
OCR ADVANCED SUBSIDIARY GCE IN HEALTH AND SOCIAL CARE (H103)

OCR ADVANCED SUBSIDIARY GCE IN HEALTH AND SOCIAL CARE (DOUBLE AWARD) (H303)

OCR ADVANCED GCE IN HEALTH AND SOCIAL CARE (H503)

OCR ADVANCED GCE IN HEALTH AND SOCIAL CARE (DOUBLE AWARD) (H703)

Qualification Accreditation Numbers:

Advanced Subsidiary GCE:	100/4556/9
Advanced Subsidiary GCE (Double Award):	100/4557/0
Advanced GCE:	100/4558/2
Advanced GCE (Double Award):	100/4559/4

KEY FEATURES

This is a new broad-based qualification in Health and Social which offers candidates:

- a two-tier qualification containing AS and A2 level units;
- a core learning package which will provide sound knowledge, understanding and skills to act as a foundation upon which candidates will be able to build, using a range of optional learning tools;
- a number of learning opportunities which will provide candidates with a choice of assessment methods suitable for their needs/strengths;
- the ability to interact with the health, social care and early-years sectors, allowing candidates the opportunity to experience the work environment through learning;
- the flexibility to pursue a qualification which covers the areas of health, social care and early-years provision;
- a range of units designed to provide a progression route to higher education and further training for employment;
- an opportunity to pursue a number of vocational pathways which focuses on areas of particular interest to individual candidates.

PART A: GENERAL SPECIFICATION

FOREWORD

This booklet contains OCR Advanced Subsidiary GCE, Advanced Subsidiary GCE (Double Award), Advanced GCE and Advanced GCE (Double Award) specifications in Health and Social Care for teaching from September 2005.

The Advanced Subsidiary GCEs are assessed at a standard appropriate for candidates who have completed the first year of study of the corresponding two year Advanced GCE course, i.e. between GCSE and Advanced GCE. They form the first half of the Advanced GCE courses in terms of teaching time and content. When combined with the second half of the Advanced GCE courses, known as 'A2', the AS awards form 50% of the assessment of the total Advanced GCE. However, the AS (Single and Double Awards) can be taken as 'stand-alone' qualifications. A2 is weighted at 50% of the total assessment of the Advanced GCE.

The first year of certification of the OCR Advanced Subsidiary GCE in Health and Social Care is June 2006.

The first year of certification of the OCR Advanced Subsidiary GCE in Health and Social Care (Double Award) is June 2006.

The first year of certification of the OCR Advanced GCE in Health and Social Care is June 2007.

The first year of certification of the OCR Advanced GCE in Health and Social Care (Double Award) is June 2007.

These specifications meet the requirements of the Common Criteria as set out in the Arrangements for the statutory regulation of external qualifications in England, Wales and Northern Ireland (QCA, ACCAC and CCEA, 2000), the Advanced GCE Qualification Criteria (QCA, ACCAC and CCEA, 2002) and the relevant Subject Criteria (QCA 2002).

Part A Contents

PART A: GENERAL SPECIFICATION	2
SECTION A: SPECIFICATION SUMMARY	6
SECTION B: GENERAL INFORMATION	9
1 Introduction	9
1.1 Rationale	9
1.2 Specification Aims	9
1.3 Assessment Objectives	10
1.4 Nature of Assessment	11
2 Administration and Entry	12
2.1 Administrative Arrangements	12
2.2 Units of Assessment	15
2.3 Making Entries for Certification	16
2.4 Availability of Units of Assessment	17
2.5 Re-sit Rules	18
2.6 Restrictions on Candidate Entries	18
2.7 Special Arrangements	18
3 Certification and Results	19
3.1 Issue of Results	19
3.2 Awarding and Reporting Attainment	19
3.3 Result Enquiries and Appeals	21

4	Technical Information	21
4.1	Certification Titles	21
4.2	Level of Qualification	22
4.3	Recommended Prior Learning	22
4.4	Progression	22
4.5	Related Qualifications	22
4.6	Code of Practice Requirement	23
4.7	Status in Wales and Northern Ireland	23
4.8	Weighting of Assessment Objectives	23
4.9	Quality of Written Communication	25
4.10	Differentiation	26
4.11	Guided Learning Hours	26
5	Structure of Units	27
SECTION C: PORTFOLIOS		28
6	Delivery and Administration of Portfolios	28
6.1	Supervision and Authentication of Portfolios	28
6.2	Administering Portfolio Assessment and Moderation	29
7	Assessment of Portfolios	30
7.1	The Assessment Evidence Grids	30
7.2	Internal Standardisation	30
7.3	Submission of Marks to OCR	31
7.4	Portfolio Moderation	31
8	Instructions for Marking	32
8.1	Sources of Guidance	32
8.2	Determining a Candidate's Mark	33
8.3	Sample Assessment Evidence Grid	34

SECTION D: OPPORTUNITIES FOR TEACHING	36
9 Spiritual, Moral, Ethical, Social and Cultural Issues	36
10 Citizenship	36
11 Environmental Issues	37
12 The European Dimension	37
13 Health and Safety	37
14 Key Skills	38
15 Generic Resources	39
16 Further Information and Training for Teachers	39
17 Contacting OCR	39
Appendix A: Performance Descriptions	40
PART B: UNIT SPECIFICATIONS	1
Part B Contents	1
Structure of Units	2

SECTION A: SPECIFICATION SUMMARY

1 SCHEME OF ASSESSMENT

All specifications in this booklet are based on equally-weighted units of assessment, each requiring **60** guided-learning hours (glhs) of delivery.

The Advanced Subsidiary (Single and Double Award) GCEs form 50% of the assessment weighting of the corresponding Advanced (Single and Double Award) GCE.

Advanced Subsidiary GCEs can be taken as stand-alone single or double award specifications or as the first half of an Advanced single or double award GCE course.

Assessment is by means of **three** units of assessment for Advanced Subsidiary GCE (**180** glhs), **six** units of assessment for Advanced Subsidiary GCE (Double Award) and Advanced GCE (**360** glhs), and **twelve** units of assessment for Advanced GCE (Double Award) (**720** glhs).

The Single Award Structure

Advanced GCE (Single Award)		
Advanced Subsidiary GCE (Single Award)		
AS	AS	AS
A2	A2	A2

The Double Award Structure

Advanced GCE (Double Award)					
Advanced Subsidiary GCE (Double Award)					
AS	AS	AS	AS	AS	AS
A2	A2	A2	A2	A2	A2
Advanced GCE (Single Award)					

Relative Standards of Advanced Subsidiary GCE and Advanced GCE

The skills, knowledge and understanding required for the first half of an Advanced GCE course are contained in the 'Advanced Subsidiary' (AS) units. The level of demand of the AS examination is that expected of candidates half-way through a full Advanced GCE course of study.

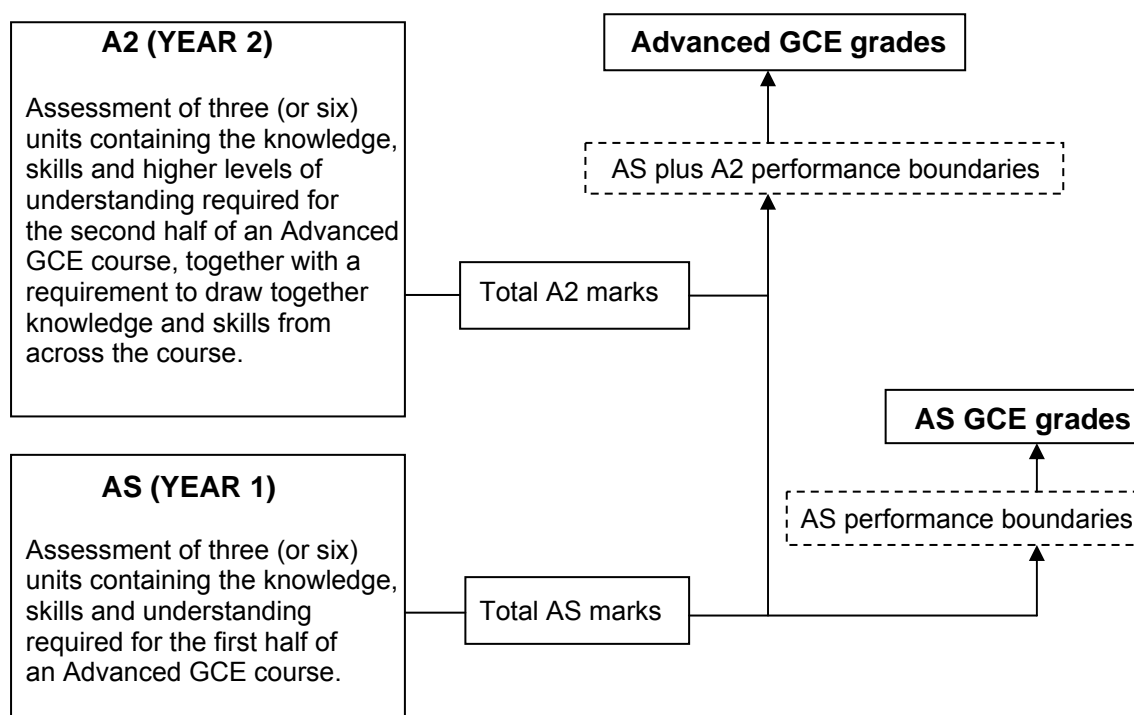
The skills, knowledge and understanding required for the second half of an Advanced GCE course are contained in the 'A2' units. The level of performance expected, therefore, reflects the more demanding Advanced GCE material, including the higher-level concepts and a requirement to draw together knowledge and skills from across the course. The precise pattern across AS and A2 reflects the nature of individual subjects.

The combination of candidates' attainments on the relatively less demanding AS units and relatively more demanding A2 units lead to an award at Advanced GCE standard.

The Advanced Subsidiary GCE units and qualification and the Advanced GCE units and qualification are graded A to E where A is the highest grade.

The Advanced Subsidiary GCE (Double Award) units and qualification and the Advanced GCE (Double Award) units and qualification are graded AA, AB, BB, BC, CC, CD, DD, DE, EE where AA is the highest grade.

The diagram below summarises how the combined marks from AS and A2 units lead to graded Advanced Subsidiary GCE and Advanced GCE qualifications.



2 UNITS OF ASSESSMENT

Unit Code	Unit Number	Level	Title of Unit	Mode of Assessment	Unit Combinations (mandatory/optional)			
					AS GCE	AS GCE (Double Award)	Advanced GCE	Advanced GCE (Double Award)
F910	1	AS	Promoting quality care	External	m	m	m	m
F911	2	AS	Communication in care settings	Portfolio	m	m	m	m
F912	3	AS	Promoting good health	Portfolio	m	m	m	m
F913	4	AS	Health and safety in care settings	External		o ^{3■}		o ^{3■}
F914	5	AS	Caring for people with additional needs	Portfolio		o ³		o ³
F915	6	AS	Working in early-years care and education	Portfolio		o ³		o ³
F916	7	AS	Health as a lifestyle choice	Portfolio		o ³		o ³
F917	8	AS	Complementary therapies	Portfolio		o ³		o ³
F918	9	AS	Caring for older people	External		o ^{3■}		o ^{3■}
F919	10	A2	Care practice and provision	Portfolio			m	m
F920	11	A2	Understanding human behaviour	External			o ^{2▲}	o ^{5•}
F921	12	A2	Anatomy and physiology in practice	External			o ^{2▲}	o ^{5•}
F922	13	A2	Child development	Portfolio			o ²	o ⁵
F923	14	A2	Mental-health issues	Portfolio			o ²	o ⁵
F924	15	A2	Social trends	External*			o ^{2▲}	o ^{5•}
F925	16	A2	Research methods in health and social care	Portfolio			o ²	o ⁵

m candidates must complete those units marked m listed in the relevant column for the award being taken

o² candidates choose **two** options from those marked o² listed in the relevant column for the award being taken (▲ *your choice must include at least one of the ▲ options*)

o³ candidates choose **three** options from those marked o³ listed in the relevant column for the award being taken (■ *your choice must include at least one of the ■ options*)

o⁵ candidates choose **five** options from those marked o⁵ listed in the relevant column for the award being taken (• *your choice must include at least two of the • options*)

external assessment marked with an * indicate that with pre-released case-study material which will be available to centres approximately **six** weeks prior to the examination date.

SECTION B: GENERAL INFORMATION

1 Introduction

1.1 RATIONALE

GCEs in vocational subjects are broad-based vocational qualifications designed to widen participation in vocationally-related learning post-16. They have been designed to contribute to the quality and coherence of national provision and have a clear place in the Government's vision for secondary education.

The specifications build upon the broad educational framework supplied by the Qualification and Subject Criteria (QCA, ACCAC and CCEA, 2002) and employ an investigative and problem-solving approach to the study of the subject. In addition to providing a suitable route for progression for candidates completing GCSE Health and Social Care, the course of study prescribed by these specifications can also reasonably be undertaken by candidates beginning their formal education in the subject at post-16 level. Progression through the Advanced Subsidiary GCE and Advanced GCE, through either a single or double award, may provide a suitable foundation for study of the subject, or related subjects, in further and higher education.

Key Skills are integral to the specifications and *the main* opportunities to provide evidence for the separate Key Skills qualification are indicated.

These specifications are supported by users and a range of professional institutes and Further and Higher Education Institutions. These include NTOs (National Training Organisations) which support training and development in many different sectors and have been consulted during the development of these specifications.

OCR has taken great care in the preparation of these specifications and assessment materials to avoid bias of any kind.

1.2 SPECIFICATION AIMS

All specifications in Health and Social Care aim to be applied to the care sector whose contexts include: health, early-years care and education, social care and are to take account of the integration of services. The term 'care sector' includes all the contexts specified.

The aims of these specifications in Health and Social Care are to encourage candidates to:

- develop and sustain an interest in health, early-years care and education, social care and issues affecting the care sector;
- acquire knowledge and understanding of health, early-years care and education and issues affecting the health and social care sector;
- develop skills that will enable them to make an effective contribution to the care sector including skills of research, evaluation and problem-solving in a work related context;
- apply knowledge, understanding and skills;
- prepare for further study and training.

The content at AS will focus on the needs of clients and the techniques and professional services aimed at meeting those needs. Candidates are to be assessed in the following key areas of study:

- rights, responsibilities and values;
- communication in care settings;
- health and well-being.

The content at A2 will develop AS content through addressing the factors affecting, and issues involved in, service delivery. Candidates are to be assessed in the following key areas of study:

- service provision and practitioner roles;
- understanding human behaviour;
- their ability to draw together aspects of these areas in a variety of contexts.

1.3 ASSESSMENT OBJECTIVES

Candidates for these qualifications will be expected to demonstrate the following in a range of work related contexts:

AO1 Knowledge, understanding and skills

Candidates demonstrate relevant knowledge, understanding and skills.

AO2 Application of knowledge, understanding and skills

Candidates apply knowledge, understanding and skills.

AO3 Research and analysis

Candidates use appropriate research techniques to obtain information from a range of sources. Candidates analyse work-related issues and problems.

AO4 Evaluation

Candidates evaluate evidence, make judgements and draw conclusions about work-related issues.

The assessment objectives are weighted as follows:

	AS Units	A2 Units	GCE and GCE (Double Award)
AO1	30-40%	10-30%	20-35%
AO2	20-30%	20-30%	20-30%
AO3	15-25%	25-35%	20-30%
AO4	15-25%	25-35%	20-30%

Weighting of the assessment objectives within individual units is given in Section 4.8.

1.4 NATURE OF ASSESSMENT

1.4.1 Structure of Assessment

For the Advanced Subsidiary GCE **two** units will be assessed internally, through a teacher-assessed portfolio (see Section 7) and **one** unit will be assessed externally with the assessment set and marked by OCR. These **three** units will be equally sized and equally weighted.

For the Advanced Subsidiary GCE (Double Award) at most **four** units will be assessed internally, through a teacher-assessed portfolio (see Section 7) and at least **two** units will be assessed externally with the assessment set and marked by OCR. These **six** units will be equally sized and equally weighted.

For the Advanced GCE at most **four** units will be assessed internally, through a teacher-assessed portfolio (see Section 7) and at least **two** units will be assessed externally with the assessment set and marked by OCR. These **six** units will be equally sized and equally weighted.

For the Advanced GCE (Double Award) at most **eight** units will be assessed internally, through a teacher-assessed portfolio (see Section 7) and at least **four** units will be assessed externally with the assessment set and marked by OCR. These **twelve** units will be equally sized and equally weighted.

The assessment will be conducted in accordance with the GCE Code of Practice.

1.4.2 External Assessment

External assessment forms at least 33% of each qualification:

Advanced Subsidiary GCE:	Candidates take one unit of external assessment.
Advanced Subsidiary GCE (Double Award):	Candidates take at least two units of external assessment.
Advanced GCE:	Candidates take at least two units of external assessment.
Advanced GCE (Double Award):	Candidates take at least four units of external assessment.

External assessments are 90 minutes. Unit 15: *Social trends* has pre-released case-study material which will be available to centres (once they have made their *provisional* candidate entries) approximately **six** weeks prior to the examination date.

OCR has designed external assessments which allow candidates to apply the knowledge and understanding they have gained from teacher-designed activities and assignments based on the *What You Need To Learn* section of the units.

The externally assessed units will be marked by OCR. The maximum raw score will be stated on the front cover of the question paper.

1.4.3 Portfolio Assessment

Internal assessment forms at most 67% of each qualification. Internally assessed units take the form of a portfolio of work designed to enable the candidate to demonstrate understanding of the content of the unit. Each internal assessment is set by the centre to OCR guidelines, is internally marked and externally moderated by OCR.

2 Administration and Entry

2.1 ADMINISTRATIVE ARRANGEMENTS

2.1.1 The Role of the Examinations Officer

All administrative arrangements regarding entries, submission of marks, moderation, receipt of results documentation etc. are to be made **through the centre's Examinations Officer**. It is important that subject staff liaise with the Examinations Officer and are aware of key dates for examination entry and submission of marks.

These dates are supplied to Examinations Officers well before the start of the teaching year.

2.1.2 Provisional Entries

OCR does not require *individual* candidates to be registered at the start of their course, but nevertheless, needs certain information in order to plan effectively.

Provisional entries are *your best guess* of the number of candidates you will be entering for particular units in that session. They are important because they form the basis for the despatch of early assessment materials to you and allow OCR to ensure sufficient examiners/moderators are recruited for a session.

Centres make provisional entries by mid September (for January) and early November (for June). There is no fee for provisional entries.

If your centre does not make provisional entries you will *not* receive despatches of early examination materials, for example, instructions for practical examinations and pre-release materials.

2.1.3 Unit and Certification Entries

Final entries for units (including internally assessed units) are made in October for January units and in March for June units. It is important that entries are received by the deadline date – late entries cause major problems for OCR and attract a substantial penalty fee to reflect this.

To enter for certification, candidates must have a valid combination of unencashed units for that qualification (see Section 2.3).

Note that entry for units will *not* generate a final certificate – a separate certification entry for the qualification code must be made as follows:

Qualification	Entry Code
Advanced Subsidiary GCE	H103
Advanced Subsidiary GCE (Double Award)	H303
Advanced GCE	H503
Advanced GCE (Double Award)	H703

Certification entry is usually made at the same time as the final unit entries. If made at this time, it does not attract a fee.

A candidate who has completed all the units required for a qualification may enter for certification at a later examination series. Again this does not attract a fee.

A candidate who has completed all the required units but who has not entered for certification may do so in the same examination series within a specified period after the publication of results. There is a fee for this late certification service.

2.1.4 Special Requirements

OCR can make special arrangements for candidates in examinations, provided OCR is given sufficient notice. These arrangements should be made through Examinations Officers.

Special arrangements applications must be made by:

30 September (for January sessions);

15 January (for special question papers required for June session);

21 February (for other special arrangements for June session).

If you have candidates who come into this category, you should inform your Examinations Officer well in advance of these dates.

2.1.5 Arrangements for the Assessment and Moderation of Portfolios

Portfolio entries may be made for both the January and June sessions.

Detailed arrangements for the assessment of portfolios are explained in Section 7. Examination Officers will be sent the appropriate forms for completion in November for the January session and in January for the June session, assuming that provisional entries have been received.

Centres wishing to receive earlier feedback or advice on portfolio assessment may arrange with OCR to contact a Portfolio Consultant.

Centres must submit unit marks to OCR and to the moderator by the published OCR submission date. Failure to submit these marks on time can create serious problems for OCR and may jeopardise the issue of results on the published date.

2.2 UNITS OF ASSESSMENT

Unit Code	Unit Number	Level	Title of Unit	Mode of Assessment	Unit Combinations (mandatory/optional)			
					AS GCE	AS GCE (Double Award)	Advanced GCE	Advanced GCE (Double Award)
F910	1	AS	Promoting quality care	External	m	m	m	m
F911	2	AS	Communication in care settings	Portfolio	m	m	m	m
F912	3	AS	Promoting good health	Portfolio	m	m	m	m
F913	4	AS	Health and safety in care settings	External		o ^{3■}		o ^{3■}
F914	5	AS	Caring for people with additional needs	Portfolio		o ³		o ³
F915	6	AS	Working in early-years care and education	Portfolio		o ³		o ³
F916	7	AS	Health as a lifestyle choice	Portfolio		o ³		o ³
F917	8	AS	Complementary therapies	Portfolio		o ³		o ³
F918	9	AS	Caring for older people	External		o ^{3■}		o ^{3■}
F919	10	A2	Care practice and provision	Portfolio			m	m
F920	11	A2	Understanding human behaviour	External			o ^{2▲}	o ^{5•}
F921	12	A2	Anatomy and physiology in practice	External			o ^{2▲}	o ^{5•}
F922	13	A2	Child development	Portfolio			o ²	o ⁵
F923	14	A2	Mental-health issues	Portfolio			o ²	o ⁵
F924	15	A2	Social trends	External*			o ^{2▲}	o ^{5•}
F925	16	A2	Research methods in health and social care	Portfolio			o ²	o ⁵

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o⁵ candidates choose **five** options from those marked o⁵ listed in the relevant column for the award being taken (• *your choice must include at least two of the • options*)

external assessment marked with an * indicate that with pre-released case-study material which will be available to centres approximately **six** weeks prior to the examination date.

2.3 MAKING ENTRIES FOR CERTIFICATION

Candidates following a course over a number of examination sessions have a variety of options open to them that allow them to certificate part-way through their course. All three- and six-unit qualifications are automatically 'banked' by OCR to enable the candidate to use them towards larger qualifications at a later date. Once banked, however, candidates may not re-sit any units within that qualification.

Candidates may enter for:

- Advanced Subsidiary GCE aggregation;
- Advanced Subsidiary GCE aggregation, bank the result, and complete the Advanced Subsidiary GCE (Double Award) assessment at a later date;
- Advanced Subsidiary GCE aggregation, bank the result, and complete the A2 assessment at a later date for either an Advanced GCE or an Advanced GCE (Double Award);
- Advanced Subsidiary GCE (Double Award) aggregation;
- Advanced Subsidiary GCE (Double Award) aggregation, bank the result, and complete the A2 assessment at a later date for either an Advanced GCE or an Advanced GCE (Double Award);
- Advanced GCE aggregation;
- Advanced GCE aggregation, bank the result, and complete the Advanced GCE (Double Award) assessment at a later date;
- Advanced GCE (Double Award) aggregation.

Candidates must enter the appropriate Advanced Subsidiary units to qualify for the Advanced Subsidiary GCE (Double Award).

Candidates must enter the appropriate AS and A2 units to qualify for the Advanced (Single or Double Award) GCE.

Individual unit results prior to certification of the qualification have a shelf life limited only by that of the qualification.

2.4 AVAILABILITY OF UNITS OF ASSESSMENT

First Availability of Units and Certificates (and then every January and June thereafter)	2006		2007	
	Jan	June	Jan	June
External assessment of AS units	✓	✓	✓	✓
Portfolio moderation for AS units*	✓	✓	✓	✓
External assessment of A2 units			✓	✓
Portfolio moderation for A2 units*			✓	✓
AS GCE certification (Single and Double Awards)		✓	✓	✓
GCE certification (Single and Double Awards)				✓

*Centres wishing to receive earlier feedback or advice on portfolio assessment may arrange with OCR to contact a Portfolio Consultant.

2.4.1 Sequence of Units

Units may be taken in any order, though centres are strongly advised to cover AS Units 1, 2 and 3 early in the course, since they form a core on which other units are based.

AS units are designed to be taught and assessed in the first year of a **two** year course and A2 units are designed to be studied and assessed in the second year although centres should use their own discretion to create a delivery pattern that suits their particular circumstances.

Suggested schemes of assessment will be provided as part of the teacher resource material. Centres should also ensure all authentication documentation for every candidate is completed and kept securely with the work until moderation takes place.

2.4.2 Synoptic Assessment

Synoptic assessment at Advanced GCE is designed to ensure that candidates have a good understanding of the subject as a whole and are able to address issues within the subject from a range of perspectives and in an integrated way. The emphasis is on strategic understanding and on the ability to draw evidence together from any relevant areas of the specifications. Assessment focuses on the breadth, depth and quality of the candidate's analysis and evaluation and will be drawn from across the specifications and will involve candidates bringing together, and making connections.

