations for improvements based on the identified weaknesses of your research and methods.
- Make detailed and realistic recommendations for continuation or extension of the research

Activity 13

- Write an abstract for your research which you will include at the beginning of your report.
- Include a bibliography of all sources of information and reference the sources within the text of your investigation.
- Complete a contents page for your report.

It is worth noting that some of the marks available within AO4 are awarded to work that demonstrates detail and coherence throughout. Activity 13 will help achieve these marks.