In the context of health and social care, synoptic assessment involves assessment of candidates' ability to draw on their understanding of the connections between different aspects of health and social care represented in the specifications. Synoptic assessment is in Unit 10: *Care practice and provision*.

2.5 RE-SIT RULES

2.5.1 Re-sits of Units

There is no restriction on the number of times a candidate may re-sit each unit before entering for certification for an Advanced Subsidiary (Single or Double Award) GCE or Advanced (Single or Double Award) GCE.

2.5.2 Retaking a Qualification

There is no restriction on the number of times a candidate may retake the whole qualification.

2.6 RESTRICTIONS ON CANDIDATE ENTRIES

There are no restrictions on candidates who enter for these GCE specifications.

Every specification is assigned to a national classification code indicating the subject area to which it belongs.

Centres should be aware that candidates who enter for more than one GCE qualification with the same classification code will have only one grade (the highest) counted for the purpose of the School and College Performance Tables.

The classification code for these specifications is 0003.

2.7 SPECIAL ARRANGEMENTS

Candidates with special requirements must cover the assessment objectives. There may be more suitable ways of doing this than those used by the centre with other candidates. Any centre wishing to start candidates with special requirements on the course who might not be able to meet the requirements of the assessment must consult the Special Requirements Unit before doing so (telephone 01223 552505). For these candidates, or those whose performance may be adversely affected through no fault of their own, teachers should consult the *Inter-Board Regulations and Guidance Booklet for Special Arrangements and Special Consideration*.

3 Certification and Results

3.1 ISSUE OF RESULTS

Individual unit Statements of Results will be issued in March for January entries and in August for June entries for all units (both portfolio units and external units). Statements of Results will include, for each unit, the unit title, the unit UMS mark, the grade and the date the unit was taken.

Certification is **not** an automatic process, since OCR is unable to determine at which point a candidate wishes to complete their course. Candidates **must** be entered for the appropriate certification code (see Section 2.1.3) to claim their overall grade.

Entry for units will *not* generate a final certificate – a separate certification entry must be made at the appropriate time. If it is not, there will be a delay in issuing the candidate's final grade.

3.2 AWARDING AND REPORTING ATTAINMENT

3.2.1 General Principles

The qualifications will comply with the grading, awarding and certification requirements of the GCE section of the Code of Practice.

The Advanced Subsidiary GCE and the Advanced GCE qualifications are graded A to E where A is the highest grade.

The Advanced Subsidiary GCE (Double Award) and the Advanced GCE (Double Award) qualifications are graded AA, AB, BB, BC, CC, CD, DD, DE, EE where AA is the highest grade.

All GCE units are graded a to e where a is the highest grade.

The OCR awarding committee will consider both externally assessed and portfolio based units and will determine the grade thresholds for each unit.

3.2.2 Uniform Marks

In order that candidates' performance can be compared across units and across sessions, a Uniform Mark Scale (UMS) will be used to aggregate the results of individual assessment units to generate qualification grades.

Once the raw mark and raw mark boundaries for each unit have been established, the raw marks are converted to the UMS by OCR and reported to candidates as a *uniform mark* out of 100.

Uniform marks correspond to *unit* grades as follows:

Unit Grade	a	b	c	d	e
UMS (max 100)	80-100	70-79	60-69	50-59	40-49

Candidates who fail to achieve the standard for a grade e will be awarded a Uniform Mark in the range 0-39 and will be recorded as u (unclassified).

3.2.3 Overall Grade

The uniform marks awarded for each unit will be aggregated and compared to pre-set boundaries.

Uniform marks correspond to overall grades as follows.

Advanced Subsidiary GCE:

Overall Grade	A	B	C	D	E
UMS (max 300)	240-300	210-239	180-209	150-179	120-149

Advanced GCE:

Overall Grade	A	B	C	D	E
UMS (max 600)	480-600	420-479	360-419	300-359	240-299

Results for these qualifications will be awarded on a scale of A to E and will be recorded on the certificate as such.

Candidates who fail to achieve the standard for a grade E will be awarded a Uniform Mark in the range 0-119 for the Advanced Subsidiary GCE and 0-239 for the Advanced GCE and will be recorded as U (unclassified). This does not lead to a certificate.

Advanced Subsidiary GCE (Double Award):

Overall Grade	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 600)	480-600	450-479	420-449	390-419	360-389	330-359	300-329	270-299	240-269

Advanced GCE (Double Award):

Overall Grade	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 1200)	960-1200	900-959	840-899	780-839	720-779	660-719	600-659	540-599	480-539

Results for these qualifications will be awarded on a scale of AA to EE and will be recorded on the certificate as such.

Candidates who fail to achieve the standard for a grade EE will be awarded a Uniform Mark in the range 0-239 for the Advanced Subsidiary GCE (Double Award) and 0-479 for the Advanced GCE (Double Award) and will be recorded as U (unclassified). This does not lead to a certificate.

3.3 RESULT ENQUIRIES AND APPEALS

Under certain circumstances, a centre may wish to query the grade available to one or more candidates or to submit an appeal against the outcome of such an enquiry. Enquiries about unit results must be made immediately following the series in which the relevant unit was taken.

For procedures relating to enquiries on results and appeals, centres should consult the *Handbook for Centres* and the document *Enquiries about Results and Appeals – Information and Guidance for Centres* produced by the Joint Council. Further copies of the most recent edition of this paper can be obtained from OCR or they can be accessed from the Joint Council website www.jcgg.org.uk.

4 Technical Information

4.1 CERTIFICATION TITLES

These specifications will be shown on a certificate as:

OCR Advanced Subsidiary GCE in Health and Social Care.

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

OCR Advanced GCE in Health and Social Care.

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

4.2 LEVEL OF QUALIFICATION

These qualifications are approved by QCA at Level 3 of the National Qualifications Framework.

4.3 RECOMMENDED PRIOR LEARNING

Candidates entering this course should have achieved a general educational level equivalent to Level 2 in the National Qualifications Framework, or Levels 7/8 of the National Curriculum. Skills in Numeracy/Mathematics, Literacy/English and Information and Communication Technology will be particularly relevant. However, there is no prior knowledge required for this specification. Prior study of the GCSE in Health and Social Care will be of benefit to candidates, but is not mandatory.

Prior learning, skills and aptitudes particularly relevant include:

GCSE Health and Social Care (Double Award), Foundation and Intermediate GNVQ Health and Social Care, OCR Nationals in Health, Social Care and Early Years.

4.4 PROGRESSION

4.4.1 Progression into Employment

These specifications are designed to give a broad introduction to this sector and aim to prepare candidates for further study in higher education or further training which might be whilst in employment. However, these qualifications are not designed for candidates' direct entry into employment.

4.4.2 Progression to Further Qualifications

Candidates who achieve these qualifications may be prepared to enter a variety of HND or degree level courses in health and social care related subjects.

4.5 RELATED QUALIFICATIONS

4.5.1 Relationship to other GCEs

The units of these qualifications have significant overlap of content with the OCR GCE in Home Economics, although it is expected that the teaching and assessment methods will be significantly different. Some units complement units within the GCEs in Science.

4.5.2 Relationship to NVQs

These specifications broadly introduce the candidate to skills relevant to a range of health, social care and early-years NVQs, though the assessment methods are not designed to guarantee occupational competence. However, this qualification will support candidates working towards National Occupational Standards, detailed guidance for which was issued by QCA in early 2002. Some units broadly contribute knowledge, understanding and skills for NVQ Care Levels 2 and 3.

4.6 CODE OF PRACTICE REQUIREMENT

The assessment will be conducted in accordance with the GCE Code of Practice.

4.7 STATUS IN WALES AND NORTHERN IRELAND

This specification has been approved by ACCAC for use by centres in Wales and by CCEA for use by centres in Northern Ireland.

Candidates in Wales or Northern Ireland should not be disadvantaged by terms, legislation or aspects of government that are different from those in England. Where such situations might occur, including in the external assessment, the terms used have been selected as neutral, so that candidates may apply whatever is appropriate to their own situation.

OCR will provide specifications, assessments and supporting documentation in English only and can accept candidate portfolios and examination scripts in English only. Further information concerning the provision of assessment materials in Welsh and Irish may be obtained from the Information Bureau at OCR (telephone 01223 553998)¹.

4.8 WEIGHTING OF ASSESSMENT OBJECTIVES

The full set of assessment objectives and their weightings within the qualification are listed in Section 1.3. The relationship between assessment objectives and the units of assessment is shown in the grids below.

Unit of Assessment	Mandatory or Optional	Level	Percentage of AS GCE				Total
			AO1	AO2	AO3	AO4	
1	m	AS	30	30	20	20	100
2	m	AS	30	30	20	20	100
3	m	AS	30	30	20	20	100
Total			90	90	60	60	300

¹ The OCR Information Bureau is open to take your calls between 8.00am and 5.30pm. Please note that as part of our quality assurance programme your call may be recorded or monitored for training purposes.

Unit of Assessment	Mandatory or Optional	Level	Percentage of AS GCE (Double Award)				Total
			AO1	AO2	AO3	AO4	
1	m	AS	30	30	20	20	100
2	m	AS	30	30	20	20	100
3	m	AS	30	30	20	20	100
4 or 9	o	AS	30	30	20	20	100
One of 4-9	o	AS	30	30	20	20	100
One of 4-9	o	AS	30	30	20	20	100
Total			180	180	120	120	600

Unit of Assessment	Mandatory or Optional	Level	Percentage of GCE				Total
			AO1	AO2	AO3	AO4	
1	m	AS	30	30	20	20	100
2	m	AS	30	30	20	20	100
3	m	AS	30	30	20	20	100
10	m	A2	20	20	30	30	100
One of 11, 12, 15	o	A2	20	20	30	30	100
One of 11-16	o	A2	20	20	30	30	100
Total			150	150	150	150	600

Unit of Assessment	Mandatory or Optional	Level	Percentage of GCE (Double Award)				Total
			AO1	AO2	AO3	AO4	
1	m	AS	30	30	20	20	100
2	m	AS	30	30	20	20	100
3	m	AS	30	30	20	20	100
4 or 9	o	AS	30	30	20	20	100
One of 4-9	o	AS	30	30	20	20	100
One of 4-9	o	AS	30	30	20	20	100
10	m	A2	20	20	30	30	100
One of 11, 12, 15	o	A2	20	20	30	30	100
One of 11, 12, 15	o	A2	20	20	30	30	100
One of 11-16	o	A2	20	20	30	30	100
One of 11-16	o	A2	20	20	30	30	100
One of 11-16	o	A2	20	20	30	30	100
Total			300	300	300	300	1200

4.9 QUALITY OF WRITTEN COMMUNICATION

Quality of Written Communication is assessed in all units where candidates are required to produce extended written material and credit may be restricted if communication is unclear.

Candidates will:

- select and use a form and style of writing appropriate to purpose and to complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate;
- ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear.

4.10 DIFFERENTIATION

In the question papers, differentiation is achieved by setting questions which are designed to assess candidates at their appropriate levels of ability and which are intended to allow all candidates to demonstrate what they know, understand and can do.

In portfolio work, differentiation is by task and by outcome. Candidates undertake assignments which enable them to display positive achievement.

4.11 GUIDED LEARNING HOURS

All units in these specifications require **60** guided learning hours (glhs) *each* of delivery time. Thus:

Advanced Subsidiary GCE awards require **180** glhs of delivery time;
Advanced Subsidiary GCE double awards require **360** glhs of delivery time;
Advanced GCE awards require **360** glhs of delivery time;
Advanced GCE double awards require **720** glhs of delivery time.

5 Structure of Units

Please see Part B for the unit specifications. Units will have some or all of the following sections:

- About this unit** This includes a brief description for the candidate of the content, purpose and vocational relevance of the unit. It states whether the unit is assessed externally or through portfolio evidence.
- What you need to learn** This specifies the underpinning knowledge, skills and understanding candidates need to apply in order to meet the requirements of the portfolio evidence or external assessment.
- Assessment evidence** This specifies the evidence candidates need to produce in order to meet the requirements of each portfolio unit. It is divided into the following parts:
- *You need to produce* – this banner heading sets the context for providing the evidence, e.g. a report, an investigation, etc;
 - *Evidence Descriptors* – these describe the qualities of the work which will achieve each mark range specified.
- Guidance for teachers** This provides advice on teaching and assessment strategies.
- There is advice on:
- the provision of the vocational context of the unit;
 - accurate and consistent interpretation of national standards;
 - the use of appropriate internal assessments, taking into account the full range of grades to be covered.
- There may also be advice on:
- exploiting local opportunities (e.g. information sources, events, work experience);
 - resources.

SECTION C: PORTFOLIOS

6 Delivery and Administration of Portfolios

6.1 SUPERVISION AND AUTHENTICATION OF PORTFOLIOS

6.1.1 Supervision of Candidates

OCR expects teachers to supervise and guide candidates who are producing portfolios. The degree of teacher guidance in candidates' work will vary according to the kind of work being undertaken. However, it should be remembered that candidates are required to reach their own judgements and conclusions.

When supervising candidates, teachers are expected to:

- offer candidates advice about how best to approach their tasks;
- exercise continuing supervision of work in order to monitor progress and to prevent plagiarism;
- ensure that the work is completed in accordance with the specification requirements and can be assessed in accordance with the specified marking criteria and procedures.

Work on portfolios may be undertaken outside the centre and in the course of normal curriculum time. As with all internally assessed work, the teacher must be satisfied that the work submitted for assessment is the candidate's own work. This does not prevent groups of candidates working together in the initial stages, but it is important to ensure that the individual work of a candidate is clearly identified separately from that of any group in which they work.

Throughout the course, the teacher should encourage the candidate to focus on achieving the criteria listed in the *Assessment Evidence Grids*.

Once the mark for the unit portfolio has been submitted to OCR, no further work may take place. However, the portfolio can be improved and resubmitted under the re-sit rule (Section 2.5).

6.1.2 Authentication of Candidates' Work

Teachers may comment on a candidate's unit portfolio and return it for redrafting without limit until the deadline for the submission of marks to OCR.

Teachers must record details of any assistance given and this must be taken into account when assessing candidates' work.

Teachers must complete and sign the *Centre Authentication Form* to confirm that the work submitted for moderation was produced by the candidates concerned. Once completed this form must be sent to the moderator along with candidates' work.

6.1.3 Avoiding Plagiarism

Plagiarism in coursework is the equivalent of cheating in written examinations.

Candidates should be taught how to present material taken directly from other sources and must observe the following when producing portfolios:

- any copied material must be suitably acknowledged;
- quotations must be clearly marked and a reference provided wherever possible.

6.1.4 Late Work

Teachers may set internal deadlines for candidates submitting work to them. However, should candidates fail to meet this deadline, they may only be penalised if they fail to achieve one or more of the criteria in the *Assessment Evidence Grid* for that unit. A candidate whose work is submitted so late that the teacher is unable to meet OCR's deadline for receipt of marks should be warned by the teacher that failure to submit marks by this deadline may result in OCR failing to issue grades on the agreed date.

6.2 ADMINISTERING PORTFOLIO ASSESSMENT AND MODERATION

Portfolio units are internally assessed by centres and externally moderated by OCR. There are **three** key points in the administrative cycle that require action by the teacher:

- the centre enters candidates who wish to submit portfolios (October for January examinations, March for June examinations);
- the centre sends OCR and the moderator a set of provisional marks by a set deadline (to be determined – currently 10 January and 15 May);
- the moderator contacts the centre on receipt of marks and asks for a sample of work.

Further details of submission of marks and portfolio moderation are given in Sections 7.3 and 7.4.

OCR will conduct all administration of the GCE through the Examination Officer at the centre. Teachers are strongly advised to liaise with their Examination Officer to ensure that they are aware of key dates in the administrative cycle.

Assessment-recording materials and full details of administrative arrangements for portfolio assessment, will be forwarded to Examination Officers in centres in Autumn 2005, following receipt of provisional entries. At the same time the materials will be made available within *Portfolio Assessment Packs* and on the OCR website (www.ocr.org.uk). The materials will include master copies of mandatory *Unit Recording Sheets* on which to transfer your assessments from each candidate's *Assessment Evidence Grids*. Forms may be photocopied and used as required.

7 Assessment of Portfolios

7.1 THE ASSESSMENT EVIDENCE GRIDS

Centres are required to carry out internal assessment of portfolios using the *Assessment Evidence Grids* in accordance with OCR procedures. The process of using these grids is described in Section 8.2. Candidates' marks are recorded on these grids. **One** grid should be completed for each candidate's **unit** portfolio. The information on each of these grids should eventually be transferred onto a *Unit Recording Sheet* and attached to the front of the candidate's portfolio for the unit for inspection by the Moderator when the moderation process takes place.

When candidates are given their assignments, they should also be issued with a reference copy of the appropriate *Assessment Evidence Grid*.

Candidates' portfolios should be clearly annotated to demonstrate where, and to what level, criteria have been achieved. This will help in the moderation process. If teachers do this well it will be very much in the interests of their candidates. On completion of a unit, the teacher must complete the *Assessment Evidence Grid* and award a mark out of **50** for the unit. Details of this process are described in Section 8.2.

7.2 INTERNAL STANDARDISATION

It is important that all teachers, working in the same subject area, work to common standards. Centres are required to ensure that internal standardisation of marks across assessors and teaching groups takes place using an appropriate procedure.

This can be done in a number of ways. In the first year, reference material and OCR training meetings will provide a basis for centres' own standardisation. In subsequent years, this, or centres' own archive material, may be used. Centres are advised to hold a preliminary meeting of staff involved to compare standards through cross-marking a small sample of work. After most marking has been completed, a further meeting at which work is exchanged and discussed will enable final adjustments to be made.

7.3 SUBMISSION OF MARKS TO OCR

The involvement of OCR begins on receipt of entries for a portfolio unit from a centre's Examinations Officer. Entries for units to be included in any assessment session must be made by the published entry date from OCR. Late entries attract a substantial penalty fee.

By an agreed internal deadline the teacher submits the marks for the unit to the Examinations Officer. Marks will need to be available by the portfolio mark submission dates published by OCR and internal deadlines will need to reflect this. OCR will supply centres with MS1 Internal Assessment Mark Sheets to record the marks and instructions for completion. It is essential that centres send the top copy of these completed forms to OCR, the second copy to the Moderator and keep the third copy for their own records.

7.4 PORTFOLIO MODERATION

7.4.1 Preparing for Moderation

Moderation for all units will be available in the January and June sessions and will take place by post.

After the unit portfolio is internally marked by the teacher and marking has been internally standardised, marks are submitted to OCR by a specified date, published in the Key Dates poster, after which moderation takes place in accordance with OCR procedures.

The purpose of moderation is to ensure that the standard of the award of marks for internally assessed work is the same for each centre and that each teacher has applied the standards appropriately across the range of candidates within the centre.

Shortly after receiving the marks, the moderator will contact the centre and inform them of the sample of candidates' work that will be required, as outlined in Section 7.4.2.

Work submitted for moderation must be marked with the:

- centre number;
- centre name;
- candidate number;
- candidate name;
- specification code and title;
- unit code.

For each (portfolio) unit, centres must complete the appropriate *Unit Recording Sheet* (see Section 6.2) sent out annually by OCR and downloadable from the OCR website (www.ocr.org.uk) and attach it to each piece of work for moderation.

It is essential that the rank order of marks supplied to a moderator is correct. If centre assessment is inconsistent, work will be returned to the centre for re-assessment.

The sample of work which is presented to the moderator for moderation must show how the marks have been awarded in relation to the marking criteria defined in the unit.

7.4.2 Principles of Moderation

The following principles, agreed by the Awarding Bodies and QCA, indicate, in broad terms, how portfolio units will be moderated. OCR has detailed procedures that moderators will follow to implement the moderation process:

- centres submit unit marks to OCR and to the moderator by the published OCR submission date;
- the moderator will select, from each unit, a sample of candidates' portfolios which cover a range of grades;
- if the work seen overall has been assessed accurately and consistently to agreed national standards, within agreed tolerances, all unit marks submitted by the centre are accepted with no adjustments;
- adjustments, where required, will be carried out by OCR using its normal procedure; centres are not required to amend marks except if administrative issues, errors or order of merit problems are discovered.

Whilst moderators may seek clarification from a centre, they cannot negotiate portfolio marks in any way. OCR will inform centres of the outcome of the moderation process at the time of publication of results. This will include a written report on any significant issues that arose during this process.

8 Instructions for Marking

8.1 SOURCES OF GUIDANCE

The starting point in assessing portfolios is the *Assessment Evidence Grid* within each unit. These contain levels of criteria for the skills, knowledge and understanding that the candidate is required to demonstrate. The *Guidance for Teachers* within the unit expands on these criteria and clarifies the level of achievement the assessor should be looking for when awarding marks.

Before the start of the course OCR will produce a *Teacher Guide*. At INSET sessions OCR will provide exemplar material which is work that best illustrates a particular mark band description.

OCR will hold training meetings on portfolio assessment led by senior GCE moderators. Details of these are in the OCR INSET booklets which are sent to centres in the Summer term or they may be obtained from the Training and Customer Support Division (tel. 01223 552950). They are also published on the OCR website (www.ocr.org.uk).

OCR also operates a network of Portfolio Consultants. Centres can obtain advice on assessment of portfolios from an OCR Portfolio Consultant. These are both subject specialists and senior moderators. Details may be obtained from the OCR Subject Officer.

8.2 DETERMINING A CANDIDATE'S MARK

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

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

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

Each portfolio should be marked by the teacher according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (a sample of which follows).

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

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

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

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

Teachers should use the full range of marks available to them. Teachers must award full marks in any strand of work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS or A2 level.

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

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

8.3 SAMPLE ASSESSMENT EVIDENCE GRID

Please see over.

Unit 2: Communication in care settings				
What you need to do:				
<p>You need to produce a report based on the different communication skills used in one health or social care or early-years setting [50 marks]. Your evidence needs to include:</p> <p>AO1: an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples [15]; AO2: an explanation of how care workers use four different communication skills in the care setting to value service users, giving examples [15]; AO3: relevant research and analysis of two theories that provide guidance about the effects of communication on service users and/or care workers [10]; AO4: the production of records to show the effectiveness of your communication skills in an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, evaluating your own performance and making recommendations for improvements [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You produce a basic description of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; [0 1 2 3 4 5]	you show a sound level of understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; [6 7 8 9 10]	you show a comprehensive understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples. [11 12 13 14 15]	/15
AO2	You explain, with guidance, how care workers use four different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you give a detailed description of how care workers apply four different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies [6 7 8 9 10]	you produce, accurately and independently, an in-depth analysis of how care workers apply four different communication skills in the care setting showing a high level of understanding when explaining how they value service users as individuals, giving examples: you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/ inaccuracies. [11 12 13 14 15]	/15
AO3	You collect information from limited sources to analyse, at a basic level, how two theories provide guidance about the effects of communication on the service users and/or care workers; [0 1 2 3 4]	you undertake research using a range of sources, to analyse how two theories provide guidance about the effects of communication on the service users and/or care workers; [5 6 7]	you undertake research using a range of appropriate sources to give a comprehensive analysis showing how two theories provide guidance about the effects of communication on the service users and/or care workers. [8 9 10]	/10
AO4	You produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers including a basic evaluation of your own performance, giving an outline of improvements; [0 1 2 3 4]	you produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, including a detailed evaluation analysing your own performance, making realistic recommendations for improvements; [5 6 7]	you produce records showing your effectiveness in the interaction with the service user/care worker <i>or</i> a small group of service users/care workers and an in-depth evaluation of your own performance, making realistic and informed recommendations for improvement. [8 9 10]	/10
Total mark awarded:				/50

SECTION D: OPPORTUNITIES FOR TEACHING

9 Spiritual, Moral, Ethical, Social and Cultural Issues

Health and Social Care offers a range of opportunities for the exploration of spiritual, moral, ethical, social and cultural issues.

It is expected that these specifications will be presented in ways which give scope for perspectives on control and direction of the health and social care environment, the relationship between health and social care organisations and behaviour within organisations which include ethical, moral and social dimensions. This is particularly appropriate in considering the way in which services are managed, the management and use of human and financial resources and the ways in which services are promoted.

Specific social issues may be addressed in Unit 1: *Promoting quality care*, Unit 5: *Caring for people with additional needs*, Unit 9: *Caring for older people*, Unit 13: *Child development* and Unit 15: *Social trends*.

Moral, ethical and spiritual issues are inherent throughout any Health, Social Care and Early-Years qualification, but may be particularly relevant in Unit 1: *Promoting quality care*, Unit 2: *Communication in care settings*, Unit 5: *Caring for people with additional needs*, Unit 9: *Caring for older people*; Unit 11: *Understanding human behaviour* and Unit 14: *Mental-health issues*.

Cultural issues are explored in Unit 7: *Health as a lifestyle choice*, and Unit 13: *Child development*.

Legal issues are addressed in each unit, where appropriate.

10 Citizenship

Citizenship issues are inherent throughout any Health, Social Care and Early-Years qualification and here are opportunities for delivering knowledge, skills and understanding of such issues throughout the course.

11 Environmental Issues

OCR has taken account of the 1988 Resolution of the Council of the European Community and the Report *Environmental Responsibility: An Agenda for Further and Higher Education*, 1993 in preparing this specification and associated specimen assessments.

The role of the environment is considered in Unit 2: *Communication in care settings*, Unit 11: *Understanding human behaviour*, Unit 13: *Child development* and Unit 15: *Social trends*.

12 The European Dimension

OCR has taken account of the 1988 Resolution of the Council of the European Community in preparing this specification and associated specimen assessments. European examples should be used where appropriate in the delivery of the subject content. Relevant European legislation is identified within the specification where applicable.

Teachers are expected to take appropriate opportunities to consider issues in the European context.

The European Dimension can be considered as part of Unit 13: *Child development*, to be used as a comparison against provision/achievement in the UK.

13 Health and Safety

Candidates are introduced to health and safety issues in the context of this sector and should be made aware of the significance of safe working practices. Health and safety issues are specifically addressed in Unit 4: *Health and safety in care settings*.

It should also be noted that Health and Social Care, as a subject area for the 14-19 age group, presents many issues in terms of legislation which governs the care of others. Centres should be familiar with current legislation and its effect on candidates' access to, and involvement with, care settings. All units in this specification will require careful consideration of the potential impact of legislation relating to health and safety issues.

14 Key Skills

These specifications provide opportunities for the development of the Key Skills of *Communication (C)*, *Application of Number (AoN)*, *Information and Communication Technology (ICT)*, *Working with Others (WwO)*, *Improving Own Learning and Performance (IoLP)* and/or *Problem Solving (PS)* as indicated in the table below. Please note that this table includes only the *main opportunities* in those units which are portfolio assessed. Further guidance on Key Skills opportunities is given in the Teachers' Guide accompanying these specifications.

Unit	C2				C3				AoN2			AoN3			ICT2			ICT3			WwO2			WwO3			IoLP2			IoLP3			PS2			PS3			Unit			
	.1a	.1b	.2	.3	.1a	.1b	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3				
2	F	F	F	P	F	F	F	P																														2				
3				P										P	P	P				P	P	P	P	P	P	P	F	F	F								3					
5				P				P																														5				
6																								P	P	P	F	F	F									6				
7			F				F							P	P	P								P	P	P	F	F	F									7				
8									P	P	P																												8			
13																								P	P	P	F	F	F										13			
14	F		F		F		F																																14			
16		F	F	P		F	F	P																P	P	P	F	F	F										16			
Unit	.1a	.1b	.2	.3	.1a	.1b	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	.1	.2	.3	Unit
	C2				C3				AoN2			AoN3			ICT2			ICT3			WwO2			WwO3			IoLP2			IoLP3			PS2			PS3						

F: full coverage of that criterion of the key skill possible;

P: partial coverage of that criterion of the key skill possible.

15 Generic Resources

Please see Part B of this specification for specific unit resources.

16 Further Information and Training for Teachers

To support teachers using this specification, OCR will make the following materials and services available:

- a full programme of In-Service Training (INSET) meetings arranged by its Training and Customer Support Division (tel. 01223 552950);
- a website that will include materials to assist with delivery (www.ocr.org.uk);
- teacher support material;
- exemplar candidate work;
- specimen assessments;
- past external examinations;
- a report on the examination, compiled by senior examining personnel after each examination session;
- individual feedback to each centre on the moderation of portfolios;
- a portfolio consultancy service.

The Learning and Skills Development Agency, LSDA, has a website (www.vocationallearning.org.uk) with a variety of subject-specific resources and information in their teachers' section, as well as more general material about planning/teaching vocational courses.

17 Contacting OCR

Many straightforward enquiries may be resolved by visiting the OCR website (www.ocr.org.uk). The website contains copies of the specification, example assessments, support materials and current information of relevance to centres.

General administrative enquiries should be made to the OCR Information Bureau:
tel. 01223 553998
e-mail: helpdesk@ocr.org.uk

The OCR Publications Catalogue may be obtained from OCR's publications department:
tel. 0870 770 6622
fax 0870 770 6621
e-mail: publications@ocr.org.uk

Appendix A: Performance Descriptions

The performance descriptions for GCE Health and Social Care aim to describe learning outcomes and levels of attainment likely to be shown by a representative candidate performing at the A/B and E/U boundaries for the AS and A2. They illustrate the expectations at these boundaries for the AS and A2 as a whole; they have not been written at specification or unit level. Each performance description is aligned to **one** assessment objective. An alphabetical system has been used to denote each element of a performance description. There is no hierarchy of elements.

Performance descriptions are designed to assist examiners in exercising their professional judgement at awarding meetings where the grade A/B and E/U boundaries will be set by examiners using professional judgement. This judgement will reflect the quality of the candidates' work, informed by the available technical and statistical evidence. Performance descriptions will be reviewed continually and updated where necessary.

Teachers may find performance descriptions useful in understanding candidates' performance across qualifications as a whole but should use the marking criteria identified in the specification when assessing candidates' work.

	Assessment Objective 1	Assessment Objective 2	Assessment Objective 3	Assessment Objective 4	Quality of Written Communication
Assessment Objectives for both AS GCE and Advanced GCE	Candidates demonstrate relevant knowledge, understanding and skills.	Candidates apply knowledge, understanding and skills.	Candidates use appropriate research techniques to obtain information from a range of sources. They analyse work related issues and problems.	Candidates evaluate evidence, make reasoned judgements and draw valid conclusions about work related issues.	
AS A/B boundary Performance Descriptions	<p>Candidates:</p> <ul style="list-style-type: none"> • demonstrate with few omissions, a depth of knowledge of the health and social care sector; • demonstrate a depth of understanding of the functions of the health and social care sector; • demonstrate a range of relevant work related skills in a variety of situations in an effective manner. 	<p>Candidates:</p> <ul style="list-style-type: none"> • apply knowledge, understanding and skills accurately and independently to a range of work related situations relating to different service user groups. 	<p>Candidates:</p> <ul style="list-style-type: none"> • undertake research using a range of techniques; • use a wide range of relevant information sources; • use the selected information to analyse work related issues and problems. 	<p>Candidates:</p> <ul style="list-style-type: none"> • evaluate evidence to draw valid conclusions; • make reasoned judgements about relevant work related issues. 	<p>Candidates use written expression which:</p> <ul style="list-style-type: none"> • conveys appropriate meaning; • uses appropriate specialist vocabulary.
AS E/U boundary Performance Descriptions	<p>Candidates:</p> <ul style="list-style-type: none"> • demonstrate basic knowledge of the health and social care sector. There may be significant omissions; • show a basic understanding of the purposes of the health and social care sector; • demonstrate a limited range of work related skills. 	<p>Candidates:</p> <ul style="list-style-type: none"> • apply knowledge, understanding and skills with guidance to service user groups and familiar work related contexts. 	<p>Candidates:</p> <ul style="list-style-type: none"> • collect information on work related issues using given techniques; • use a limited range of relevant information sources; • carry out some basic analysis of work related issues and problems. 	<p>Candidates:</p> <ul style="list-style-type: none"> • evaluate evidence to draw basic conclusions about relevant work related issues. 	<p>Candidates use written expression which:</p> <ul style="list-style-type: none"> • is adequate to convey meaning; • may be expressed in a non-specialist way.

	Assessment Objective 1	Assessment Objective 2	Assessment Objective 3	Assessment Objective 4	Quality of Written Communication
Assessment Objectives for both AS GCE and Advanced GCE	Candidates demonstrate relevant knowledge, understanding and skills.	Candidates apply knowledge, understanding and skills.	Candidates use appropriate research techniques to obtain information from a range of sources. They analyse work related issues and problems.	Candidates evaluate evidence, make reasoned judgements and draw valid conclusions about work related issues.	
A2 A/B boundary Performance Descriptions	<p>Candidates:</p> <ul style="list-style-type: none"> • demonstrate in-depth knowledge of the health and social care sector; • show in-depth understanding of the functions of the health and social care sector; • demonstrate a range of work related skills in a variety of situations in an effective manner. 	<p>Candidates:</p> <ul style="list-style-type: none"> • accurately and independently apply in-depth knowledge, understanding and skills to a wide range of work related situations, relating these as appropriate to different contexts and service user groups. 	<p>Candidates:</p> <ul style="list-style-type: none"> • select and justify use of research and analytical techniques; • select and justify use of a wide range of relevant information sources; • select and justify use of the selected techniques and information to analyse work related issues and problems. 	<p>Candidates:</p> <ul style="list-style-type: none"> • evaluate a range of evidence to draw and justify valid conclusions; • make well reasoned judgements about relevant work related issues. 	<p>Candidates use written expression which:</p> <ul style="list-style-type: none"> • conveys appropriate meaning; • uses appropriate specialist vocabulary.
A2 E/U boundary Performance Descriptions	<p>Candidates:</p> <ul style="list-style-type: none"> • demonstrate basic knowledge of the health and social care sector; • show basic understanding of the purposes of the health and social care sector. There may be significant omissions; • demonstrate a limited range of work related skills. 	<p>Candidates:</p> <ul style="list-style-type: none"> • apply knowledge, understanding and skills with guidance to service user groups and work related contexts. 	<p>Candidates:</p> <ul style="list-style-type: none"> • undertake research into work related issues using given techniques; • use a limited range of relevant information sources; • use collected information to carry out a straightforward analysis of work related issues and problems. 	<p>Candidates:</p> <ul style="list-style-type: none"> • evaluate evidence to draw basic conclusions about relevant work related issues; • identify strengths and weaknesses of the evidence. 	<p>Candidates use written expression which:</p> <ul style="list-style-type: none"> • is adequate to convey meaning; • may be expressed in a non-specialist way.

PART B: UNIT SPECIFICATIONS

Part B Contents

1	Unit 1: Promoting Quality Care	3
2	Unit 2: Communication in Care Settings	11
3	Unit 3: Promoting Good Health	25
4	Unit 4: Health and Safety in Care Settings	37
5	Unit 5: Caring for People with Additional Needs	43
6	Unit 6: Working in Early-Years Care and Education	57
7	Unit 7: Health as a Lifestyle Choice	71
8	Unit 8: Complimentary Therapies	83
9	Unit 9: Caring for Older People	93
10	Unit 10: Care Practice and Provision	99
11	Unit 11: Understanding Human Behaviour	111
12	Unit 12: Anatomy and Physiology in Practice	115
13	Unit 13: Child Development	121
14	Unit 14: Mental-Health Issues	131
15	Unit 15: Social Trends	143
16	Unit 16: Research Methods in Health and Social Care	149

STRUCTURE OF UNITS

Units will have some or all of the following sections:

About this unit This includes a brief description of the content, purpose and vocational relevance of the unit.
It states whether the unit is assessed externally or through portfolio evidence.

What you need to learn This specifies the underpinning knowledge, skills and understanding you need to apply in order to meet the requirements of the portfolio evidence or external assessment.

Assessment evidence This specifies the evidence you need to produce in order to meet the requirements of each portfolio unit. It is divided into the following parts:

- *You need to produce* – this banner heading sets the context for providing the evidence, e.g. a report, an investigation, etc;
- *Evidence Descriptors* – these describe the qualities of the work which will achieve each mark range specified.

Guidance for teachers This provides advice **to teachers** on teaching and assessment strategies.

There is advice on:

- the provision of the *vocational* context of the unit;
- accurate and consistent interpretation of the national standards;
- the use of appropriate internal assessments, taking into account the full range of grades to be covered.

There may also be advice on:

- exploiting local opportunities (e.g. information sources, events, work experience);
- resources.

1 Unit 1: Promoting Quality Care

[AS level, mandatory, externally assessed]

1.1 ABOUT THIS UNIT

This AS level unit is mandatory and externally assessed.

If you are considering a career in health, social care or early years, it will be important to know how you can contribute to promoting quality care within a setting.

This unit links with Unit 5: *Caring for people with additional needs* and Unit 6: *Working in early-years care and education*. This unit forms the basis upon which Unit 10: *Care practice and provision* is structured. Additionally, this unit has links with Unit 11: *Understanding human behaviour*, Unit 14: *Mental health issues* and Unit 15: *Social trends*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People, and Early-Years Education at Levels 2 and 3.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

1.2 WHAT YOU NEED TO LEARN

You need to learn about:

- attitudes and prejudices;
- rights and responsibilities of service users and providers;
- facilitation of access to services;
- care values;
- safe working.

1.2.1 Attitudes and Prejudices

Individuals who need health, social care or early-years services can be highly vulnerable because they are dependent on others for their care. This means that practitioner's attitudes and prejudices can affect the care service user's experience.

You need to know how attitudes and prejudices are learnt, which for testing purposes will be limited to the following agencies:

- primary socialisation – early in life – e.g. the influence of the family;
- secondary socialisation – later in life – e.g. education, media, work, peers.

You need to understand the possible effects of attitudes and prejudices on service users, which for testing purposes will be limited to:

- health and well-being;
- self-esteem and sense of empowerment;
- unfair treatment – direct and indirect discrimination.

1.2.2 Rights and Responsibilities of Service Users and Providers

All members of society have fundamental human rights. You need to appreciate how the law is used to protect and promote certain rights. You need to know the legal rights that service users have, and explain the safeguards enshrined within each act, which, for testing purposes, will be limited to:

- the Children Act 1989, which sets out key duties of the local authority and other agencies in terms of meeting the needs of children who are 'at risk', the need to listen to the wishes of children and the 'paramountcy principle' – you are not expected to know this act in great detail, just the key principles, and some basic strengths and weaknesses;
- the Sex Discrimination Act 1975 and 1986, the Race Relations Act 1976 (Amendment) Regulations 2003, and the Disability Discrimination Act 1995, which provide legal definitions of direct and indirect discrimination, the scope of the law and the opportunities for redress – you need to outline the types of discrimination each act makes illegal, where it applies, and some basic strengths and weaknesses;
- the Mental Health Act 1983, which governs the admission of people to psychiatric hospitals against their will, their rights whilst detained, discharge from hospital, and aftercare – this Act applies in England and Wales – you are not expected to know this act in great detail, just the key principles, and some basic strengths and weaknesses;
- the Human Rights Act 1998, which makes it unlawful for public bodies to violate the rights contained in the European Convention on Human Rights which includes police, government departments and local councils – you are not expected to know this act in great detail, just the key principles, and some basic strengths and weaknesses.

The legislation is not the same throughout the UK. You need to know the laws which apply to the country in which you live. In Northern Ireland, this includes:

- Sex Discrimination (Northern Ireland) 1970 (amended 1984);
- Race Relations (Northern Ireland) Order 1976 (amended 1988);
- Disability Discrimination Act 1995;
- Equality (Northern Ireland) Order 2000;
- Northern Ireland Act 1998.

You need to identify the appropriate piece of legislation that would protect the right of an individual in a given situation, and give examples of the rights they are entitled to by law. You need to understand the procedures that need to be followed in a given situation.

It is important to remember that some rights are qualified, e.g. the right to freedom of expression is qualified so that it is illegal to incite racial hatred.

Service providers have to ensure that, when promoting the rights of a service user, they are not affecting the rights of others. You need to appreciate that those who exercise their rights also have responsibility for themselves and for others.

You need to identify the boundaries that apply to service users' rights within given health, social care and early-years contexts or situations. You will be tested on your knowledge and understanding of when information should be kept confidential, and when it should be passed on to other practitioners or organisations on a 'need-to-know' basis, including:

- when a service user is at risk of harm;
- when others may be at risk of harm;
- when the service user is at risk of harming others;
- when the service user is intending to or is breaking the law (a serious crime).

You will also be tested, through given scenarios, on when service users' wishes can be overruled in cases of mental health and children.

1.2.3 Facilitation of Access to Services

Service providers are required to ensure fair and equal access to their services. As a result, providers work to reduce the barriers which lead to social exclusion.

You need to identify the barriers that can affect a service provider's ability to deliver services for everyone and give a detailed explanation of how the barrier affects the service user/group's access to services. For testing purposes these will be limited to:

- *physical barriers* that affect service users with mobility problems when the existing premises and facilities have been designed on the assumption that all service users are able-bodied;
- *psychological barriers* – individuals may be unwilling to visit their GP because they are frightened of the diagnosis they may receive, or the perceived stigma attached to the illness – service users with mental health problems may not recognise that they need a particular service;
- *financial barriers* – individuals on low incomes may be discouraged from accessing a service because of the cost, and may be unaware of any benefits they may be entitled to – financial barriers may also arise because of a lack of funding to ensure that the level of provision matches the demand;

- *geographical or location barriers* – service users in rural areas may have difficulty in accessing specialist services and there may be insufficient outreach provision or public transport may be limited – access to services may also be affected by the so-called ‘postcode lottery’ which means that, because of regional differences, the level of services available depends on where you live;
- *cultural and language barriers* – some service users may experience social exclusion because the service provider has not understood or accounted for the cultural differences that exist – service users for whom English is their second language could find it difficult filling out forms and communicating with practitioners.

You also need to know the ways in which inclusive service providers facilitate access to services, which for testing purposes will be limited to:

- adaptation of existing premises and facilities;
- use of campaigns to raise awareness and change attitudes;
- promotion of self-advocacy;
- identification of additional sources of funding;
- joint planning and funding to ensure an effective integration of services.

1.2.4 Care Values

The values relating to caring for others are derived from ideas about human rights. These values underpin all practical caring.

You need to know the care values which apply to health and social care settings as established by the Care Consortium (revised 2000), which for testing purposes will be limited to:

- promoting equality and diversity of service users;
- promoting individual rights and beliefs;
- maintaining confidentiality.

It is important to understand that, although there are some common themes, the care values which apply to health and social care settings are different from those within early-years. These are:

- making the welfare of the child paramount;
- keeping the children safe and maintaining a healthy environment;
- working in partnership with parents/families;
- making sure that children are offered a range of experiences and activities that supports all aspects of their development;
- valuing diversity;
- equality of opportunity and anti-discriminatory practice;
- maintaining confidentiality;
- working with others;
- reflective practitioners.

You need to explain the ways in which these underlying principles and values are applied by health, social care and early-years practitioners in their day-to-day work.

1.2.5 Safe Working

You need to know what codes of practice, charters and organisational policies are, and how they promote quality care whilst protecting health, social care and early-years practitioners.

You need to learn about the components of an equal opportunities policy including:

- *a policy statement* explaining who is covered by the policy and what is meant by goods, facilities and services; stating the aims and outcomes of the policy; the link to the organisation's vision or mission statement and business plan; have reference to the legal requirements; indicate who is responsible for implementation;
- *an implementation plan* which includes commitment from senior management and staff; consultation with service users, staff and the wider community; the training of staff to promote ownership and good practice; target setting and timescales; establishing methods for monitoring and measuring progress; communicating the policy to service users and staff;
- the ways in which the policy will be *monitored* to include the collection of data, e.g. by gender for applications for services, those refused services, complaints;
- *an evaluation* of the policy to see whether the policy has ensured fair representation of people from all groups in the community; high levels of service user satisfaction; a good reputation of the organisation in the local community;
- after evaluation, *targets* can be set to improve future performance.

You also need to understand the purpose of other policies, which, for testing purposes will be limited to:

- harassment;
- bullying;
- confidentiality.

You also need to identify and explain how codes of practice and organisational policies reflect day-to-day practice, which, for testing purposes will be limited to the Equal Opportunities Code of Practice on:

- staff selection;
- training and professional up-dating;
- staff knowledge and understanding of policies and procedures;
- fostering positive attitudes in staff;
- support systems for service users and staff.

1.3 GUIDANCE FOR TEACHERS

1.3.1 Guidance on Delivery

Attitudes and prejudices

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

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

This part of the specification could be delivered through the use of case studies to enable candidates to pick out the attitudes and prejudices reflected in the actions of health care workers, before discussing the possible effects on the service user.

Rights and responsibilities of service users and providers

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

Facilitation of access to services

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

Care values

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

Safe working

It would be beneficial for candidates to look at some codes of practice but, for testing purposes, they will not be asked specific details. However, the following charters will provide useful insight into the purpose of charters:

- 'Home Life', a landmark code of good practice, published in 1984 by the Centre for Policy on Ageing for residential care and sponsored by the DHSS, which was followed up in 1996 by the publication 'A Better Home Life' – these two documents have had a major influence on the quality of residential care for older people;
- A Code of Practice for Nursing Staff and Midwives: Nursing and Midwifery Council (NMC);
- How to Behave: An Equal Opportunities Code of Practice;
- Special Educational Needs Code of Practice;
- Access to Government Information Code of Practice.

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

Candidates will be tested on evaluating given evidence to make reasoned judgements and draw valid conclusions about the effectiveness of codes of practice and organisational policies in promoting safe working in health, social care and early-years settings.

1.3.2 Guidance on Assessment

This unit is externally assessed.

1.3.3 Resources

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

2 Unit 2: Communication in Care Settings [AS level, mandatory, internally assessed]

2.1 ABOUT THIS UNIT

This AS level unit is mandatory and is internally assessed.

In this unit you will investigate the different types of communication skills used in care settings and their purpose. This will include oral, non-verbal, written, computerised and any special methods used in the care settings. You will also find out how effective communication values individuals and promotes health and well-being.

You will have the opportunity to learn and practise communication skills with service users and/or care workers.

This unit links with the following units: Unit 1: *Promoting quality care*, Unit 5: *Caring for people with additional needs*, Unit 6: *Working in early-years care*, Unit 11: *Understanding human behaviour*, Unit 13: *Child development*, and Unit 14: *Mental health issues*.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a report based on the different communication skills used in **one** health or social care or early years setting. Your evidence will include:

- an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples;
- an explanation of how care workers use **four** different communication skills in the care setting to value service users, giving examples;
- relevant research and analysis of **two** theories that provide guidance about the effects of communication on service users and/or care workers;
- the production of records to show the effectiveness of your communication skills in an interaction with an individual service user/care worker *or* a small group of service users/care workers, evaluating your own performance and making recommendations for improvements.

2.2 WHAT YOU NEED TO LEARN

You need to learn about:

- types of communication;
- factors that support and inhibit communication;
- communication skills;
- theories relating to communication;
- interaction with the service user(s)/care worker(s).

2.2.1 Types of Communication

You need to recognise the different types of communication used in care settings and their purposes, to include:

- oral communication, e.g. to give information, to obtain information, to exchange ideas;
- written communication, e.g. personal history, monitoring service users' health, menus, care plans;
- computerised communication, e.g. e-mails, Internet information, networking;
- special methods, e.g. sign language, Makaton, Braille.

2.2.2 Factors that Support and Inhibit Communication

You need to understand how the application of care values by care workers when communicating with service users can be supportive, to include:

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

You need to be aware of factors that can support or inhibit communication, to include:

- positioning, e.g. space, height;
- emotional, e.g. fear, happiness, self-esteem, trust, empathy, responsiveness, attentiveness, respect;
- environmental conditions, e.g. space, noise, lighting, ventilation;
- special needs, e.g. using appropriate vocabulary, sign language.

You also need to understand the importance of the content that is being communicated.

You need to understand that confidentiality is a key value in health and social care and that you might be faced by confidentiality dilemmas. You need to know what to do if you have been given information that you feel you should share.

2.2.3 Communication Skills

People working in health and social care need to communicate with other professionals, service users and their relatives. They may take part in one-to-one and group interactions.

Some of these interactions will be informal and others will be formal. You need to consider different types of interaction, their purposes, the people involved and how to build a professional relationship with service users.

A range of skills will be used when communicating with others and these influence the effectiveness of the communication, to include:

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

You need to understand how each of these skills may affect interaction and how you can minimise communication barriers and help value people as individuals.

2.2.4 Theories Relating to Communication

You need to understand how theory can be used as a strategy to enhance, and prevent barriers to, communication, to include theories relating to:

- group structures;
- the communication cycle;
- the structure of interactions, e.g. introduction, main content, reflecting and winding down;
- SOLER (in relation to listening skills);
- theories of formation, e.g. Tuckman, Burnard, Thompson, Bales.

2.2.5 Interaction with the Service User(s)/Care Worker(s)

You need to include records of your interaction with the service user(s)/care worker(s) that show how you planned and conducted the interaction, the aims and objectives for the interaction, and the skills you used.

When planning your interaction you need to prepare for several stages, for example:

- introduction;
- main content;
- discussion;
- reflection and winding up.

You also need to define clearly the purpose of the interaction, for example:

- giving information;
- obtaining information;
- exchanging ideas and opinions.

You need to evaluate the effectiveness of the interaction from the perspective of the service user(s)/care worker(s), your own perspective and the perspective of others, e.g. your teacher and/or your peers.

Your evaluation needs to include:

- reflecting – thinking back;
- analysing – considering each part in detail;
- drawing conclusions – making decisions about effectiveness, from your own viewpoint and/or from the viewpoint of others, e.g. the service user(s)/care worker(s), your teacher, your peers;
- planning for improvement – could your skills have been improved? Could factors that influenced the interaction have been better managed?

2.3 ASSESSMENT EVIDENCE GRID

Unit 2: Communication in care settings				
What you need to do:				
<p>You need to produce a report based on the different communication skills used in one health or social care or early-years setting [50 marks]. Your evidence needs to include:</p> <p>AO1: an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples [15]; AO2: an explanation of how care workers use four different communication skills in the care setting to value service users, giving examples [15]; AO3: relevant research and analysis of two theories that provide guidance about the effects of communication on service users and/or care workers [10]; AO4: the production of records to show the effectiveness of your communication skills in an interaction with an individual service user/care worker <i>or</i> a small group of service users/care workers, evaluating your own performance and making recommendations for improvements [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You produce a basic description of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; [0 1 2 3 4 5]	you show a sound level of understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; [6 7 8 9 10]	you show a comprehensive understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples. [11 12 13 14 15]	/15
AO2	You explain, with guidance, how care workers use four different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you give a detailed description of how care workers apply four different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	you produce, accurately and independently, an in-depth analysis of how care workers apply four different communication skills in the care setting, showing a high level of understanding when explaining how they value service users as individuals, giving examples; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You collect information from limited sources to analyse, at a basic level, how two theories provide guidance about the effects of communication on the service users and/or care workers; [0 1 2 3 4]	you undertake research using a range of sources, to analyse how two theories provide guidance about the effects of communication on the service users and/or care workers; [5 6 7]	you undertake research using a range of appropriate sources to give a comprehensive analysis showing how two theories provide guidance about the effects of communication on the service users and/or care workers. [8 9 10]	/10
AO4	You produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, including a basic evaluation of your own performance and giving an outline of improvements; [0 1 2 3 4]	you produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, including a detailed evaluation of your own performance and making realistic recommendations for improvements; [5 6 7]	you produce records showing your effectiveness in the interaction with a service user/care worker <i>or</i> a small group of service users/care workers and an in-depth evaluation of your own performance, making realistic and informed recommendations for improvement. [8 9 10]	/10
Total mark awarded:				/50

2.4 GUIDANCE FOR TEACHERS

2.4.1 Guidance on Delivery

Teaching strategies

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

Types of communication

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

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

Factors that support and inhibit communication

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

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

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

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

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

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

Communication skills

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

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

Theories relating to communication

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

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

Interaction with the service user(s)/care worker(s)

The interaction can be carried out on a one-to-one basis or with a small group of service users/care workers. It should be noted that early-years is up to the age of **eight** and that teachers of children over the age of eight are not 'care workers'.

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

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

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

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

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

2.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates will give a basic description of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will be general in nature and needs to show how people are valued and supported by the communication skills used;</p> <p>they will give a basic description of how communication can be inhibited by inappropriate or poor communication – examples may be given;</p> <p>the evidence will lack detail about the effects on service users and/or care workers and may contain some omissions and/or inaccuracies;</p>
	2	<p>candidates will give a detailed description of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will show how the effectiveness of interactions can be increased and the level of personal value and support improved;</p> <p>they will give a sound description of how communication can be inhibited by inappropriate or poor communication – examples will be given;</p> <p>there will be a few minor omissions with the evidence showing a sound understanding of the effects and support that service users/care workers experience;</p>
	3	<p>candidates will give an in-depth account of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will show in detail how the effectiveness of interactions can be increased and the level of personal value and support improved;</p> <p>they will show a high level of understanding of how communication can be inhibited by inappropriate or poor communication – examples will be given;</p> <p>there will be no omissions with the evidence;</p> <p>there will be evidence of synthesis and originality within the work.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	1	<p>Candidates will give a basic description of four communication skills used by care workers in the care setting, including reasons for using each skill;</p> <p>candidates will show how service users are valued and supported by the application of care values and the appropriate use of communication skills – examples will be given;</p> <p>there may be significant omissions;</p> <p>it is expected that candidates in this mark band will require teacher-led guidance;</p> <p>candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
	2	<p>candidates will give a detailed description of four communication skills used by care workers in the care setting, including reasons for using each skill;</p> <p>candidates show a sound level of understanding of how service users are valued and supported by the application of the care values and appropriate use of communication skills – examples will be given;</p> <p>there will be few omissions – it is expected that the candidates in this mark band will complete the work with minimal guidance;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates give a detailed and comprehensive explanation of four communication skills used by care workers in the care setting – this will include detailed discussion of reasons for using each skill;</p> <p>candidates show a high level of understanding of how service users are valued and supported by the application of the care values and appropriate use of communication skills – a range of examples will be given;</p> <p>there will be evidence of synthesis and originality within the work;</p> <p>there will be no omissions - it is expected that the candidates in this mark band will complete the work accurately and independently;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates will demonstrate the ability to collect information from a limited range of sources, e.g. books, for two theorists, and describe at a basic level how theories provide guidance about how to communicate effectively with service users/care workers;</p> <p>they will consider, at a basic level, theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>candidates will show a limited ability to include relevant and factual information – there will be significant errors/omissions;</p>
	2	<p>candidates will demonstrate the ability to collect information from a range of sources, e.g. books and the Internet, for two theorists;</p> <p>they will describe in detail, showing a sound level of understanding, how the theories provide guidance about how to effectively communicate with service users/care workers;</p> <p>they show a sound level of understanding of theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>the research will be detailed, showing the use of a range of sources and candidates will include relevant and accurate factual information which has been presented coherently – there will be few, if any, errors/omissions;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	3	<p>candidates will demonstrate the ability to collect information from a range of sources, e.g. books and the Internet, for at least two theorists;</p> <p>they give a comprehensive account showing a high level of understanding of how theories provide guidance about how to effectively communicate with service users/care workers;</p> <p>they show a high level of understanding of theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>candidates include a range of relevant and accurate factual information which shows evidence of synthesis and originality – there will be no errors/omissions.</p>
AO4	1	<p>Candidates will provide records of one interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, at a basic level, the skills used, the factors that supported and/or inhibited the interaction and information which shows how the care values were applied;</p> <p>candidates produce a basic evaluation of their own performance from the communication with the service user(s)/care worker(s), identifying realistic improvements that could be made – there may be some minor omissions;</p>
	2	<p>candidates will provide detailed records of one interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, in detail, the skills used, the factors that supported and/or inhibited the interaction and information which shows how the care values were applied – there is likely to be an outline transcript of the interaction, giving examples of the points made;</p> <p>candidates produce a detailed evaluation of the interaction with the service user(s)/care worker(s) which shows evidence of reflection, analysis and conclusions – this will consider the interaction from their own and the service user(s)/care worker(s) perspective;</p> <p>candidates will describe realistic improvements that could be made – there will be coherence within the work and few, if any omissions;</p>
	3	<p>candidates will provide detailed records of one interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, in detail, the skills used, the factors that supported and/or inhibited the interaction and information which shows a high level of understanding of how the care values were applied – there is likely to be a full transcript of the interaction, giving examples of the points made;</p> <p>candidates will produce an in-depth evaluation of the interaction with the service user(s)/care worker(s) which shows evidence of reflection, analysis and conclusions – they will consider the interaction from their own and the service user(s)/care worker(s) perspective;</p> <p>candidates will describe realistic improvements that could be made – there will be synthesis and originality within the work and no omissions.</p>

2.4.4 Resources

Organisations	<p>Royal National Institute for the Blind (RNIB), 224 Great Portland Street, London, WC1N 6AA</p> <p>Royal National Institute for the Deaf (RNID), 105 Gower Street, London, WC1E 6AH</p> <p>The Council for the Advancement of Communication with Deaf People, Pelaw House, School of Education, University of Durham, DH1 1TA</p>												
Publications	<p>Hayman M 'A protocol for people with hearing impairment', Nursing Times, Oct 28 Volume 94, No 43, 1998.</p> <p>Tuckman B/W 'Developmental sequences in small groups', Psychological Bulletin, (1965), 633-849-9</p>												
Textbooks	<table border="0"> <tr> <td>Bales R/F</td> <td><i>Personality and Interpersonal Behaviour</i>, (1970)</td> <td>Rinhart and Winston New York</td> </tr> <tr> <td>Burnard P</td> <td><i>Communicate!</i> (1992)</td> <td>Edward Arnold</td> </tr> <tr> <td>Tschudin V</td> <td><i>Counselling skills for Nurses</i> (1982)</td> <td>Bailliere and Tindall</td> </tr> <tr> <td>Walsh <i>et al</i></td> <td><i>Advanced Vocational Health and Social Care</i> (2001)</td> <td>Collins 000 329 100 6 London</td> </tr> </table>	Bales R/F	<i>Personality and Interpersonal Behaviour</i> , (1970)	Rinhart and Winston New York	Burnard P	<i>Communicate!</i> (1992)	Edward Arnold	Tschudin V	<i>Counselling skills for Nurses</i> (1982)	Bailliere and Tindall	Walsh <i>et al</i>	<i>Advanced Vocational Health and Social Care</i> (2001)	Collins 000 329 100 6 London
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Websites	<p>NHS: www.nhs.uk</p>												

3 Unit 3: Promoting Good Health [AS level, mandatory, internally assessed]

3.1 ABOUT THIS UNIT

This AS level unit is mandatory and is internally assessed.

This unit investigates the range of lifestyle choices and societal factors which influence health and well-being. You will investigate the ways in which ill-health can be prevented and the health-promotion methods that are used by health-and-social-care practitioners. You will develop an understanding of the attitudes and prejudices which influence individuals' health and well-being.

This unit has links with Unit 1: *Promoting quality care*, Unit 2: *Communication in care settings*, Unit 7: *Health as a lifestyle choice*, Unit 8: *Complementary therapies*, Unit 10: *Care practice and provision* and Unit 14: *Mental health issues*. Although this unit does not link directly to the NVQs in Providing health, social and protective studies, it provides a broad introduction to the topic.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a report of the planning of, and your participation in, a small-scale health-promotion campaign to promote good health. Materials used should be published by an existing agency. Your evidence will include:

- evidence that you understand the perspectives of health and well-being, including ill-health, and the implications of government initiatives;
- applying knowledge and showing understanding of the job roles of key workers who promote health, including information about **two** preventative measures;
- relevant research and analysis of **two** factors that can affect health and well-being, giving an analysis of their effects on individuals;
- evidence of your own performance when planning, and participating in, a small health-promotion campaign, evaluating your own performance.

3.2 WHAT YOU NEED TO LEARN

You need to learn about:

- perspectives of health and well-being;
- preventative measures and job roles;
- factors affecting health and well-being;
- health promotion.

3.2.1 Perspectives of Health and Well-Being

You need to understand that health and well-being is not only affected by an individual's lifestyle choices, but also societal and environmental issues. Health and well-being can be affected by:

- personal responsibility for health;
- health as absence of illness;
- illness-wellness continuum;
- concepts of ill-health;
- government policies on health.

You need to understand that the concept of ill-health differs according to the medical and social models and the effects of ill-health on individuals' quality of life.

You need to understand the implications on health and well-being of:

- current national government initiatives, e.g. government white papers;
- local government initiatives, e.g. Health Improvement Programmes.

3.2.2 Preventative Measures and Job Roles

You need to recognise that there are many ways in which ill health can be reduced. Some of these measures are 'client-centred', others are directed at the wider community. Some measures are available through specialists, who are trained to provide a service, others take the self-help approach. Government initiatives place a duty on local and national authorities to improve health and prevent illness. Your investigation needs to include preventative measures, examples include:

- education;
- preventative legislation;
- screening;
- immunisation.

You need to understand that health promotion is designed and implemented for a variety of reasons, including:

- improving health and well-being;
- encouraging the use of preventative methods;
- increasing understanding of environmental causes of ill-health;
- increasing the skills required by individuals to take control of their own health.

Many different health and care professionals have a duty to develop and provide health education messages for their individuals. You need to recognise the job roles that have a major health-promotion responsibility, examples include:

- health education specialists;
- health visitors;
- community nurses;
- environmental health officers;
- GPs.

3.2.3 Factors Affecting Health and Well-Being

You need to find out about the range of factors which affect health and well-being, including:

- attitudes and prejudices, e.g. fear,
lack of trust of health practitioners;
- lifestyle choices, e.g. diet,
substance abuse,
health practices,
recreational activities;
- social factors, e.g. family,
social class,
culture;
- environmental issues, e.g. pollution,
housing,
workplace health;
- financial factors, e.g. income;
- physical factors, e.g. additional needs.

3.2.4 Health Promotion

You need to understand the different approaches (models) that can be used when planning and carrying out health-promotion campaigns, to include:

- the preventative model – probably the most common method;
- the empowerment model – seeks to encourage individuals to take control of their own health, and occasionally the environment, as well as the choices they make;
- the educational approach – seeks to inform and educate to promote healthy practices;
- client-directed approach – used to work with individuals to identify their needs prior to organising a campaign which is then aimed to meet those needs specifically;
- the use of fear as an approach – increasing in popularity, particularly when used on television, e.g. using vivid images of the consequences of unhealthy lifestyle choices to instill fear into those who watch.

When planning a small-scale health-promotion campaign, you need to recognise the different methods that can be used to pass on messages to individuals, e.g. leaflets and handouts, poster displays, videos and audio tapes and mass media such as TV, newspapers.

It is important for you to understand the ways used to measure the outcomes of a health education campaign, including:

- aims and objectives;
- project criteria (intended and unintended outcomes).

When evaluating your own performance as part of the small-scale health-promotion campaign, you need to include an evaluation of:

- your own performance;
- the benefits to the individual;
- skills used;
- quality measures, e.g. cost and time.

3.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 3: Promoting good health				
What you need to do:				
<p>You need to produce a report of the planning of, and your participation in, a small-scale health-promotion campaign to promote good health. [50 marks].</p> <p>Your evidence needs to include:</p> <p>AO1: evidence that you understand the perspectives of health and well-being, including ill-health and the implications of government initiatives [15];</p> <p>AO2: applying knowledge and showing understanding of the job roles of key workers who promote health, including information about two preventative measures [15];</p> <p>AO3: relevant research and analysis of two factors that can affect health and well-being, giving an analysis of their effects on individuals [10];</p> <p>AO4: evidence of your own performance when planning and participating in a small health-promotion campaign, evaluating your own performance [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You show a basic understanding of the perspectives of health and well-being from two different perspectives, including the effects of ill-health, and how they relate to individuals, including the implications of one government initiative; [0 1 2 3 4 5]	you show a sound understanding of the perspectives of health and well-being from two different perspectives, including the effects of ill-health, giving a detailed description of how they relate to individuals, including the implications of one government initiative; [6 7 8 9 10]	you show a comprehensive understanding of the perspectives of health and well-being from two different perspectives, including the effects of ill-health, giving a detailed explanation of how they relate to individuals, including the implications of one government initiative. [11 12 13 14 15]	/15
AO2	You provide, with guidance, a basic account of the job roles of two key workers who are involved in promoting health, and you give a basic description of two preventative measures that they could apply; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you provide a sound level of understanding of a range of job roles of two key workers who are involved in promoting health, and you describe thoroughly two preventative measures that they could apply; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	working accurately and independently, you provide in-depth knowledge and understanding of a range of the job roles of two key workers who are involved in promoting health, explaining two preventative measures that they could apply; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You use limited sources of information to research and collect evidence about two factors that can affect health, giving a basic analysis of their effects on individuals; [0 1 2 3 4]	you use a range of sources of information to research two factors that can affect health, giving a detailed analysis of their effects on individuals; [5 6 7]	you undertake research using a range of techniques to explore two factors that can affect health, giving a comprehensive analysis of their effects on individuals. [8 9 10]	/10
AO4	You produce a plan for a small-scale health-promotion campaign and records to show how it was implemented, including a basic evaluation of your own performance; [0 1 2 3 4]	you produce a plan for a small-scale health-promotion campaign and records to show how it was implemented, including an evaluation that draws valid conclusions about your own performance; [5 6 7]	you produce a plan for a small-scale health-promotion campaign and records to show how it was implemented, including an evaluation that makes reasoned judgments about your own performance. [8 9 10]	/10
Total mark awarded:				/50

3.4 GUIDANCE FOR TEACHERS

3.4.1 Guidance on Delivery

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

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

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

Perspectives of health and well-being

An understanding of the different perspectives of health and well-being needs to be established before candidates can plan their health-promotion campaign. Candidates need to use primary research to find out differences between the views of individuals and service providers. They need to review their findings according to the theories of the social and medical models.

The Health Development Agency has been set up to contribute to the delivery of the government's priorities for improving public health. Candidates will find this a useful source of information about government policies and the effect that these may have on individuals. Candidates need to recognise the impact of local and national initiatives, e.g. The National Healthy Schools Standard has been achieved by many primary and secondary schools already.

Preventative measures and job roles

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

Health visitors, school nurses, community nurses, environmental health officers and GPs usually have responsibility for promoting health for their own target groups, e.g. health visitors often provide feeding and weaning campaigns. School nurses, on the other hand, may concentrate on safe sexual practices or immunisation programmes. Often their individual group is comprised of both children and parents.

Factors affecting health and well-being

Both primary and secondary research would be useful to enable candidates to develop an understanding of the different factors affecting health and well-being, and the effects of ill-health on individuals in various settings. It is not intended for candidates to give detailed information about substance abuse – the focus needs to be on how this can affect health and well-being.

Health promotion

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

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

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

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

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

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

3.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates will produce a factual account based on the collection of information to describe health and well-being from two different perspectives; this could be obtained, for example, from questionnaires or interview questions prepared by candidates or by drawing information from given case studies; candidates will show a basic understanding of the differences between the medical and social models of health and well-being when stating why individuals often fail to conform to health education advice; the implications of one government initiative will be basically described, with limited understanding shown; the evidence will lack detail about the effects on the individual; there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates will produce a factual account showing a sound understanding of health and well-being from two different perspectives; illustrations could be included where relevant, e.g. to explain some complex information; there will be a description of the differences between the medical and social models of health and well-being when explaining why individuals often fail to conform to health education advice; the implications of one government initiative will be described in detail, showing a good level of understanding; there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will synthesise a range of information to demonstrate the concepts of health and well-being from two different perspectives; the factual account will be detailed and will show a high level of understanding of, for example, personal responsibility, health as absence of illness, etc; clear and accurate conclusions will be drawn about the medical and social models of health and well-being to explain the responses of individuals to health and education advice; the implications of one government initiative will be thoroughly described, showing a sound level of understanding; there will be no omissions or inaccuracies within the evidence.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	1	<p>Candidates will produce a basic account of the job roles of two key workers who are involved in promoting health, showing a limited understanding of the tasks they perform;</p> <p>a limited description of two preventative measures the chosen key workers would apply will be included;</p> <p>the evidence will lack detail but candidates will show a basic understanding of the reasons for the preventative measures;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p> <p>candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
	2	<p>candidates will produce a detailed account of the job roles of two key workers who are involved in promoting health, showing a sound understanding of the tasks they perform;</p> <p>a clear description of two preventative measures the chosen key workers would apply will be included;</p> <p>candidates will show a sound understanding of the reasons for the preventative measures, including government initiatives being met;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates will produce a thorough description of the job roles of two key workers who are involved in promoting health, showing a sound understanding of the tasks they perform;</p> <p>there will be justification of the skills and qualities each key worker requires to ensure the needs of the individual are met;</p> <p>analysis of two preventative measures the chosen key workers would apply will be included;</p> <p>when explaining the reasons for the preventative measures being applied, candidates will show how each meets the needs of individuals within the chosen setting;</p> <p>candidates will work independently to produce accurate work;</p> <p>there will be no omissions or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates will produce a factual description that shows a basic understanding of how different factors affect health and well-being;</p> <p>information could be collected, e.g. through questionnaires, interview questions or from secondary sources;</p> <p>candidates will give two ways in which individuals' quality of life could be affected by ill-health;</p> <p>limited sources of information will be used for the research;</p> <p>the analysis is limited and is more in the form of statements than analytical judgments;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	2	<p>candidates will produce a factual account which will be detailed, with examples to explain the factors which affect health and well-being;</p> <p>conclusions will be drawn to explain two ways in which individuals' quality of life could be affected by ill-health;</p> <p>candidates will carry out research using both primary and secondary sources;</p> <p>the analysis will be sound, showing some ability to reflect and make judgments;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will demonstrate synthesis and understanding to compare factors which affect health and well-being;</p> <p>evidence to show the range of sources used could, for example, be included as a bibliography and referenced within the text;</p> <p>a high level of understanding will be evident to explain two ways in which individuals' quality of life is affected by ill-health;</p> <p>candidates will carry out research using a range of sources;</p> <p>the analysis is detailed, showing the ability of candidates to reflect on their findings and make reasoned judgments;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates will produce a plan outlining the approach to be used for the small-scale health-promotion campaign to be carried out;</p> <p>the plan will include basic pre-set criteria to be used to judge the outcomes of the campaign, e.g. aims and objectives, intended and unintended outcomes, cost and time;</p> <p>an outline of the methods to be used will be given;</p> <p>records of assessment will show that the health-promotion campaign was carried out accurately, but with support;</p> <p>candidates will complete a brief evaluation of their performance;</p> <p>there will be evidence of reflection and simple analysis;</p> <p>the analysis will include information relating to the measure of the outcomes against the pre-set criteria;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates will produce a detailed plan which will relate to the small-scale health-promotion campaign to be carried out;</p> <p>timescales will be given which show how the main tasks are to be broken into component parts, and these will be realistic;</p> <p>a factual account within the plan will explain, giving reasons, the pre-set criteria, including aims and objectives, intended and unintended outcomes, cost and time;</p> <p>the methods to be used will be explained;</p> <p>records of assessment will confirm observation of candidates showing competence in carrying out the health-promotion campaign independently;</p> <p>candidates will reflect upon their performance, analyse in some detail, and make informed evaluation about the standard of their performance and possible improvements;</p> <p>analysis will include information relating to the success of the campaign in relation to the pre-set criteria;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	3	<p>candidates will produce a detailed plan which breaks each main task into smaller component parts;</p> <p>accurate time/scales will be given for each component to complete the health-promotion campaign;</p> <p>the explanations showing how and why each component will be carried out will show a high level of understanding of the processes involved in planning and carrying out a health-promotion campaign;</p> <p>detailed pre-set criteria will be included which explain the aims and objectives, intended and unintended outcomes, cost, time etc.;</p> <p>the methods to be used will be clearly justified;</p> <p>records of assessment will confirm observation of candidates demonstrating competence and confidence when carrying out the small-scale health-promotion campaign independently;</p> <p>the evaluation of candidates' own performance will show evidence of in-depth reflection, the ability to analyse and to make reasoned judgements;</p> <p>the analysis will include evidence of the success of the campaign measured against the pre-set criteria and will be clearly explained;</p> <p>reasoned judgments will be used to produce recommendations for improvements which could be made to performance;</p> <p>these will be valid and achievable and include clear justification for suggestions made;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

3.4.3 Resources

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

4 Unit 4: Health and Safety in Care Settings [AS level, double award, optional, externally assessed]

4.1 ABOUT THIS UNIT

This AS level unit is an optional part of the double award and is externally assessed.

If you are considering a career in health, social care or early-years settings, it will be important to know about health and safety practices that need to be followed.

This unit links with Unit 1: *Promoting quality care*, Unit 4: *Health and safety in care settings*, Unit 5: *Caring for people with additional needs*, Unit 6: *Working in early-years care and education*, Unit 9: *Caring for older people*, Unit 11: *Understanding human behaviour* and Unit 14: *Mental health issues*.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

4.2 WHAT YOU NEED TO LEARN

You need to learn about:

- the influence of current legislation on safe practice in care settings;
- safety and security;
- safe moving and handling techniques;
- contribution to infection control.

4.2.1 The Influence of Current Legislation on Safe Practice in Care Settings

In the UK, the Health and Safety Executive (HSE) is the main body responsible for enforcing legislation and providing guidance on health and safety in the workplace.

You need to know:

- the names, dates, purpose and key features and principles of legislation intended to safeguard health and safety in care settings and how these influence practice in the workplace, including:
 - Health and Safety At Work Act 1974 and significant amendments;
 - Management of Health and Safety At Work Regulations 1992;
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
 - Health and Safety (signs and signals) Regulations 1996 and;
 - the role of the Health and Safety Executive in enforcing these in the workplace;

- health and safety information that needs to be available to employees, including:
 - the Health and Safety Law poster/leaflet; including the details which need to be put on the poster:
 - name of an employee representative, if there is one;
 - name of the manager representative – this could be the employer in small businesses;
 - contact details of the enforcing authority;
 - the requirement for first-aiders;
 - the location of the accident book and how to use it;
 - a health and safety policy document and its purpose – sets out the employer’s general policy in respect of health and safety, and describes the organisation/settings/arrangements for carrying out that policy which should be reviewed as often as is appropriate, e.g. annually.
- the Control of Substances Hazardous to Health 1999 Regulations (COSHH) – need to be able to recognise what these substances are and how they need to be stored.

You need to be aware that the law states that:

- a person in the workplace who can take charge in an emergency needs to be identified;
- a first-aid box must be available;
- a notice stating where the first-aid box is located, and whom is the approved person, should be clearly visible;
- a trained first-aider and a first-aid room should be available if the workplace gives rise to special hazards.

4.2.2 Safety and Security

You need to understand the importance of maintaining safety and security in health, care and early-years settings.

You need to be aware that there are **five** key stages to risk assessment. These are:

- Stage 1: look for hazards;
- Stage 2: assess who may be harmed;
- Stage 3: consider the risk – whether precautions are adequate;
- Stage 4: document the findings;
- Stage 5: review the assessment and revise it if necessary.

You need to consider in some detail what actually happens at each stage.

You also need to know about:

- carrying out formal risk assessments – the actions associated with each stage, and how to keep a written record of the risk assessment;
- reducing risks in different types of settings (early years, residential homes, hospitals, etc.) – training, early warning systems, health and safety policies, use of warning/safety signs, safety features, Personal Protective Equipment (PPE), and how these benefit service users and care workers;
- a broad overview of 'The Fire Precautions (Workplace)(Amended) Regulations 1997';
- fire safety (smoke and fire alarms, different types of fire-fighting equipment) and how to evacuate buildings;
- security in early-years settings, e.g. preventing unwanted visitors, safe collection of children;
- security in residential homes against intruders, in respect of privacy and unwanted visitors, etc.

4.2.3 Safe Moving and Handling Techniques

An employer has the responsibility to examine and assess all procedures which take place in the working environment and involve risk. All risks must be minimised. You need to know:

- the key features of current regulations and laws relating to moving and handling:
 - Manual Handling Operations Regulations 1992, Revised 1998;
 - Lifting Operations and Lifting Equipment Regulations 1998 (LOLER);
- how to assess risks when moving and handling people, using an *appropriate* check list;
- how to work with an individual who is to be moved, and how to prepare them and yourself for moving and handling through discussion with them on how best to manage the procedure, asking their opinions – preparation for moving and handling a service user needs to include the handler's clothing, equipment checks and encouraging independence;
- how to use the equipment for moving and handling – hoists and slide boards.

You may NOT move or handle service users unless formally trained to do so and only then if you meet the age and training requirements. You must always work with equipment for moving and handling, and with another care worker.

4.2.4 Contribution to Infection Control

When working in care settings, it is most important that precautions are taken to prevent the spread of infection, particularly 'cross-infection'. The precautions that can be taken are called 'standard precautions'. You need to understand:

- the importance of wearing protective clothing and knowing its purposes:
 - gloves;
 - plastic aprons;
 - masks;
 - overshoes;
 - personal hygiene;
 - special precautions;
- what is meant by 'standard precautions';
- how to maintain personal safety when dealing with, and disposing of, clinical waste and instruments.

You need to know the details required when completing an accident report form and how to complete one. You also need to show why the form and the details are necessary.

4.3 GUIDANCE FOR TEACHERS

4.3.1 Guidance on Delivery

The influence of current legislation on safe practice in care settings

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

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

These **six** sets of regulations are:

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

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

Safety and security

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

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

Safe moving and handling techniques

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

Contribution to infection control

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

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

4.3.2 Guidance on Assessment

This unit is externally assessed.

4.3.3 Resources

Organisations	<p>British Safety Council National Safety Centre, 70 Chancellors Road, London W6 9RF Health and Safety Executive PO Box 1999, Sudbury, Suffolk CO10 2AW</p> <p>Red Cross 9 Grovenor Crescent, London SW 1X 7EJ</p> <p>Royal Society For the Prevention Of Accidents (ROSPA) Edgebaston Park, 115 – 123 Pentonville Road, London N1 9 LZ</p> <p>St Andrew's Ambulance Association 74 Menzies Road, Torry, Aberdeen, AB119AJ</p> <p>St John Ambulance National Headquarters, 27 St John's Lane, London EC1M 4BU</p>
Publications	Health and Safety publications
Textbooks	<p>Duncan M <i>et al</i> <i>Health and Safety At Work – Essentials</i> LawPack Publishing Ltd</p> <p>Nazarko L <i>NVQs In Nursing and Residential Homes</i> Blackwell Science</p> <p>Nolan Y <i>Care S/NVQ</i> Heinemann</p> <p>Five Steps to Risk Assessments (INDG 163)</p> <p>The Food Hygiene Handbook (The Institution Of Environmental Health Officers) – Highfield Publications or local Environmental Health Officers</p>
Websites	<p>www.britishsafetycouncil.org</p> <p>www.firstaid.org.uk</p> <p>www.hsebooks.co.uk</p> <p>www.hse.gov.uk – free leaflets to download</p> <p>www.open.gov.uk/hsehome.hrm</p> <p>www.redcross.org.uk</p> <p>www.rospa.co.uk</p> <p>www.sja.org.uk</p>

5 Unit 5: Caring for People with Additional Needs [AS level, double award, optional, internally assessed]

5.1 ABOUT THIS UNIT

This AS level unit is an optional part of the double award only and is internally assessed.

This unit explores caring for service users who have additional needs due to physical disability, sensory impairment, learning difficulty, or any combination of these. You will investigate the attitudes and values of society, experienced by service users with additional needs. You will develop an understanding of the care management approaches used by care workers when providing specialist care or support to service users who have additional needs.

This unit links with the following units: Unit 1: *Promoting quality care*, Unit 3: *Promoting good health*, Unit 4: *Health and safety in care settings*, Unit 9: *Caring for older people*, Unit 10: *Care practice and provision* and Unit 11: *Understanding human behaviour*. Although this unit does not link directly to the NVQs in providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a guide for care workers which explores caring for service users with additional needs, including a profile of a service user. Your evidence will include:

- understanding of the causes of additional needs and the effects of additional needs on service users;
- understanding of the care-management processes and key roles of service providers who support service users with additional needs;
- research and analysis of the models or approaches used to support the service users recognising attitudes and values of society towards service users with additional needs;
- a profile of a service user who has additional needs, including the barriers experienced, support, aids and adaptations used, evaluating their impact on the service user.

5.2 WHAT YOU NEED TO LEARN

You need to learn about:

- common causes of physical disability, sensory impairment and learning difficulties;
- the care-management process;
- models and approaches;
- producing a profile of a service user with additional needs.

5.2.1 Common Causes of Physical Disability, Sensory Impairment and Learning Difficulties

You need to have an understanding of the main causes of physical disability, sensory impairment and learning difficulties. These include:

- hereditary conditions, e.g. gene defects;
- chromosomal abnormalities, e.g. the presence of an extra chromosome leading to Down's Syndrome;
- environmental factors, e.g. pollution;
- accidents;
- disease-related causes;
- birth injury, e.g. oxygen deprivation, physical trauma;
- developmental disorders.

You need to have an understanding of how physical disability, sensory impairment and learning difficulties can affect body function, and the effects they may have on service users.

You need to know that sensory impairments are those which involve disorders of the senses, e.g. sight, hearing, touch, taste or smell. The most common are sight and hearing, but you also need to be aware of the hidden impairments such as Anosmia (loss of smell) and Anaesthesia (loss of the sense of touch in all or part of the body).

5.2.2 Care-Management Process

You need to understand that care-management is the process of tailoring services to meet individual needs. You need to know:

- the stages involved in assessment for service users with physical disability and sensory impairment, what is involved at each of the stages and how each stage is documented and implemented;
- the methods which are used to assess, plan, implement, monitor and evaluate/review individual care plans;

- which professionals are involved in the care-management cycle for service users with physical disability and sensory impairment, and the key roles of those who provide support;
- the benefits of a multi-disciplinary approach to care;
- the staged approach to assessment and intervention for service users with learning difficulties;
- the methods used to plan, implement, monitor and evaluate and review individual learning plans, including target setting for service users with learning difficulties.

You also need to be aware of family considerations in relation to service users.

You are not expected to undertake an assessment of need yourselves, but you do need to know how assessments are undertaken and the questions and recording documents used.

5.2.3 Models and Approaches

You need to understand that the type of support provided may depend on the model or approach used, to include:

- the medical model;
- the social model.

You need to consider the differences between the models and the effects these could have on the type of support that service users could receive.

You need to analyse the attitudes and values of society towards service users and understand how stereotyping, prejudice and discrimination can affect service users. You need to include examples of both negative and positive experiences, as these relate to service users.

You need to know about possible environmental and economic barriers, and attitudes and values of society, including:

- how environmental barriers restrict access to health, social care or early-years services and facilities, limiting opportunities to participate fully in the social and economic life of their community, and have an effect on their additional needs;
- how positive and negative attitudes affect the social inclusion of service users, including employment; e.g. stereotypes of people who experience impairments result in low expectations of ability, unfair discrimination, limited educational provision and assumptions about medical and care needs;
- how economic barriers limit access to services and facilities including work, leisure and recreation.

You also need to consider the ways in which barriers, e.g. environmental, attitudinal and economic, could be overcome to improve opportunities for people with additional needs and their quality of life.

Environmental barriers include the poor accessibility of services, including steps/stairs, lack of lifts, lack of suitable parking spaces, heavy doors, width of corridors. You may also consider other restrictions, including lack of adapted toilets, height of light switches, sockets, lack of Braille signs etc.

When considering *economic barriers*, you may wish to include the cost of transport to services and facilities and the costs of accessing work and leisure facilities.

5.2.4 Production of a Profile of a Service User with Additional Needs

You need to produce a profile of a service user with additional needs. Your profile will include background information about the additional needs your chosen service user has and the barriers they have experienced, including physical, attitudinal and economic.

You may choose to base your profile on someone you know, someone you have met on a work placement, or a case study. Confidentiality must be maintained at all times, you must not use real names and you must gather information in a sensitive manner.

You also need to know about the different methods of support that is available and how they can be used to meet the service user's individual needs in the following areas:

- assistance with daily living routines;
- education and training;
- day-care provision;
- assistance with health problems;
- social opportunities;
- assistance with mobility;
- economic.

You also need to know how aids and adaptations can be used to improve the quality of life for service users. Many Local Authority day centres have an attached unit from which service users can rent or loan specialist aids or equipment. These can include, for example, specialist aids for communication, mobility and daily living routines. You need to know how the aids are used and how they assist service users.

You need to understand the positive and possible negative effects that the use of specialist aids and adaptations may have on a service user's quality of life and that of their family.

5.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 5: Caring for people with additional needs				
What you need to do:				
<p>You need to produce a guide for care workers which explores caring for service users with additional needs, using the profile of a service user who has additional needs [50 marks].</p> <p>Your evidence needs to include:</p> <p>AO1: understanding of the causes of additional needs and the effects of additional needs on service users [15];</p> <p>AO2: understanding of the care-management processes and key roles of service providers who support service users with additional needs [15];</p> <p>AO3: research and analysis of the models or approaches used to support service users, recognising attitudes and values of society towards service users with additional needs [10];</p> <p>AO4: a profile of a service user who has additional needs, including the barriers experienced, support, aids and adaptations used, evaluating their impact on the service user [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You describe, at a basic level, three causes of additional needs, showing a basic understanding of the effects on service users; [0 1 2 3 4 5]	you show a sound understanding of three causes of additional needs, giving a description of the effects on service users; [6 7 8 9 10]	you show a comprehensive understanding of three cause of additional needs, giving a thorough explanation of the effects on service users. [11 12 13 14 15]	/15
AO2	With guidance, you show a basic level of understanding of each stage of the care-management process and describe the key roles of two service providers who support service users with additional needs; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you show a sound understanding of each stage of the care-management process and describe in detail the key roles of two service providers who support service users with additional needs; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	you accurately and independently show a comprehensive understanding of each stage of the care-management process and explain the key roles of two service providers who support service users with additional needs; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You use limited information sources to collect evidence of how the social and medical models would interpret the additional needs of service users, analysing at a basic level the attitudes and values of society towards service users; [0 1 2 3 4]	you use a range of information sources to research how the social and medical models would interpret the additional needs of service users, analysing the attitudes and values of society towards service users; [5 6 7]	you obtain information from a range of sources to explore how the social and medical models would interpret the additional needs of service users, giving an informed analysis of the attitudes and values of society towards service users. [8 9 10]	/10
AO4	You produce a basic profile of a service user who has additional needs, describing at a basic level three barriers experienced, methods of support, aids and equipment used and include a basic evaluation of their impact on the service user; [0 1 2 3 4]	you produce a detailed profile of a service user who has additional needs, clearly describing three barriers experienced, methods of support, aids and equipment used and include a sound evaluation of their impact on the service user; [5 6 7]	you produce a comprehensive profile of a service user who has additional needs, thoroughly describing three barriers experienced, methods of support, aids and equipment used and include a thorough evaluation of their impact on the service user. [8 9 10]	/10
Total mark awarded:				/50

5.4 GUIDANCE FOR TEACHERS

5.4.1 Guidance on Delivery

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

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

Suitable work experience placements could include, for example:

- day centres;
- sheltered accommodation;
- day-hospital units;
- adult resource centres;
- special schools;
- learning-support departments;
- audiology departments.

It is possible that you may wish to consider undertaking a residential experience with candidates to gather evidence for this unit. The 'Winged Fellowship Trust' is an organisation that relies upon the support of volunteers. The Winged Fellowship Trust provides holidays for service users with a range of additional needs at specialist centres around the country. When undertaking the residential placement, volunteers provide support to service users throughout the day, working alongside the trained staff for a whole week. Alternatively, role play/simulated conditions may be considered.

Common causes of physical disability, sensory impairment and learning difficulties

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

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

The care management process

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

Candidates need to know which service providers could be involved at each stage of the care-planning cycle and their roles. It will also be important for them to understand the differences between *monitoring* and *evaluation* and the purposes of each. Candidates need to be aware of the benefits of a multi-disciplinary approach to care for both the service providers and the service users.

Models and approaches

Social policy, welfare and social care textbooks and the websites of disability rights organisations (usually run by disabled people themselves) provide extensive material on the contrasting nature and implications of the *social* and *medical* model approaches to disability.

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

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

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

Profile of a service user with additional needs

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

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

5.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	Candidates produce a factual account based on the collection of information to describe three causes of additional needs of service users; this could be obtained, e.g. from questionnaires or interview questions prepared by candidates or from drawing information from given case studies; candidates show an understanding of the causes of the additional needs; the evidence will lack detail about the effects on service users covering aspects of PIES and may include some inaccuracies and omissions;
	2	candidates produce a factual account showing a sound understanding of three causes of additional needs for service users; illustrations could be included where relevant, e.g. to explain some complex information; there will be detailed description of the effects the additional needs have on service users covering all aspects of PIES; there will be few omissions and/or inaccuracies within the evidence;
	3	candidates will synthesise a range of information to show three causes of additional needs for service users; candidates could, for example, produce a bibliography and reference within the text the sources of the information used; the factual account will be detailed and will show a high level of understanding of the additional needs of the service user, giving a thorough explanation of the short and long-term effects covering all aspects of PIES; clear and accurate conclusions will be drawn; there will be no omissions or inaccuracies within the evidence.
AO2	1	With guidance, candidates will give a basic account of each stage of the care-management process; a limited description of the methods used to assess, plan, implement, monitor and evaluate/review individual care/learning plans, including reference to PIES at a basic level; when describing the roles of two service providers who support service users, they will choose one service provider that meets the physical needs, e.g. a physiotherapist, and another that meets social or emotional needs, e.g. a counsellor; candidates will show a basic understanding of the tasks they perform; the evidence will lack detail but candidates will show a basic understanding of the purposes of the care management process; there may be significant omissions; candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
	2	<p>candidates will produce a detailed account of each stage of the care-management process;</p> <p>candidates will produce a clear description of the methods used to assess, plan, implement, monitor and evaluate/review individual care/learning plans, including reference to all aspects of PIES, at a sound level;</p> <p>when describing the roles of two service providers who support the service user, they will choose one service provider that meets the physical needs, e.g. a physiotherapist, and another that meets social or emotional needs, e.g. a counsellor;</p> <p>candidates will show a sound understanding of how each service provider meets the needs of service users and the skills and qualities required;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
AO2	3	<p>candidates will show a thorough understanding of each stage of the care-management process;</p> <p>there will be analysis of different methods used to assess, plan, implement, monitor and evaluate/review individual care/learning plans, including a detailed description of all aspects of PIES;</p> <p>candidates will also demonstrate an understanding of how evaluation procedures followed lead to the modification of individual plans to ensure the changing needs of service users are met;</p> <p>when explaining the roles of two service providers, candidates will choose one service provider that meets the physical needs, e.g. a physiotherapist, and another that meets social or emotional needs, e.g. a counsellor;</p> <p>candidates will show how each service provider provides support for service users and how each meets the service users needs, and the skills and qualities required;</p> <p>there will be sound understanding of the interactions between the service providers (multidisciplinary approach) and the differences in the skills and qualities of each to ensure the needs of service users are met;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates will produce a factual description that shows a basic understanding of how both the medical and social models would interpret service users' additional needs;</p> <p>information could be collected, for example, through questionnaires, interview questions or from secondary sources;</p> <p>candidates will give ways in which service users' quality of life has been affected by the attitudes and values of society;</p> <p>a basic analysis of the attitudes and values of society towards service users will be included;</p> <p>only one or two sources of information will be used for the research;</p> <p>the analysis is limited and is more in the form of statements than analytical judgements, and may include some inaccuracies and omissions;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	2	<p>the factual account will be more detailed, with candidates providing examples to explain the differences between the medical and social models;</p> <p>a chart could be included to compare the types/methods of support which would be provided by each model;</p> <p>candidates will draw conclusions to explain why the differences in interpretation would provide different support for service users;</p> <p>an analysis of the attitudes and values of society towards service users will be included;</p> <p>candidates will carry out research using both primary and secondary sources;</p> <p>the analysis will show the ability to reflect and to make reasoned judgements in detail; there may be a few errors/inaccuracies;</p>
	3	<p>candidates will demonstrate synthesis and understanding to compare how well the medical and social models provide support to meet the individual needs of service users;</p> <p>evidence to show the sources used could, for example, be included as a bibliography and referenced within the text;</p> <p>a high level of understanding will be evident within the detailed account;</p> <p>informed analysis of both positive and negative effects of the attitudes and values of society towards service users will be included;</p> <p>candidates will carry out research using a range of sources;</p> <p>the analysis is detailed and shows the ability of candidates to reflect on their findings and make reasoned judgements, there will be no errors/inaccuracies.</p>
AO4	1	<p>Candidates will produce a basic profile of a service user who has additional needs due to physical disability, sensory impairment, or learning difficulty, or for any combination of these;</p> <p>the introduction to the chosen service user will give basic information about their additional needs, including the causes and effects on the service user;</p> <p>three barriers will be described at a basic level;</p> <p>candidates will show a limited understanding of how the barriers restrict the service user, with little information given about limitations of opportunities to participate fully in the social and economic life of their community;</p> <p>candidates will identify methods of support, aids and equipment used by the service user;</p> <p>the evaluation of their impact on the service user will be basic and show limited understanding; there will be inaccuracies and/or omissions;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	2	<p>candidates will produce a detailed profile of a service user who has additional needs due to physical disability, sensory impairment, or learning difficulty, or for any combination of these;</p> <p>the introduction to the chosen service user will give clear information about their additional needs, including a description of the causes and effects on the service user;</p> <p>three barriers will be clearly described;</p> <p>candidates will show a good understanding of how the barriers restrict the service user, with clear information given about limitations of opportunities to participate fully in the social and economic life of their community;</p> <p>candidates will describe a range of methods of support, aids and equipment used by the service user; the evaluation of their impact on the service user will be sound and show a good level of understanding;</p> <p>there will be a few inaccuracies and/or omissions;</p>
AO4	3	<p>candidates will produce a comprehensive profile of a service user who has additional needs due to physical disability, sensory impairment, or learning difficulty, or for any combination of these;</p> <p>the introduction to the chosen service user will give detailed information about the additional needs, including a thorough description of the causes and effects on the service user;</p> <p>three barriers will be thoroughly described;</p> <p>candidates will show synthesis and understanding of how the barriers restrict the service user, with detailed analysis of the limitations of opportunities to participate fully in the social and economic life of their community;</p> <p>candidates will give a detailed description of a range of methods of support, aids and equipment used by the service user;</p> <p>the evaluation of their impact on the service user will make reasoned judgments and show an excellent level of understanding of both positive and negative factors;</p> <p>there will be no inaccuracies or omissions.</p>

5.4.3 Resources

<p>Organisations</p>	<p>The Calvert Trust The Disabled Living Foundation The John Groom Association MENCAP SCOPE RADAR RNIB RNID Vitalise (formerly known as The Winged Fellowship Trust) <i>Many conditions have an organisation or support group that provides useful information. Details of registered charities can be found from the Charities Commission.</i></p>						
<p>Publications</p>	<p>Local areas have publications to support users with additional needs. Voluntary groups produce their own publications and newsletters on a regular basis.</p>						
<p>Textbooks</p>	<p>Social policy, social welfare and social care texts;</p> <table border="0" data-bbox="507 931 1415 1043"> <tr> <td data-bbox="507 931 638 965">Meggitt C</td> <td data-bbox="638 931 1117 999"><i>Special Needs Handbook for Health and Social Care</i></td> <td data-bbox="1117 931 1415 965">Hodder & Stoughton</td> </tr> <tr> <td data-bbox="507 999 638 1043">Skelt A</td> <td data-bbox="638 999 1117 1043"><i>Caring for People with Disabilities</i></td> <td data-bbox="1117 999 1415 1043">Longman</td> </tr> </table>	Meggitt C	<i>Special Needs Handbook for Health and Social Care</i>	Hodder & Stoughton	Skelt A	<i>Caring for People with Disabilities</i>	Longman
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Skelt A	<i>Caring for People with Disabilities</i>	Longman					
<p>Websites</p>	<p>Disability Alliance Disabled People International the organisations listed above the government's Disability Rights Commission. <i>Most UK support groups and organisations have websites; insert the name in a search engine and you will find several to access.</i></p>						

6 Unit 6: Working in Early-Years Care and Education [AS level, double award, optional, internally assessed]

6.1 ABOUT THIS UNIT

This AS level unit is an optional part of the double award only and is internally assessed.

This unit investigates the range of care and education provision for children in early-years settings (0-8 years). You will investigate job roles available within early-years care and education and will gain an understanding about the care values that underpin those roles. You will develop an understanding of the ways that children learn and methods that can be used to aid learning and development.

This unit links with Unit 4: *Health and safety in care settings*. Additionally, this unit links with Unit 10: *Care practice and provision*, Unit 11: *Understanding human behaviour* and Unit 13: *Child development*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a guide for early-years care and education provision in your local area and explore the different ways in which children learn. Your evidence will include:

- information about different early-years care and education services that are available in the local area;
- a description of job roles and responsibilities of care workers in early-years services and an exploration of how they apply the care values in their day to day tasks;
- information about the ways children in the care setting learn and develop, recognising factors that affect the children's learning and performance;
- a learning plan produced and implemented for an activity to use in the early-years setting and an evaluation of the benefits to the child/children, including recommendations for improvement.

6.2 WHAT YOU NEED TO LEARN

You need to learn about:

- care and education provision for early years in the local area;
- job roles and responsibilities available within early-years care and education;
- values and principles of the early-years sector;
- the ways children learn and factors that affect performance;
- how to plan and implement activities for children in care and education settings.

6.2.1 Care and Education Provision for Early Years in the Local Area

Early-years services provide for children from birth to eight years. The term 'educare' is now used to convey the concept that care and education are one when it comes to caring for young children. For example, a childminder will be providing care and, through activities, will be encouraging the development of the child. Similarly, a pre-school will not only be providing learning and developmental activities, but will also be providing for the welfare of the child. It is considered that 'care and education' for early-years children are inseparable. You need to investigate this new perspective of 'educare' and the implications of this for early-years provision.

You need to identify the services that provide care and education for children in their early years and their purposes, including:

- private services, e.g. childminders, pre-schools, nurseries;
- statutory provision, e.g. reception classes, family centres;
- voluntary groups, e.g. parent-and-toddler groups;
- informal groups, e.g. after-school clubs, babysitters.

You need to understand how national policies influence the provision of care and education for children in early-years settings.

6.2.2 Job Roles and Responsibilities Available Within Early-Years Care and Education

You need to learn about the range of jobs available in care and education sectors, and the main responsibilities and day to day tasks of these job roles, including:

- job roles within the private sector for early-years care and education, e.g. childminder, pre-school leader, nursery nurse;
- job roles within the statutory provision for early years, e.g. reception class teacher, classroom assistant, care assistant (children);
- job roles within the voluntary sector, e.g. leader for parent-and-toddler groups;
- job roles within informal groups, e.g. activities leader, babysitters.

You need to find out about the qualifications and skills that would be needed to work in these job roles. These skills could be practical skills, scientific skills, organisational skills, etc.

You need to find out how the day to day tasks carried out by your chosen care workers could be scheduled and possibly presented in the form of a 'day plan', e.g. for a nursery nurse:

- 8.30 Put out equipment for my section and arrange it ready for the children
- 8.45 Greet children and parents and check on any special instructions
- 9.00 Supervise play activities while children are arriving
- 9.15 Get whole group together...

6.2.3 Values and Principles of the Early-Years Sector

You need to learn how care workers apply care values when looking after children in early-years care and education settings. These include:

- the welfare of the child being paramount, e.g. all early-years workers need to give precedence to the rights and well-being of the children with whom they work;
- keeping children safe and maintaining a healthy environment;
- working in partnership with parents and families;
- children's learning and development, e.g. children need to be offered a range of experiences and activities to support all aspects of development;
- valuing diversity, equal opportunity and anti-discriminatory practice;
- maintaining confidentiality;
- working with others, e.g. other professionals with prior parental agreement;
- the reflective practitioner, e.g. early-years workers need to use any opportunity to reflect upon their practice and principles and make use of the conclusions drawn.

6.2.4 The Ways Children Learn and Factors that Affect Performance

You need to show an understanding of the ways in which children in early-years care and education settings learn and develop, including:

- by direct experience, e.g. learning through play;
- by indirect methods, e.g. learning from other people, books, television, other children.

You also need to have an understanding of the strategies used to aid learning, including:

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

You need to understand factors that can affect learning and development, including:

- social factors, e.g. family, siblings, play, education;
- environmental factors, e.g. location, learning environments, resources;
- economic factors, e.g. income, the amount of money available for 'wants'.

6.2.5 How to Plan and Implement Activities for Children in Care and Education Settings

You need to recognise that adults play a major role in helping children to learn and develop, and that there are different ways that children acquire skills and knowledge. You need to plan an activity for a child or for children that will aid learning and development. The plan needs to include:

- aims, objectives to be achieved, outcomes, time plan;
- delivery methods, implementation methods to be used;
- the sources of feedback and the criteria to be used to make judgements about its success.

You need to implement the plan and evaluate the activity in terms of response, achievement of objectives, delivery methods, and effectiveness of purpose.

The activity does not have to be for a long period of time [**10-15** minutes is adequate]. The activity can be for **one** or more children, but needs to be developmental, e.g. a card game to teach colours, or making an item to improve co-ordination – the activity should be inexpensive to produce.

6.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 6: Working in early-years care and education				
What you need to do:				
<p>You need to produce a guide for early-years care and education provision in your local area and explore the different ways in which children learn [50 marks]. Your evidence needs to include:</p> <p>AO1: information about different early-years care and education services that are available in the local area [15];</p> <p>AO2: a description of job roles and responsibilities of care workers in early-years services and an exploration of how they apply the care values in their day to day tasks [15];</p> <p>AO3: information about the ways children in the care setting learn and develop, recognising factors that affect the children's learning and performance [10];</p> <p>AO4: a learning plan produced and implemented for an activity to use in the early-years setting and an evaluation of the benefits to the child/children, including recommendations for improvement [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You demonstrate a basic understanding of different types of early-years provision to include two private, two statutory, two voluntary and two informal groups in the local area, and identify the main purposes of each provision; [0 1 2 3 4 5]	you demonstrate a sound understanding of different types of early-years provision to include two private, two statutory, two voluntary and two informal groups in the local area, and describe the main purposes of each provision; [6 7 8 9 10]	you demonstrate an in-depth understanding of different types of early-years provision to include two private, two statutory, two voluntary and two informal groups in the local area, and explain the main purposes of each provision. [11 12 13 14 15]	/15
AO2	You provide, with guidance, basic information about two job roles in one early-years sector and the skills and qualifications required, describing day to day tasks and how the care values are applied; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you show a sound understanding of two job roles in one early-years sector and the skills and qualifications required, describing day to day tasks and how the care values are applied; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	you demonstrate, accurately and independently, a high level of understanding when providing information about two job roles in one early-years sector and the qualifications required, explaining, with examples, how the care values are applied; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You collect information to describe, at a basic level, factors (two from each of the three main groups) that affect learning and development, with a basic analysis of two strategies that aid learning; [0 1 2 3 4]	you undertake research, using different sources, to describe in detail the factors (two from each of the three main groups) that affect learning and development, analysing two strategies that can aid learning; [5 6 7]	you undertake research, using a range of sources, to give a comprehensive account of the factors (two from each of the three main groups) that affect learning and development, analysing two strategies that can aid learning. [8 9 10]	/10
AO4	You show an ability to plan and implement an activity for a child/children in an early-years setting to encourage learning and development, including a basic evaluation of the benefits of the activity to the child, and making recommendations for improvement; [0 1 2 3 4]	you plan and implement an activity for a child/children in an early-years setting to encourage learning and development, including a sound evaluation of the benefits of the activity to the child, and making recommendations for improvement; [5 6 7]	you plan and implement an activity for a child/children in an early-years setting to encourage learning and development, providing a comprehensive evaluation of the benefits of the activity to the child, and making realistic recommendations for improvement. [8 9 10]	/10
Total mark awarded:				/50

6.4 GUIDANCE FOR TEACHERS

6.4.1 Guidance on Delivery

Care and education provision for early years in the local area

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

Candidates could be encouraged to conduct a survey of the local area to collect information about what provision is available, from/for whom, when available and the costs. Information could be presented in the form of a map with some explanations about the purposes of each setting.

It will also be important to consider how national policy can influence the provision of early-years services. For example, if the government has a policy of getting women back to work, it is likely that money, in the form of grants, will be available for early-years providers. This could mean that there will be an increase in the number of pre-school places available. A specialist speaker from the early-years sector could be invited to the centre to talk about how government policy influences the provision and to give up-to-date information about the grants that are available to service providers.

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

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

Candidates could be encouraged, through work experience, to collect primary evidence to find out about the day to day tasks in **one** early-years setting, and the skills and qualifications needed. If work experience is not an option, it may be possible to invite **three** or **four** people who work in early-years settings to the centre to talk to candidates for **15** minutes about their specific jobs.

Values and principles of the early-years sectors

If candidates are gathering primary evidence, it would also be feasible to find out at the same time how care values are applied by practitioners. It needs to be remembered that care values for early years are different from those that are applied in health or social-care settings. Candidates may need help in understanding how these are applied in the day to day tasks of care workers. For example, working in partnership with parents means keeping the parents informed, telling them when there is a concern, e.g. anti-social behaviour, and helping them to participate in the decision-making process as to the solutions and actions that can be taken.

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

The ways children learn and factors that affect performance

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

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

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

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

6.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates will describe the different types of early-years provision available in the local area, e.g. childminders, pre-schools and after-school clubs; they will include two examples from each of private, statutory, voluntary and informal groups;</p> <p>they will include brief information about the main purposes of each, including basic information about the influences of one national policy on one of the examples chosen;</p> <p>they will mark the provision on a map, giving a key and stating briefly the sectors to which each belongs;</p> <p>the evidence will lack detail and will contain some omissions and/or inaccuracies;</p>
	2	<p>candidates will describe, in detail, the different types of early-years provision available in the local area, e.g. childminders, pre-schools and after-school clubs, parent-and-toddler groups;</p> <p>they will describe two examples from each of private, statutory, voluntary and informal groups;</p> <p>they will include detailed information about the main purposes of each, showing a sound level of understanding of the influences of one national policy on one of the examples chosen;</p> <p>they will mark the provision on a map, giving a key, and stating clearly and accurately the sectors to which each belongs, e.g. Happy Hour Pre-school – private sector;</p> <p>there will be few omissions and/or inaccuracies;</p>
	3	<p>candidates will give a comprehensive description of the different types of early-years provision available in the local area, e.g. childminders, pre-schools and after-school clubs, parent-and-toddler groups and primary schools;</p> <p>they will explain two examples from each of private, statutory, voluntary and informal groups;</p> <p>they will include detailed information about the main purposes of each, showing a high level of understanding of the influences of one national policy on one of the examples chosen;</p> <p>they will mark the provision on a map, giving a key and showing in some depth the sectors to which they belong, showing that they have the ability to recall knowledge accurately;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	1	<p>Candidates will provide basic information about two job roles in one setting, e.g. they will state three main features of the roles; the information will cover the basic tasks that are carried out by each on a day to day basis; the qualifications required will be accurate and three skills that are required to carry out the role will be given; when considering the early-years' care values, they will be described at a basic level, with examples of how each could be applied by both care workers; there will be some omissions and/or inaccuracies within the evidence; candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
	2	<p>candidates will provide detailed information about two job roles in one setting, e.g. they will describe three main features of the roles, giving details of what these involve; the information will give a detailed account of the tasks that are carried out by each on a day to day basis, including an outline timescale or plan of each care worker's day; the qualifications required will be accurate and three skills that are required to carry out the role will be described, with examples; when considering the early-years' care values, they will be accurately described, with examples of how each could be applied by both care workers; a sound level of understanding will be shown, with some ability to apply knowledge to workplace situations; there will be few omissions and/or inaccuracies within the evidence; candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates will provide detailed information about two job roles in one setting, e.g. they will explain three main features of the roles, giving details of what these involve; the information will give a detailed account of the tasks that are carried out by each on a day to day basis, including an outline timescale or plan of each care worker's day; an explanation of the day plan will be included; the qualifications required will be accurate and alternative qualifications will be included; three skills that are required to carry out the role will be explained with examples; when considering the early-years' care values, they will be described in detail, with examples of how each could be applied by both care workers; a high level of understanding will be shown, demonstrating the ability to apply knowledge accurately to workplace situations; there will be no omissions or inaccuracies within the evidence; candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	1	<p>Candidates' evidence will show that a limited range of sources has been used for research, e.g. books and the Internet;</p> <p>the information will be at a basic level, with brief descriptions of how factors can affect learning and development;</p> <p>two factors from each of the three main groups will be included, i.e. two social, two economic, two environmental factors;</p> <p>candidates will analyse, at a basic level, two strategies that can be used to aid learning in two different ways, e.g. direct and indirect;</p> <p>candidates will show a limited ability to include relevant and accurate factual information;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates' evidence will show that a range of sources has been used for research, e.g. books, people and the Internet;</p> <p>the information will be detailed, showing a sound level of understanding of how the factors can affect development, e.g. an economic factor could be given, such as the family having sufficient income to allow their child to attend a play group twice each week, which could affect the child's development as their language skills could be improved through interacting with a range of people;</p> <p>two factors from each of the three main groups will be described, i.e. two social, two economic, two environmental factors;</p> <p>candidates will give an analysis, showing a sound level of understanding, of two strategies that could be used to aid learning in two different ways, e.g. direct and indirect;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates' evidence will show that a range of sources has been used for research, e.g. books, magazines, people and the Internet;</p> <p>a record of the resources used will be kept;</p> <p>the information about factors will be detailed, showing a high level of understanding of how the factors can affect development, e.g. an economic factor could be given, such as the family having sufficient income to allow their child to attend a play group twice each week, which could affect the child's development as their language skills could be improved through interacting with a range of people, and also the child's social skills could be improved as they have the opportunity to observe and learn from others;</p> <p>two factors from each of the three main groups will be explained, i.e. two social, two economic, two environmental factors;</p> <p>candidates will give a detailed analysis, showing a high level of understanding, of two strategies that could be used to aid learning in two different ways, e.g. direct and indirect;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	1	<p>Candidates will have chosen a simple activity to do with a child/children that lasts for about ten minutes, e.g. a picture that needs colouring with the correct colours;</p> <p>the plan will outline the methods to be used, and will give timescales which may not be realistic;</p> <p>the evaluation will show limited ability to analyse, but will include some basic recommendations for improvements;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates will have chosen an activity to do with a child/children that shows thought about the impact on the child's/children's development;</p> <p>the activity will last for about ten minutes but could be longer, e.g. a matching exercise that has more than one stage involved in the process;</p> <p>the plan will be detailed, giving the methods to be used, and timescales for the stages which are accurate showing how the implementation is to be achieved;</p> <p>the evaluation will show ability to reflect on performance, to analyse by considering, in some detail, the component parts and to make informed judgements, and will include some sound and realistic recommendations for improvements;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will have chosen an activity to do with a child/children that shows thought about the impact of the activity on the child's/children's development and that will be sufficiently challenging for the child/children;</p> <p>the activity will last for about ten minutes but could be longer, e.g. improving hand-eye co-ordination and learning new vocabulary;</p> <p>the plan will be detailed, giving the methods to be used, and timescales for the stages which are accurate, showing how the implementation is to be achieved;</p> <p>reasons will be given for most of the actions taken;</p> <p>the evaluation will show ability to reflect on performance, to analyse by considering in depth the component parts and to make reasoned judgements, and will include the ability to make realistic and thoughtful recommendations for improvements;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

6.4.3 Resources

Organisations	CACHE – Council For Awards In Children’s Care and Education 8 Chequer Street, St Albans, Hertfordshire, AL1 3XZ National Childminders Association 8 Masons Hill, Bromley, Kent, BR2 9EY Pre-school Learning Alliance 69 Kings Cross Road, London, WC1X 9LL Professional Association of Nursery Nurses 2 St James Court, Friar Gate, Derby, DE1 1BT
Publications	<i>Children Now</i> <i>Community Care</i> <i>Nursery World</i>
Textbooks	Bruce T & Meggitt C <i>Child Care and Education</i> Hodder & Stoughton Gilbert P <i>Nursery Nursing – The Essentials</i> Stanley Thornes Hobart C <i>A Practical Guide to Working With Children</i> Stanley Thornes Sprinthall N, <i>Educational Psychology</i> Macgraw-Hill Sprinthall RC & Oja SN Tassoni P <i>Child Care and Education</i> Heinemann
Video	BBC Panorama ‘Early Education’ 5/10/98
Websites	BBC Web site: www.bbc.co.uk CACHE www.cache.org.uk Pre-school Learning Alliance www.pre-school.org.uk Newspaper and Internet websites, e.g. http://guardian.chadwyck.co.uk

7 Unit 7: Health as a Lifestyle Choice

[AS level, double award, optional, internally assessed]

7.1 ABOUT THIS UNIT

This AS level unit is an optional part of the double award only and is internally assessed.

This unit enables you to explore health as a lifestyle choice for the individuals at all life-stages. You will study the nutritional value of food and the dietary requirements of individuals from diverse backgrounds throughout their various life-stages. You will learn about current dietary guidelines. You will also investigate the way that exercise can have a positive effect on a person during different life-stages. You will explore different types of physical activity and the way they can affect the physical, mental and social health of individuals and the concepts involved in devising an appropriate exercise programme for an individual.

This unit has links with Unit 3: *Promoting good health*, Unit 8: *Complementary therapies*, Unit 12: *Anatomy and physiology in practice*, and Unit 13: *Child development*. Although this unit does not link directly to the NVQs in Providing Health, Social and Protective Services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a report on care workers which explores healthy-lifestyle choices, devising an exercise programme for **one** individual. Your evidence will include:

- understanding of the positive effects of exercise on the physical, mental and social health of individuals;
- understanding of the diet of the individual, making recommendations for improvements based on current dietary guidelines;
- relevant research and analysis when planning and designing a **three-week** exercise programme for the individual;
- monitoring and evaluation of the likely success and effectiveness of the diet recommendations and exercise programme on the individual.

7.2 WHAT YOU NEED TO LEARN

You need to learn about:

- nutritional value of food and the dietary function of nutrients;
- current dietary guidelines to promote the health of individuals;
- positive effects of exercise;
- health and safety considerations when designing an exercise programme;
- how diet and exercise interrelate to affect health.

7.2.1 Nutritional Value of Food and the Dietary Function of Nutrients

You need to learn about the dietary functions of the main nutrients in food and the contribution that food and food products make to the diets of individuals.

This will include an understanding of the nature and the dietary function of:

- macro-nutrients:
 - proteins high and low biological value,
novel sources;
 - fats saturated,
monosaturated,
polyunsaturated;
 - carbohydrates starches and sugars;
- micro-nutrients:
 - vitamins water soluble B and C,
fat soluble A, D, E and K;
 - minerals calcium,
iron,
phosphorus,
sodium,
potassium.

You also need to gain a broad understanding of the foods that provide the main sources of nutrients in the diet and related diseases caused by deficiency or over consumption; also, the essential roles of water and non-starch polysaccharide (NSP/dietary fibre). You also need to know about the role of additives in prepared food products.

7.2.2 Current Dietary Guidelines to Promote the Health of Individuals

You need to know about the current dietary guidelines in the United Kingdom and the range of healthy-eating initiatives generated by other agencies. These may include:

- initiatives like The Healthy Eating Plate 1991/Take 5 Campaign;
- United Kingdom Dietary Guidelines as stated in Saving Lives: Our Healthier Nation 1999;
- current trends in eating patterns and in the choice of food using sources such as The Food Standards Agency and The National Food Survey.

You need to understand the current government guidelines about the provision of healthy diets and demonstrate knowledge of the trends in food choice and eating patterns in the UK, e.g. the increased role of prepared foods in the diet having implications for the nutritional adequacy of individual diets. This includes:

- specific needs, e.g. infants, children, adolescents, adults (active, sedentary), older people, pregnant women, nursing mothers;
- DRVs (Dietary Reference Values) related to age, gender, activity, state of health;
- meeting religious beliefs/lifestyle choices;
- specific diet-related disorders, e.g. diabetes mellitus, high blood pressure, osteoporosis, irritable bowel syndrome.

You need to learn about the nutritional requirements and dietary factors that determine the diets of individuals of all ages and from diverse backgrounds. You need to be aware that some individuals do not readily understand the concept of the healthy diet and that there may be difficulties with availability and access to a range of foods.

You need to understand how to make modifications to the diets of individuals with specific requirements in order to provide them with an optimum diet.

You also need to understand about individuals who chose to modify their diet, either because of their religious belief or as a lifestyle choice. Such dietary modification may include increased or decreased nutrient intake, controlled nutrient intake, nutrient avoidance, or dietary supplementation.

You also need to be aware of the increased role and issues relating to the use of prepared foods.

7.2.3 Positive Effects of Exercise

You need to have a sound understanding of improvements exercise can make to the following:

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

You need to explore the cardiovascular, skeletal and muscular systems and the positive effect regular exercise can have in the prevention of illness/diseases associated with these organs and the short- and long-term effects of cardiovascular, muscular strength, muscular endurance and flexibility exercises.

You need to explore concepts such as mental alertness, motivation and interest in life. You also need to know about the need for exercise to be an integral part of life; that short bursts once a year will not bring about lasting benefits.

You need to understand the benefits of regular exercise in a range of individual circumstances.

7.2.4 Health and Safety Considerations when Designing an Exercise Programme

You need to design a **three**-week exercise programme for **one** individual considering the following:

- assessment of fitness level of the individual before and after the programme, e.g. standardised test such as sit and reach;
- safe environments, e.g. inclement weather, condition of pitches, condition of equipment;
- correct equipment, e.g. goal keeping gloves, shin pads;
- suitable clothing, e.g. no jewellery, hair tied back;
- suitability of exercise for intended purpose;
- correct preparation, e.g. warm-up, cool-down;

- principles of training, e.g. specificity, overload, progression;
- appropriate monitoring techniques;
- evaluation.

You need to take into account the specific needs of the chosen individual and consider:

- starting level of fitness (as found in completed standardised fitness tests);
- aim of the programme, e.g. weight loss, toning;
- time available.

You need to choose **two** area of fitness to improve, e.g. aerobic (cardiovascular), muscular strength, muscular endurance or flexibility and you need to choose **two** types of training such as continuous, interval, fartlek and weight-training and explain your rationale behind selection or omission.

In your programme you need to convey 'who, what, when, where and why.'

Your evaluation needs to include your reflection on the exercise programme and a comparison of the 'before' and 'after' test results, with an explanation of the results. You need to consider how you would change the exercise programme if it was repeated and what the short- and long-term effects would be on the individual if the programme was continued.

7.2.5 How Diet and Exercise Interrelate to Affect Health

You need to know that diet and exercise can work together to give a healthier lifestyle, i.e. how each benefits the other.

7.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 7: Health as a lifestyle choice				
What you need to do:				
<p>You need to produce a report on care workers which explores healthy-lifestyle choices, devising an exercise programme for one individual [50 marks]. Your evidence needs to include:</p> <p>AO1: understanding of the positive effects of exercise on the physical, mental and social health of individuals [15]; AO2: understanding of the diet of the individual, making recommendations for improvements based on current dietary guidelines [15]; AO3: relevant research and analysis when planning and designing a three-week exercise programme for the individual [10]; AO4: monitoring and evaluation of the likely success and effectiveness of the diet recommendations and exercise programme on the individual [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You show a basic knowledge and understanding of the positive effects of exercise on the physical, mental and social health of individuals; [0 1 2 3 4 5]	you demonstrate a sound knowledge and understanding of the positive effects of exercise on the physical, mental and social health of individuals; [6 7 8 9 10]	you demonstrate in-depth knowledge and understanding of the positive effects of exercise on the physical, mental and social health of individuals. [11 12 13 14 15]	/15
AO2	You show, with guidance, a basic understanding of the nutritional content of food, the dietary function of both macro- and micro-nutrients and the dietary needs of the individual, making basic recommendations for improvements based on current dietary guidelines; you write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner; [0 1 2 3 4 5]	you show a sound understanding of the nutritional content of food, the dietary function of both macro- and micro-nutrients and the dietary needs of the individual, making sound recommendations for improvements based on current dietary guidelines; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	you show, accurately and independently, a thorough understanding of the nutritional content of food, the dietary function of both macro- and micro-nutrients and the dietary needs of the individual, making detailed recommendations for improvements based on current dietary guidelines; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You use a limited range of relevant information sources to collect information to plan and design a three -week exercise programme (to include two types of exercise), applying basic analytical skills to show how the programme meets the needs of the individual; [0 1 2 3 4]	you use a range of information sources to collect information to plan and design a three -week exercise programme (to include two types of exercise), applying sound analytical skills to describe how the programme meets the needs of the individual; [5 6 7]	you undertake research using a variety of techniques and sources to carry out an in-depth analysis when devising a three -week exercise programme (to include two types of exercise), applying sound analytical skills to show how the plan meets the needs of the individual. [8 9 10]	/10
AO4	You carry out a basic evaluation of the evidence collected during monitoring, drawing basic conclusions as to the likely success and effectiveness of the diet recommendations and exercise programme on the individual; [0 1 2 3 4]	you carry out an evaluation of the evidence collected during monitoring to draw conclusions as to the likely success and effectiveness of the diet recommendations and exercise programme on the individual; [5 6 7]	you carry out a comprehensive evaluation of the evidence collected during monitoring to draw valid conclusions as to the likely success and effectiveness of the diet recommendations and exercise programme on the individual. [8 9 10]	/10
Total mark awarded:				/50

7.4 GUIDANCE FOR TEACHERS

7.4.1 Guidance on Delivery

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

Nutritional value of food and the dietary function of nutrients

Candidates need to have a broad overview of the nature and function of each nutrient and the main food sources of the nutrient in the diet.

Positive effects of exercise

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

Candidates are not expected to study body systems in detail.

Health and safety considerations when designing an exercise programme

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

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

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

7.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates will produce a factual account based on the collection of evidence to show the positive effects of exercise on individuals' physical, mental and social health;</p> <p>this will be obtained from primary sources using questionnaires or interviews of fitness-industry professionals or secondary sources via text books and the Internet;</p> <p>candidates will show a basic understanding of physical, mental and social health and how exercise can have a positive effect;</p> <p>the evidence will lack detail about the effects on individuals and will contain some omissions and/or inaccuracies;</p>
	2	<p>candidates will produce a factual account showing sound understanding of the positive effects of exercise on individuals' physical, mental and social health;</p> <p>illustrations will be used to show more in-depth knowledge of physical effects;</p> <p>candidates will draw conclusions on how exercise can be integrated into everyday life;</p> <p>candidates will show sound understanding about physical, mental and social health and how exercise can have a positive effect;</p> <p>the evidence will be fairly detailed about the effects on individuals and there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will synthesise a range of information to show the effects of exercise on individuals' physical, mental and social health;</p> <p>candidates will, for example, produce a bibliography and indicate within the text from where information has been obtained;</p> <p>the factual account will be detailed and will show a high level of understanding about the effects of exercise on individuals' physical, mental and social health;</p> <p>clear and accurate conclusions will be drawn relating to the effects on daily living;</p> <p>evidence shows a high level of understanding and there will be no omissions or inaccuracies within the evidence.</p>
AO2	1	<p>Candidates will show a basic understanding of the nature and dietary function of macro- and micro-nutrients;</p> <p>there will be limited evidence describing foods that provide the main sources of nutrients;</p> <p>candidates' understanding of the essential roles of water and non-starch polysaccharide (NSP/dietary fibre) will be limited;</p> <p>candidates will describe basically the dietary needs for the individual;</p> <p>there may be little, if any, consideration of diverse backgrounds or specific dietary variation where modification of the diet will be necessary;</p> <p>recommendations for improvements will be realistic but lacking detail;</p> <p>the evidence will be limited and contain omissions and/or inaccuracies;</p> <p>candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
	2	<p>candidates will show a sound understanding of the nature and dietary function of macro- and micro-nutrients;</p> <p>candidates will include a detailed description of foods that provide the main sources of nutrients;</p> <p>the essential roles of water and non-starch polysaccharide (NSP/dietary fibre) will be clearly described;</p> <p>candidates will thoroughly describe the dietary needs for the individual;</p> <p>recommendations for improvements will be detailed, showing a sound understanding of the needs of the individual and realistic changes which could be made;</p> <p>justification for recommendations will be included;</p> <p>the evidence will show understanding and contain few minor omissions and/or inaccuracies;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
AO2	3	<p>candidates' evidence will be comprehensive and demonstrate a thorough understanding of the nature and dietary function of all macro- and micro-nutrients;</p> <p>candidates will include a detailed analysis of foods that provide the main sources of nutrients;</p> <p>the essential roles of water and non-starch polysaccharide (NSP/dietary fibre) will be clearly explained;</p> <p>candidates will explain the dietary needs for the individual;</p> <p>recommendations for improvements will be thorough, showing a sound understanding of the needs of the individual and realistic changes which could be made;</p> <p>justification for recommendations will be detailed;</p> <p>the evidence will show synthesis and understanding; there will be no omissions and/or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates will select one individual and devise a three-week exercise programme;</p> <p>candidates will include basic information on the principles of exercise such as – specificity, overload and progression;</p> <p>there will also be a basic variety of types of exercise, to include two of the following – continuous, interval, fartlek and weight training;</p> <p>candidates will show limited evidence of the programme being devised specifically for the individual, e.g. aims of the individual, available time etc.;</p> <p>candidates will select two of the following types of fitness – aerobic (cardiovascular), muscular strength, muscular endurance or flexibility;</p> <p>an advice sheet on safety factors to be considered whilst exercising will show basic understanding and the evidence will lack detail;</p> <p>a basic warm-up and cool-down will show limited understanding of physiological benefits;</p> <p>the programme will lack understanding and detail;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	2	<p>candidates will include sound information in the three-week exercise programme;</p> <p>there will also be a variety of types of training, to include two of the following – continuous, interval, fartlek and weight training;</p> <p>candidates will also show sound evidence of the programme being devised specifically for one individual, taking into consideration the aims of the individual, available time etc.;</p> <p>fitness tests are described with the use of diagrams;</p> <p>an advice sheet on safety factors to be considered whilst exercising will show sound understanding and the evidence will use a variety of sources;</p> <p>a warm-up and cool-down will show sound understanding of physiological benefits;</p> <p>candidates will give details of a warm-up and cool-down incorporating a 10 minute pulse raiser, and mobility and stretching exercises of all major joints and muscles, with labelled diagrams to support descriptions;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>the three-week exercise programme will be detailed and show evidence of a wide variety of sources;</p> <p>evidence to show the sources used could be, for example, presented as a bibliography and referenced within the context of the work;</p> <p>there will be a detailed explanation and rationale as to the selection and duration of activities, with supporting in-depth grids for each of the two types of fitness selected for improvement;</p> <p>candidates will show a high level of understanding in their detailed analysis of the selection of appropriate exercises;</p> <p>candidates will use score tables to indicate standardised levels of fitness of the individual and identify strengths and weaknesses;</p> <p>the programme will show depth of understanding and detail;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates will complete a basic evaluation of the likely effects of the diet recommendations and exercise programme;</p> <p>they will draw basic conclusions as to the effectiveness and draw simple, but realistic, conclusions that will involve reflection and simple analysis;</p> <p>the analysis will include information relating to the benefits to the individual with reference to the effects on the physical health in the long-term, but this will lack detail;</p> <p>they will draw basic conclusions when reflecting on how they would change the programme if they were devising it again;</p> <p>the analysis is limited and more in the form of statements than analytical judgement;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	2	<p>candidates will complete a sound evaluation of the likely effects of the diet recommendations and exercise programme;</p> <p>they will draw sound conclusions as to the effectiveness of these, producing charts showing percentage improvements in each area;</p> <p>the analysis will include information relating to the benefits to the individual, with reference to beneficial effects on their physical health in the long-term;</p> <p>they will draw sound conclusions when reflecting on how they would change the programme if they were devising it again;</p> <p>the analysis will show the ability to reflect and to make reasonable judgements in some detail;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will evaluate in depth, forming reasoned judgements showing a high level of understanding of the likely effects of the diet recommendations and exercise programme, as evidenced in a detailed account;</p> <p>candidates will reflect on the three week programme and its strengths and areas for improvement in detail;</p> <p>they will offer comprehensive advice to the individual for the future;</p> <p>the analysis is detailed and shows candidates' ability to reflect and make reasoned judgements;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

7.4.3 Resources

Organisations	YMCA BAWLA RSA PEA BAALPE Local Health Authorities health promotion unit independent health and fitness clubs primary care groups
Publications	Food Industry Publications, Sports Industry Magazines,
Textbooks	The Bender Food Tables PE to 16 PE for You Advanced Level Physical Education Advanced Studies in Physical Education Physical Education Study of Sport.
Websites	The British Nutrition Foundation http://www.nutrition.org.uk The Department of Health http://www.doh.gov.uk The Food Standards Agency http://www.foodstandards.gov.uk The National Food Survey http://www.defra.gov.uk/esg/Work_htm/Index/food.htm Saving Lives: Our Healthier Nation http://www.ohn.gov.uk Sport-specific and fitness sites, Local Health Authority

8 Unit 8: Complementary Therapies [AS level, optional, internally assessed]

8.1 ABOUT THIS UNIT

This AS level unit is optional and is internally assessed.

This unit provides you with an opportunity to explore those aspects of complementary therapies (also known as alternative therapies), that are relevant to present day health and social care practices, and how they differ from orthodox medicine. It also enables you to understand the holistic approach to health and well-being. You will research how people view complementary therapies and evaluate the success of complementary and orthodox medicine in meeting service users' needs.

This unit links with the following units: Unit 3: *Promoting good health*, Unit 7: *Health as a lifestyle choice*, Unit 10: *Care practice and provision*, Unit 13: *Child development* and Unit 14: *Mental health issues*. Although this unit does not link directly to the NVQs in Providing health, social and protective services it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a report into the use of complementary therapies, **one** of which is used by a service user. Your evidence will include:

- understanding of complementary therapies, their development and purpose;
- understanding of why **two** complementary therapies are suitable for the service user, describing the role of the practitioners;
- relevant research and analysis on the value of **one** complementary therapy used by the service user to determine the views of members of the public and healthcare professionals;
- an evaluation of how well the service user has had their needs met by the complementary therapy and orthodox medicine.

8.2 WHAT YOU NEED TO LEARN

You need to learn about:

- history and development of complementary therapies;
- use and provision of complementary therapies;
- meeting physical, emotional and social needs;
- value of complementary therapies.

8.2.1 History and Development of Complementary Therapies

There are many complementary therapies that are considered suitable for service users with a range of physical and emotional needs. The methods are often divided into categories:

- sensory, e.g. aromatherapy, complementary therapies that work in conjunction with the **five** senses;
- cognitive, e.g. hypnotherapy, complementary therapies that promote mind-body healing by using the power of positive thinking;
- expressive, e.g. art therapy, complementary therapies where people are encouraged to express their thoughts;
- physical, e.g. yoga, complementary therapies to release endorphins (mood elevating hormones) and promote better general health;
- medical systems, e.g. Chinese herbalism, complementary therapies using different, alternative, or non-traditional medicines.

*It should be noted that many different ways of categorising complementary therapies exist and that many will belong to more than **one** category.*

You need to understand the development of complementary therapies, including:

- an historical perspective;
- different cultural attitudes;
- how they work alongside orthodox medicine.

8.2.2 Use and Provision of Complementary Therapies

You need to have knowledge of:

- how complementary therapies are used;
- settings in which they are used;
- cost;
- training and qualifications of practitioners;
- health and safety aspects.

8.2.3 Meeting Physical, Emotional and Social Needs

You need to identify a service user who is using, or intends to use, at least **one** complementary therapy to meet physical, emotional and social needs. If necessary, you may use a sufficiently-detailed case study.

You need to identify and explore **two** complementary therapies that may be suitable for this service user. This requires an understanding of their lifestyle, opinions, beliefs, culture and development, in order to gauge the relative suitability of the **two** chosen complementary therapies.

You need to know about a range of physical, emotional and social conditions service users may have including:

- acute pain;
- chronic conditions, e.g. osteoarthritis,
muscular dystrophy,
multiple sclerosis,
asthma,
back pain;
- mental health problems, e.g. stress,
depression,
anxiety,
panic attacks;
- social isolation;
- dietary disorders;
- habitual behaviour, e.g. fingernail-biting,
thumb-sucking,
phobias;
- addiction, e.g. drugs: nicotine, alcohol.

The service user needs to experience at least **one** of the **two** complementary therapies and you need to evaluate the suitability of that **one** complementary therapy chosen, not only for their condition, but also for them individually – how it meets their needs compared to orthodox medicine.

8.2.4 Value of Complementary Therapies

You need to investigate current trends in, and opinions about, the use of complementary therapies in health and social care, including:

- the stereotypical image of the use of complementary therapies;
- current public and medical opinions;
- controversial aspects relating to their use in health and social care settings;
- their use alongside, or instead of, orthodox treatments.

You need to analyse your results and explain similarities or differences in the views of the public and healthcare professionals. You also need to analyse any difference in views between members of the public, e.g. males and females, different age groups, social classes, etc. and any difference in the views between healthcare professionals, compared on gender, age or occupation. You need to form conclusions about the service user's and healthcare professionals' views on the extent that the complementary therapy could work with, or replace, some orthodox treatments.

You also need to compare your results with stereotypes about complementary therapies and provide analytical, possibly mathematical, evidence of how valid, reliable or biased your research is, any improvements you could make, and maybe identify further areas of possible research that could be explored.

8.3 ASSESSMENT EVIDENCE GRID

Unit 8: Complementary therapies				
What you need to do:				
<p>You need to produce a report into the use of complementary therapies, one of which is used by a service user [50 marks]. Your evidence needs to include:</p> <p>AO1: understanding of complementary therapies, their development and purpose [15]; AO2: understanding of why two complementary therapies are suitable for the service user, describing the role of the practitioners [15]; AO3: relevant research and analysis on the value of the complementary therapy used by the service user to determine the views of members of the public and healthcare professionals [10]; AO4: an evaluation of how well the service user has had their needs met by the complementary therapy and orthodox medicine [10].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You produce a basic description of the different types of complementary therapies, including their development and purpose; [0 1 2 3 4 5]	you show a sound level of understanding when describing complementary therapies, including their development and purpose; [6 7 8 9 10]	you show a comprehensive understanding when describing complementary therapies, including their development and purpose. [11 12 13 14 15]	/15
AO2	You apply, with guidance, knowledge and understanding to determine the suitability of two complementary therapies for the service user and to describe the role of the practitioners; you will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; [0 1 2 3 4 5]	you apply knowledge and understanding accurately, to determine the suitability of two complementary therapies for the service user and to describe the role of practitioners; you will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [6 7 8 9 10]	you accurately and independently apply in-depth knowledge and understanding to determine the suitability of two complementary therapies for the service user and to describe the role of practitioners; you will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there will be no errors/inaccuracies. [11 12 13 14 15]	/15
AO3	You collect information from limited sources, to provide a straightforward analysis of the views of the public and healthcare professionals on the value of a complementary therapy; [0 1 2 3 4]	you undertake research, using a range of sources, to provide an analysis of the views of the public and healthcare professionals on the value of a complementary therapy; [5 6 7]	you undertake research, using a range of appropriate sources, to provide a comprehensive analysis of the views of the public and healthcare professionals on the value of a complementary therapy. [8 9 10]	/10
AO4	You give a basic evaluation to draw limited conclusions of how well the service user's needs have been met; [0 1 2 3 4]	you evaluate a range of evidence to draw valid conclusions of how the service user's needs have been met; [5 6 7]	you evaluate a range of evidence to draw and justify valid conclusions of how well the service user's needs have been met. [8 9 10]	/10
Total mark awarded:				/50

8.4 GUIDANCE FOR TEACHERS

8.4.1 Guidance on Delivery

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

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

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

Meeting physical, emotional and social needs

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

Value of complementary therapies

Candidates need to do primary research to determine the views of members of the public on the value of complementary therapies. The research needs to use accepted techniques to produce data. The reliability and validity of the evidence, and ethical considerations, including confidentiality, need to be considered.

Candidates need to present evidence accurately using standard methods such as tables, line graphs, etc. A range of secondary sources can provide evidence on the views of healthcare professionals about the role of complementary therapies. It may be possible to gain primary qualitative evidence from healthcare professionals to support the data.

8.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates demonstrate a basic knowledge of the development and purpose of complementary therapies; at least one of these will be the complementary therapy that the service user is receiving; the evidence may contain significant omissions but will cover an historical perspective, the global use, how they work alongside orthodox medicine, how they are used, the settings in which they are used, training and qualifications of practitioners and health and safety aspects; each complementary therapy is likely to be treated separately with little synthesis; some technical language may be used; there will be some omissions and/or inaccuracies;</p>
	2	<p>candidates demonstrate knowledge of the development and purpose of complementary therapies; at least one of these will be the complementary therapy that the service user is receiving; candidates show the similarities and differences in the complementary therapies; the work shows some evidence of synthesis; the evidence covers an historical perspective, the global use, how they work alongside orthodox medicine, how they are used, the settings in which they are used, training and qualifications of practitioners and health and safety aspects; the work-related areas will have accuracy and mainly correct use of technical terminology;</p>
	3	<p>candidates demonstrate an in-depth knowledge of the development and purpose of complementary therapies; at least one of these will be the complementary therapy that the service user is receiving; candidates show the similarities and differences in the complementary therapies; the work shows evidence of synthesis and the holistic aspects of complementary therapies; the evidence covers an historical perspective, the global use, how they work alongside orthodox medicine, how they are used, the settings in which they are used, training and qualifications of practitioners and health and safety aspects; the work will be accurate and contain correct use of technical terminology; the 'how they work alongside orthodox medicine' section is likely to be more in-depth in this mark band.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
	1	<p>With guidance, candidates produce evidence on how suitable two of the complementary therapies are for the individual service user; at least one of these will be the complementary therapy that the service user is receiving; there will be a copy of the questions the service user was asked and a record of the responses; candidates show at least one condition or need the service user has and the suitability of each complementary therapy; the need of the service user is likely to be restricted to a physical or emotional or social area; the suitability of the complementary therapies will be linked in a basic manner to the lifestyle and beliefs of the service user; candidates will provide a basic description of the role of the practitioners; candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
AO2	2	<p>candidates produce evidence on how suitable two of the complementary therapies are for the individual service user; at least one of these will be the complementary therapy that the service user is receiving; the questions the service user was asked will be detailed, and the record of responses will show that candidates were able to obtain knowledge of the service user's lifestyle, beliefs and range of physical, emotional and social needs; candidates may show a holistic understanding of the service user's needs, for instance by showing how physical needs will also produce emotional needs; candidates accurately show the suitability of each complementary therapy to meet the needs the service user has; the lifestyle and beliefs of the service user will be described and candidates will show the influence of these on the suitability of complementary therapies; candidates will provide a sound description of the role of the practitioners; candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates independently produce in-depth evidence on how suitable two of the complementary therapies are for the individual service user; at least one of these will be the complementary therapy that the service user is receiving; the questions the service user was asked will be detailed, and the record of responses will show that candidates were able to elicit in-depth knowledge of the service user's lifestyle, beliefs and range of physical, emotional and social needs; candidates show a holistic understanding of the service user's needs, for instance by showing how physical needs will also produce emotional needs; candidates accurately show the suitability of each complementary therapy to meet the needs the service user has; the cost of treatments will be considered and compared to the service user's means; the lifestyle and beliefs of the service user will be described in detail and candidates will show the influence of these on the suitability of complementary therapies; candidates will provide an in-depth description of the role of the practitioners; candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	1	<p>Candidates will present evidence of primary research, using a given technique such as a survey or questionnaire to determine the views of members of the public;</p> <p>they have made a basic attempt to produce a suitable sample, but may not have justified this;</p> <p>they have used a limited range of information sources to produce evidence of how healthcare professionals view complementary therapies;</p> <p>the evidence is likely to be limited, but presented accurately, possibly with the use of tables or graphs;</p> <p>the straightforward analysis of the results shows any similarities or differences in the views of the public and healthcare professionals;</p> <p>there is likely to be little evidence of how valid, reliable or biased the research is;</p>
	2	<p>candidates present evidence of primary research, such as a survey or questionnaire, to determine the views of members of the public;</p> <p>they have produced a suitable sample and have attempted to justify this;</p> <p>they have used a range of information sources to produce evidence of how different healthcare professionals view complementary therapies;</p> <p>the evidence is likely to be presented accurately with the use of tables and/or graphs;</p> <p>the analysis of the results explains similarities or differences in the views of the public and healthcare professionals and also describes different views between members of the public, e.g. males and females, different age groups, social class, etc.;</p> <p>the views of healthcare professionals may also be compared on gender, age or occupation;</p> <p>there is evidence of how valid, reliable or biased the research is, any improvements that could be made and further areas of possible research;</p>
	3	<p>candidates will present evidence of primary research, such as a survey or questionnaire, to determine the views of members of the public;</p> <p>two methods are likely to have been used;</p> <p>they have produced a suitable sample, justified this, and stated advantages and disadvantages of different sampling methods;</p> <p>they have used a range of information sources to produce evidence of how different healthcare professionals view complementary therapies;</p> <p>the evidence is likely to be extensive and presented accurately, with the use of tables and/or graphs;</p> <p>the analysis of the results explains similarities or differences in the views of the public and healthcare professionals;</p> <p>it also analyses different views between members of the public, e.g. males and females, different age groups, social class etc.;</p> <p>the views of healthcare professionals may also be compared on gender, age or occupation;</p> <p>candidates compare their results with stereotypes about complementary therapies;</p> <p>there is analytical, and possibly mathematical, evidence of how valid, reliable or biased the research is and any improvements that could be made and further areas of possible research.</p>
AO4	1	<p>Candidates evaluate some of the evidence they have collected to draw basic conclusions about how complementary therapies and orthodox medicine have met the service user's needs;</p> <p>this is likely to be based mainly on the service user's own view;</p> <p>the strengths and weaknesses of the evidence are identified;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	2	<p>candidates evaluate the evidence they have collected, from primary and secondary sources, to compare how well complementary therapies and orthodox medicine have each met the needs of the service user;</p> <p>the service user's own approach to life, lifestyle and beliefs form part of the evaluation;</p> <p>the evaluation also shows how the experience of the service user compares to other people's experiences;</p> <p>candidates are able to compare the service user and healthcare professionals' views to judge how well complementary therapies could work with orthodox treatments;</p>
	3	<p>candidates evaluate the extensive evidence they have collected, from primary and secondary sources, to compare how well complementary therapies and orthodox medicine have each met the physical and emotional needs of the service user;</p> <p>the impact of the service user's own approach to life, lifestyle and beliefs form part of the analysis;</p> <p>the evaluation also shows how the service user's experience compares to other people's experiences;</p> <p>candidates are able to extrapolate the service user and healthcare professionals' views to draw conclusions on the extent that the complementary therapy could work with or replace some orthodox treatments.</p>

8.4.3 Resources

Organisations	<p>Association for Dance Movement Therapy</p> <p>Association of General Practitioners of Natural Medicine</p> <p>Association of Holistic Medicine</p> <p>British Acupuncture Council</p> <p>British Association of Art Therapists</p> <p>British Chiropractic Association</p> <p>British Complementary Medical Association</p> <p>British Council for Complementary Medicine</p> <p>British Homeopathic Association</p> <p>The British Massage Therapy Council</p> <p>Council for Complementary and Alternative Medicine</p> <p>Guild of Naturopathic Iridologists</p> <p>Holistic Nurses School of Nursing</p> <p>Institute for Complementary Therapies</p> <p>Yoga for Health Foundation</p>
Publications	<p>Almost all complimentary and alternative therapies produce their own publications (see websites).</p>
Textbooks	<p>Literally thousands of books in this area, library classification 615.5 Complementary therapy in general.</p>
Websites	<p>A start page for research into complementary therapies http://www.uwic.ac.uk/library/information/subjects/llandaff/complementary%20therapies%20info.htm</p> <p>British Library http://www.bl.uk/collections/health/comalmed.html</p> <p>Link site from Bury St Edmund http://www.stedmunds.co.uk/lifestyle/complimentary.html</p> <p>Complementary Healthcare Information Service – UK http://www.chisuk.org.uk/</p>

9 Unit 9: Caring for Older People [AS level, double award, optional, externally assessed]

9.1 ABOUT THIS UNIT

This AS level unit is an optional part of the double award only and is externally assessed.

This unit enables you to investigate the effects of ageing and the impact this may have on the physical, cognitive, emotional and social life of people aged 65 plus. You will study the current support services available to older adults, and how care professionals need to apply care values within their day-to-day tasks.

This unit has links with: Unit 1: *Promoting quality care*, Unit 3: *Promoting good health*, Unit 7: *Health as a lifestyle choice*, Unit 12: *Anatomy and physiology in practice* and Unit 14: *Mental health issues*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the topic.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

9.2 WHAT YOU NEED TO LEARN

You need to learn about:

- physical effects of ageing on body systems;
- social, emotional and economic aspects of ageing;
- community care and support services for older service users;
- professional care workers;
- legislation.

9.2.1 Physical Effects of Ageing on Body Systems

You need to have a broad understanding of the physical effects of ageing on older people. You need to consider illnesses and disorders associated with later life, which for testing purposes will be limited to:

- disorders of the circulatory system, e.g. heart attack, heart disease, heart dysfunction, sclerosis;

- sensory impairment, e.g. cataracts, visual/hearing degeneration;
- muscular-skeletal disorders, e.g. osteoporosis, rheumatoid arthritis, rheumatism;
- disorders of the nervous system, e.g. damage caused by a stroke, senile dementia, multiple sclerosis;
- disorders of the respiratory system, e.g. lung cancer, emphysema, chronic obstructive pulmonary disease (COPD);
- disorders of the digestive system, e.g. irritable bowel, ulcerative colitis, Crohn's Disease, chronic constipation.

You need to have a general overview of the coping strategies service users might use to relieve the effects of illnesses and disorders.

You need to know the main organs of the body, where they are situated and their structure and function. You also need to know how the different parts of each of the above systems interrelate, e.g. *arteries* take blood from the heart, while *veins* return blood to the heart.

You also need to have a broad understanding of how the physical effects of ageing on older people may affect their daily living, e.g. if the muscular-skeletal system is affected: the older person may find movement difficult and they may become less mobile; this could mean that they are less likely to socialise by going out and meeting friends; the effect this could have is that the older person becomes more isolated, feels less valued and may become confused as they have little social contact; they may also put on weight through lack of movement, which affects the muscular-skeletal system, causing possible further deterioration in condition.

9.2.2 Social, Emotional and Economic Aspects of Ageing

You need to understand the impact of social, emotional and economic changes associated with ageing on health and well-being, which for testing purposes will be limited to:

- increased isolation, as a result of mobility problems, decreased income, decreased motivation, not feeling valued;
- increased dependency on others, as a result of illness or disorders, lack of confidence;

- inability to cope as a result of confusion, dementia, mental illness;
- increased likelihood of potential dangers to self, to others;
- communication problems, as a result of illness or disorders, confusion;
- roles of older people, e.g. family members, voluntary workers, members of the community;
- lifestyle changes, e.g. work patterns, time, leisure, income;
- changes in health and care needs, e.g. informal support, formal support;
- life expectancy and the effects of losing a partner.

Changes in *economic* situation, for instance, can greatly affect an older person, particularly if they are dependent solely on their state pension. The amount of money they may have could limit their leisure activities. When working, they may have been able to enjoy attending clubs or going away on holiday, but once retired and with a limited income, activities may have to be curtailed and social isolation could result.

9.2.3 Community Care and Support Services for Older Service Users

You need to have a broad understanding of the types of community-care services, and their purpose, in your local area for older service users, which for testing purposes will be limited to:

- health-care services;
- social-care services;
- day-care services;
- domiciliary services;
- private and voluntary services.

Service provision includes hospitals, intermediate-care centres, hospital day-care centres, sheltered accommodation, social day-care centres and clubs for older people.

9.2.4 Professional Care Workers

Care values are:

- maintaining confidentiality;
- promoting equality and diversity of service users;
- promoting individual rights and beliefs.

You need to know about the professionals who provide care within community-care services and how they apply care values within their day-to-day tasks, which for testing purposes will be limited to:

- health-care workers, e.g. psychiatric nurse,
health-care assistant,
occupational therapist,
GP;
- social-service care workers, e.g. social worker,
care assistant.

When considering care values, the emphasis needs to be on how care workers apply these in their day-to-day tasks, e.g. a care assistant discussing personal matters with an older person should use language that could be understood by the older person, they might speak in a low voice in order to maintain confidentiality, and should provide the opportunity for choice in order to promote individual rights. You need to show, within a typical day at work, how the care worker would apply care values in each main task undertaken.

9.2.5 Legislation

You need to understand the impact of current legislation on the provision of care for older people. You need to evaluate the effectiveness of legislation, which for testing purposes will be limited to:

- NHS and Community Care Act 1990;
- Care Standards Act 2000;
- Carers Recognition and Services Act 1995;
- Mental Health Act 1993;
- Health Act 1999.

9.3 GUIDANCE FOR TEACHERS

9.3.1 Guidance on Delivery

Physical effects of ageing on body systems

Candidates are not expected to study body systems in detail. They need to know the main organs involved, where they are situated in the body, and their structure and function. They need to have a broad understanding of how the different parts within a system interrelate.

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

Social, emotional and economic aspects of ageing

When considering *economic* aspects of ageing, you could present candidates with **two** case studies. **One** for an older person who only has a state pension and **one** for an older person who has an occupational pension and a state pension. Candidates could compare the different choices available to each, and how each older person is likely to be affected as a result.

Alternatively, older people with different economic and/or social experiences could be invited to the centre to talk about any restraints that living on a pension can bring. Older people are often quite eager to be involved in this type of activity. However, care needs to be taken **not** to ask each service user the exact amount of their income.

Community care and support services for older service users

It is often useful to establish contact with older people who live in sheltered accommodation in order to gather information. Contact could be made with the warden. Other useful contacts are day-care settings or older relatives who are willing to share their experiences. Residential homes are also a good source of information. ***It must be remembered that confidentiality must be maintained and the requirements of the Care Standards Act 2000 observed.***

Professional care workers

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

Legislation

When considering the impact and effectiveness of legislation on the care of older people, care workers could be interviewed directly. Use could be made of charters, policies and guidelines that are used to make sure the care given to older people meets the requirements of the legislation.

9.3.2 Resources

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

10 Unit 10: Care Practice and Provision [A2 level, mandatory, internally assessed]

10.1 ABOUT THIS UNIT

This A2 level unit is mandatory and is internally assessed.

It is important for all workers in the health, social care and early-years care and education services to understand their role in meeting individual needs and how working in multi-disciplinary teams can support their work. Health care professionals also need to understand the importance of quality assurance in raising the standard of care provided and how national policy and legislation affects service provision locally.

Although this unit does not link directly to the NVQs in Providing Health, Social and Protective Services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Education at Levels 2 and 3.

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

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will carry out 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** service user. Your evidence will include:

- information about how **two** demographic characteristics influence the provision of services in the local area;
- how, from **two** different services, practitioners work in multi-disciplinary teams to identify and meet the needs of **one** service user;
- research and analysis of quality assurance methods used by the **two** services for the service user;
- 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 service user.

10.2 WHAT YOU NEED TO LEARN

You need to learn about:

- meeting the needs of service users 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.

10.2.1 Meeting the Needs of Service Users at Local Level

Care practice and provision is complex and ever-changing. You need to understand the concept of 'needs' at a local and individual level, and how effective care practice and provision aims to respond to changing needs and priorities.

Services work together to identify and meet local needs. You need to understand how local planning is influenced by:

- local demographic characteristics and trends;
- national standards, targets and objectives.

Demographic influences could include:

- health needs;
- disability;
- age of populations;
- unemployment;
- numbers of single parent families;
- the number of older people in the population.

You also need to know about the main organisations involved in planning and delivering services in a local area and the ways in which service users' needs are identified and met locally. You need to identify the stages undertaken at local planning level, including:

- how local plans are produced, e.g. the role of stakeholders;
- the ways in which services are commissioned;
- the process of monitoring and evaluating service provision.

Services could include:

- day-care centres;
- hospitals;
- GP practices;
- community care;
- pre-schools and nurseries.

10.2.2 How Services and Practitioners Meet Individual Needs

Practitioners working in health, social care or early years need to recognise and respond to the needs of individual service users. These needs may be physical, intellectual, emotional or social. You need to know about the different approaches used in meeting these needs including:

- preventative and treatment, e.g. health screening, immunisation;
- the holistic approach – treating the whole person, including mental and social factors rather than just the symptoms of a disease;
- the empowerment approach – to give service users the ability to take more control of their own health care and to make informed decisions;
- the behavioural approach – to influence human development by shaping or modifying behaviour through the use of selective reinforcers.

You need to recognise the purpose of individual care assessments and plans in meeting the needs of service users.

10.2.3 Ways in which Practitioners within Services Work in Multi-Disciplinary teams

Health, social care and early-years practitioners are central to the delivery of high quality provision of services. You need to appreciate the changes to practitioner roles in recent years and consider the possible effects this may have on services.

You need to know the ways in which practitioners work in multi-disciplinary teams to identify and meet the needs of service users, including:

- the initial assessment of needs and the *care-management cycle*;
- contributing to provision of services;
- monitoring, reviewing and evaluating.

You also need to recognise how practitioners working in multi-disciplinary teams benefit service users by:

- ensuring an integrated and seamless approach to service provision;
- enabling early intervention, and prevention, of likely problems escalating into crises;
- ensuring the coordination of services;
- providing best value for the community and individuals.

You need to understand how a multi-disciplinary approach is organised and implemented and the possible consequences when things go wrong.

10.2.4 How Quality Assurance is Promoted by Services

You need to understand what is meant by *quality assurance* and how services implement quality-assurance procedures, including those which have been introduced by national government. You need to identify and analyse a range of quality-assurance mechanisms used by services, including:

- improving information and consultation with service users, e.g. 'Your Guide to the NHS';
- implementing quality-service standards, e.g. National Service Frameworks;
- using performance measures, e.g. 'Star Ratings';
- improving registration and inspection procedures;
- evaluating the quality of services experienced by users, e.g. through surveys such as the Patient's Survey;
- rewarding good practice, e.g. the Charter Mark;
- developing procedures for complaints and providing opportunities for suggestions from service users and staff;
- raising the training levels within the sector.

10.2.5 Effects of National Policy and Legislation on Care Practice and Provision

You need to identify the possible effects of national policies and legislation on care practice and provision, including possible effects on:

- service users, e.g. rights and entitlement, access, consultation;
- services and/or practitioners working in health, social care or early-years providers, e.g. roles and responsibilities, accountability, working collaboratively and in partnership with others, being more responsive to the needs of service users, changing existing provision, greater accountability, working with other services, including joint funding;
- national and local care practice and provision, e.g. improving quality, encouraging 'joined up' thinking, changing the level and pattern of provision, using funding to target national priorities.

10.2.6 Conducting a Survey Relating to Quality Assurance

To obtain the information required about the quality assurance mechanisms that are in place in the **two** services used by the chosen service user, you need to prepare appropriate questions. You need to:

- devise questions that will enable you to find out what systems are in place to implement and monitor quality assurance;
- find out how data from quality assurance responses are used;
- find out how quality assurance information is used to inform future practice.

10.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 10: Care practice and provision				
What you need to do:				
<p>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 service user [50 marks].</p> <p>Your evidence needs to include:</p> <p>AO1: information about how two demographic characteristics influence the provision of services in the local area [10];</p> <p>AO2: how, from two different services, practitioners work in multi-disciplinary teams to identify and meet the needs of one service user [10];</p> <p>AO3: research and analysis of quality assurance methods used by the two services for the service user [15];</p> <p>AO4: 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 service user [15]</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You demonstrate basic knowledge by identifying two demographic characteristics and showing how these influence the organisation and provision of services in the local area; [0 1 2 3 4]	you demonstrate knowledge by describing two demographic characteristics and showing how these influence the organisation and provision of services in the local area; [5 6 7]	you demonstrate in-depth knowledge by explaining two demographic characteristics and showing how these influence the organisation and provision of services in the local area. [8 9 10]	/10
AO2	With guidance, you apply basic knowledge, understanding and skills to show how, from two different services, practitioners work in multi-disciplinary teams to identify and meet the needs of one service user; you write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner, with a display of some skills acquired in this unit, and other units, in this specification; [0 1 2 3 4]	you apply knowledge, understanding and skills, giving a sound description of how, from two different service providers, practitioners work in multi-disciplinary teams to identify and meet the needs of one service user; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies, demonstrating the skills acquired in this unit, and other units, in this specification; [5 6 7]	you work accurately and independently when applying in-depth knowledge, understanding and skills to explain how, from two different service providers, practitioners work in multi-disciplinary teams to identify and meet the needs of one service user; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there are no errors/inaccuracies; you demonstrate the skills acquired in this unit, and other units, in this specification. [8 9 10]	/10
AO3	You undertake research, using a limited range of relevant sources, when carrying out a basic analysis of the quality assurance mechanisms used by the two services; [0 1 2 3 4 5]	you undertake research, using a range of relevant sources, to give a sound analysis of the quality assurance mechanisms used by the two services; [6 7 8 9 10]	you select and justify the use of research techniques, using a range of relevant information sources to analyse comprehensively the quality assurance mechanisms used by the two services. [11 12 13 14 15]	/15
AO4	You provide a basic evaluation, identifying the strengths and weaknesses of the effects of one national policy or one piece of legislation on care practice and provision, describing how this has affected the service user; [0 1 2 3 4 5]	you provide an evaluation, making judgements and drawing straightforward conclusions about the effects of one national policy or one piece of legislation on care practice and provision, explaining how this has affected the service user; [6 7 8 9 10]	you provide an in-depth evaluation, making reasoned judgements and drawing valid conclusions about the effects of one national policy or one piece of legislation on care practice and provision, evaluating how this has affected the service user. [11 12 13 14 15]	/15
Total mark awarded:				/50

10.4 GUIDANCE FOR TEACHERS

10.4.1 Guidance on Delivery

Meeting the needs of service users at local level

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

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

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

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

How services and practitioners meet individual needs

Candidates could be asked to apply the approaches to given case studies and then carry out some individual research, e.g. talking to practitioners. Fictitious case studies could be used if 'live' situations are difficult to arrange. Links with placements and work experience would make a valuable contribution when collecting evidence for this unit.

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

Ways in which practitioners within services work in multi-disciplinary teams

To illustrate how practitioners work in multi-disciplinary teams, a simulated exercise focusing on a case conference for a fictitious service user could be carried out. Each candidate could play the role of **one** of the practitioners who is likely to contribute to the service user's care. The simulated case conference could focus on the initial assessment, or be based around a review of current care provision. Candidates need to recognise how working in multi-disciplinary teams benefits service users and to illustrate this, it may be useful to start by considering the consequences should things go wrong, e.g. lack of communication – case studies or television documentaries could be used to this effect.

How quality assurance is promoted by services

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

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

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

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

There are a range of recent national policies and legislation upon which candidates could focus. For example:

- 'Our Healthier Nation' 1998 focuses on setting national targets for improving health and well-being;
- the NHS Plan or Clinical Governance sets standards of care;
- The Care Standards Act 2000 introduces a range of standards focusing mainly on quality practice in residential and nursing homes – although sections of the report do address issues relating to other services.

If considering early-years services, candidates could examine the impact of literacy strategies, national curriculum and *Sure Start*, for example.

Conducting a survey relating to quality assurance

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

10.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	<p>Candidates select two demographic factors which have influenced the organisation and provision of services;</p> <p>they produce a brief, factual account of the stages in local planning of services, including demographic trends, and local and national targets and show how services are organised;</p> <p>the information tends to be generic in nature;</p> <p>the evidence lacks detail and contains omissions and/or inaccuracies;</p>
	2	<p>candidates select two demographic factors which have influenced the organisation and provision of services;</p> <p>they produce a factual account of all the stages in local planning of services, including relevant demographic characteristics/trends used to assess local needs, a description of the local stakeholders who contribute to the plan and the influence of national and local targets;</p> <p>they describe how services are organised;</p> <p>candidates also describe how the plan is monitored and reviewed;</p> <p>there are few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates select two demographic factors which have influenced the organisation and provision of services;</p> <p>they produce a detailed explanation of all the stages in local planning;</p> <p>candidates use written expression which uses appropriate specialist vocabulary to explain how relevant demographic characteristics/trends are used to assess local needs and why it is important to involve local stakeholders in local planning;</p> <p>they give a comprehensive and in-depth account of how services are organised;</p> <p>candidates also explain in detail how the plan is monitored and reviewed;</p> <p>there are no omissions or inaccuracies within the evidence.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	1	<p>With guidance, candidates use written expression which is adequate to convey meaning to briefly outline the approach(es) used by practitioners working in two different services;</p> <p>the information tends to be expressed in a non-specialist way, with omissions, and there could be some inaccuracies, although at the higher end of the band candidates begin to relate the approach used to show how this meets the needs of the service user;</p> <p>a brief account of how the practitioners work in multi-disciplinary teams is evident, although there are only one or two examples given, and/or they lack detail;</p> <p>at a basic level, candidates state how working in multi-disciplinary teams benefits service users;</p> <p>the evidence lacks detail and contains omissions and/or inaccuracies;</p> <p>candidates write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner;</p>
	2	<p>with minimal guidance, candidates apply knowledge, understanding and skills to outline the approaches used by practitioners working in two different services;</p> <p>candidates use the approaches competently to illustrate how practitioners meet the needs of the service user;</p> <p>a detailed account, with examples, of how practitioners work in multi-disciplinary teams is evident;</p> <p>candidates apply knowledge, understanding and skills to explain how working in multi-disciplinary teams benefits service users;</p> <p>there are few omissions and/or inaccuracies within the evidence;</p> <p>candidates write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates accurately and independently apply in-depth knowledge, understanding and skills to explain the approaches used by practitioners working in two different services;</p> <p>candidates analyse how practitioners meet the needs of the service user;</p> <p>an in-depth account, with detailed examples, of how practitioners work in multi-disciplinary teams is evident;</p> <p>candidates apply in-depth knowledge, understanding and skills to analyse how working in multi-disciplinary teams benefits service users;</p> <p>there are no omissions or inaccuracies within the evidence;</p> <p>candidates write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there are no errors/inaccuracies.</p>
AO3	1	<p>With guidance, candidates undertake research, using a limited range of relevant sources, e.g. using textbooks;</p> <p>candidates use the collected information to carry out a straightforward and basic analysis of the quality assurance mechanisms used by the two services;</p> <p>the information tends to be generic but with links to the two services;</p> <p>the evidence lacks detail and contains omissions and/or inaccuracies;</p>
	2	<p>candidates undertake research, using a range of relevant sources, e.g. primary and secondary sources;</p> <p>candidates use the collected information to competently analyse the quality assurance mechanisms used by the two services;</p> <p>a detailed account, with examples, of a range of quality assurance mechanisms used by the two services is evident;</p> <p>there are few omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	3	<p>candidates select appropriate research techniques;</p> <p>reasons are given to justify the research techniques chosen;</p> <p>candidates use a range of primary and secondary information to comprehensively analyse the quality assurance mechanisms used by the two services, e.g. candidates collected primary evidence through interviews, surveys or observation and secondary evidence via the internet, organisational documents and publications;</p> <p>there are no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates provide a basic evaluation, identifying the strengths and weaknesses of the effects of one national policy or piece of legislation on care practice and provision which relates to the service user and the services;</p> <p>although the evaluative statements tend to be expressed in a non-specialist way, lack detail, and show some inaccuracies, candidates' written expression is adequate to convey meaning;</p> <p>the evidence lacks detail and contains omissions and/or inaccuracies;</p>
	2	<p>candidates provide an evaluation, making judgements and drawing straightforward conclusions about the effects of one national policy or piece of legislation on care practice and provision;</p> <p>candidates evaluate using specialist terms and in some detail, and evaluate from two different perspectives, e.g. from the viewpoint of the service user, the practitioner and/or the service;</p> <p>there are few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates provide an in-depth evaluation, making reasoned judgements and drawing valid conclusions about the effects of one national policy or piece of legislation on care practice and provision;</p> <p>candidates evaluate using a range of specialist terms and from two different perspectives, e.g. from the viewpoint of the service user, the practitioner and/or the service;</p> <p>there are no omissions or inaccuracies within the evidence.</p>

10.4.3 Resources

Organisations	<p>Local Education department (early years) and Early-Years Development and Childcare Partnerships</p> <p>Local Primary Care Trusts and other NHS Trusts, e.g. NHS trust hospitals</p> <p>Local Social Services departments</p> <p>Private organisations, for example, BUPA</p> <p>Voluntary organisations, for example, Age Concern, Citizens Advice Bureau</p>
Publications	<p>Health Matters</p> <p>Nursing Times Magazine</p>
Textbooks	<p>Moore S <i>Social Welfare Alive</i> Stanley Thornes</p> <p>Walsh et al <i>Social Policy & Welfare</i> Stanley Thornes</p>
Websites	<p>www.dfes.gov.uk</p> <p>www.doh.gov.uk</p> <p>www.qca.org.uk</p> <p>www.surestart.gov.uk</p> <p>Local authority websites, e.g. www.solihull.gov.uk</p> <p>Local Primary Care Trust websites, e.g. www.solihull-pct.nhs.uk</p> <p>National voluntary organisations, e.g.</p> <p>www.ageconcern.org.uk</p> <p>www.mariecurie.org.uk</p> <p>www.mencap.org.uk</p> <p>Private organisations, e.g. www.bupa.org.uk</p>

11 Unit 11: Understanding Human Behaviour [A2 level, optional, externally assessed]

11.1 ABOUT THIS UNIT

This A2 level unit is optional and is externally assessed.

This unit will give you an understanding of the influences that can affect growth and development and of the concepts and theories that can be used to explain human behaviour across different life stages.

This unit builds on the knowledge and skills developed in Unit 3: *Promoting good health*, Unit 5: *Caring for people with additional needs*, Unit 6: *Working in early-years care and education*, Unit 7: *Health as a lifestyle choice* and Unit 9: *Caring for older people*. Additionally, this unit has links with Unit 13: *Child development* and Unit 14: *Mental health issues*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Education at Levels 2 and 3.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

11.2 WHAT YOU NEED TO LEARN

You need to learn about:

- factors influencing human development;
- theories of human development;
- the application of theories to aid the understanding of human behaviour of individuals in care settings.

11.2.1 Factors Influencing Human Development

Human development is affected by many factors which may be advantageous or detrimental. You need to have a broad understanding of how such factors can influence the development of individuals, which, for testing purposes, will be limited to:

- inherited influences: genetics (autism, Tourette's Syndrome);
- socio-economic influences: family, education, housing, culture, access to health services, nutrition, income differences;

- environmental influences: water pollution, air pollution, noise pollution;
- psychological influences: self concept, concept of others, fear, anxiety.

You need to investigate how different influences can interact to affect human development.

11.2.2 Theories of Human Development

Some theorists believe that human development proceeds in stages. Others place emphasis on genetic, environmental and social influences on development. You need to outline and evaluate theories that can be used to interpret and explain human development, which, for testing purposes, will be limited to:

- psychodynamic perspective: Freud, Erikson;
- biological perspective: Eysenck, Cattell;
- humanist perspective: Maslow, Rogers;
- constructivist perspective: Piaget, Vygotsky;
- behavioural perspective: Pavlov, Skinner;
- social learning perspective: Tajfel, Latane, Bandura.

11.2.3 Application of Theories to Aid the Understanding of Human Behaviour of Individuals in Care Settings

You need to have an understanding of how major influences and theories can be used in care settings to interpret human behaviour, which, for testing purposes, will be limited to:

- early-years pre-school care and education settings: pre-schools, nurseries, childminding services;
- day-care settings for older people: health day-care centres, personal care centres, support day-care centres;
- residential settings: residential homes, nursing homes.

You need to have an awareness of how theories of human development enables care workers to help service users on a day-to-day basis.

11.3 GUIDANCE FOR TEACHERS

11.3.1 Guidance on Delivery

Theories of human development

You need to have a sound knowledge of psychological theories to deliver this unit since the study of theories that can be used to interpret and explain human development is a complex area. Candidates need to know why these theories are important in all types of care work and so, rather than teaching them in isolation, you need to apply them to the different care settings listed in Sub-section 11.2.3 (Application of theories to aid the understanding of human behavior of individuals in care settings).

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

For the *biological* perspectives, candidates need to be aware of genetics and how genetics might influence how people react. Hans Eysenck's and Raymond B. Cattell's theories also need to be taught.

Humanistic perspectives need to focus on the work of Carl Rogers and Abraham Maslow. Each stage of Maslow's hierarchy of needs must be explained in relation to individuals who, for one reason or another, cannot reach self-actualisation.

For the *constructivist* perspective, candidates needs to concentrate on Piaget's work on accommodation, assimilation and equilibrium. This needs to be related to people working in education, stressing that in Piaget's view children cannot learn new skills until they are sufficiently mature. Vygotsky's internalisation and zone of proximal development should be covered with application to education in mind.

For the *behavioural* perspectives, candidates need to know classical conditioning (Pavlov) and operant conditioning (Skinner).

For the *social learning* perspective, candidates need to look at social influences which teach a person how to behave, i.e. social role, social categorisation and social identity (Tajfel's work), social impact theory (Bibb Latane) and imitation/observational learning (Albert Bandura).

Application of theories to aid the understanding of human behaviour of individuals in care settings

Candidates need to understand how the above concepts and perspectives are used to understand and meet services users' needs on a daily basis. Visiting practitioners and speakers could be invited into centres to demonstrate to candidates how the theories are used in the range of different care settings. Work experiences would be a valuable aid, if available, role play and simulation would also be beneficial.

11.3.2 Resources

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

12 Unit 12: Anatomy and Physiology in Practice [A2 level, optional, externally assessed]

12.1 ABOUT THIS UNIT

This A2 level unit is optional and is externally assessed.

This unit enables you to develop knowledge and understanding of the gross structure, basic micro-anatomy and functions of several human body systems. The functions of these systems will be used to explain some of the symptoms of a range of human diseases and dysfunctions, together with causes, appropriate diagnostic tests, care and treatment.

This unit builds on the knowledge and skills developed in Unit 3: *Promoting good health*, Unit 5: *Caring for people with additional needs*, and Unit 7: *Health as a lifestyle choice*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

12.2 WHAT YOU NEED TO LEARN

You need to learn about the following in terms of the causes of diseases and dysfunctions that can occur in these systems; how tests are used for diagnosis, and the care and treatment that may follow:

- respiratory system;
- cardio-vascular system;
- digestive system;
- reproductive system;
- renal system;
- musculo-skeletal system.

12.2.1 Respiratory System

You need to learn about the respiratory system, which for testing purposes will be limited to the:

- structure of the respiratory system: trachea,
bronchi,
alveoli;

- function of the respiratory system: respiratory process, oxygen and carbon dioxide exchange;
- dysfunctions: asthma, bronchitis, cystic fibrosis;
- causes: genetic, lifestyle, pollutants (smoking);
- diagnostic techniques: diagnostic imaging techniques, peak-flow monitoring, blood tests;
- treatment: general principles of: steroids (for asthma), antibiotics, lifestyle changes.

12.2.2 Cardio-vascular System

You need to learn about the cardio-vascular system, which for testing purposes will be limited to:

- the structure of the cardio-vascular system: heart, veins and arteries, type and general function of blood, cells;
- the function of the cardio-vascular system: cardiac cycle and its control;
- dysfunction: changes in blood pressure, coronary artery disease, heart attacks;
- causes of dysfunction: diet, alcohol, smoking, genetic-disposition, lifestyle;
- diagnostic techniques: general principles and value of: diagnostic imaging techniques, blood pressure monitoring, electrocardiogram (ECG) traces, cardiac-catheterisation;
- treatment: general principles and value of: heart bypass surgery, heart pacemakers, heart transplant surgery and prevention of rejection, lifestyle changes.

12.2.3 Digestive System

You need to learn about the digestive system, which for testing purposes will be limited to:

- the gross structure of organs and glands of the alimentary canal (gut);
- the basic function of the digestive system – the process of digestion (including the main digestive enzymes) and absorption of food;
- dysfunctions: general understanding of: irritable bowel syndrome, gastric ulcers, gall stones;
- causes of dysfunction: diet, psychological causes;
- effects: weight loss, malabsorption, pain;
- diagnostic techniques: general principles and value of: diagnostic imaging techniques, endoscopy (colonoscopy, gastroscopy), tissue biopsies;
- treatment – general principles and value of: treatment for ulcers, lifestyle changes, general surgery.

12.2.4 Reproductive System

You need to learn about the reproductive system, which for testing purposes will be limited to:

- the gross structure of the female and male reproductive systems: ovaries, testes;
- the basic function of the reproductive system: menstrual cycle (role of hormones), fertilisation, pregnancy, birth;
- dysfunction and the causes of: infertility (causes), ectopic pregnancy, impotence;
- diagnostic techniques: general principles and value of: blood tests, ultrasound, hystero-salpingogram;
- treatment: general principles and value of: fertility treatments, blood tests.

12.2.5 Renal System

You need to learn about the renal system, which for testing purposes will be limited to:

- the gross structure of the renal system: kidneys, ureters, bladder, prostate;
- the function of the renal system: urine production, homeostasis;
- dysfunction: renal failure, renal infection, kidney stones (calculi), prostate enlargement;
- causes: diabetes, infection, raised blood pressure, lifestyle;
- diagnostic techniques: diagnostic imaging techniques, blood tests, urine dipsticks, urethroscopy;
- treatment: kidney transplant, dialysis.

12.2.6 Musculo-Skeletal System

You need to learn about the musculo-skeletal system, which for testing purposes will be limited to:

- the function of the musculo-skeletal system: support, movement, protection;
- dysfunction: arthritis, osteoporosis, Parkinson's disease, multiple sclerosis;
- causes: genetic, lifestyle, infection;
- diagnostic techniques: diagnostic imaging techniques, blood tests;
- treatment: common medications, joint replacement, physiotherapy.

12.3 GUIDANCE FOR TEACHERS

12.3.1 Guidance on Delivery

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

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

The use of annotated diagrams is useful in showing how structure relates to the functions of organs and tissues. The use of dissections may be appropriate as long as safe practice is observed and any objections by candidates on ethical grounds respected.

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

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

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

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

Candidates need to recognise that diseases and dysfunctions may have more than one treatment. They need to be able to discuss, in general terms, the possible treatments and their value. Candidates also need to understand that some treatments can lead to difficulties e.g. in tissue rejection after a transplant, therefore tissue matching is important.

Candidates need to recognise that some of the dysfunctions can be caused by the service user's lifestyle. For the purposes of testing, candidates need to be aware that heart disease and lung function can both be influenced by poor diet, lack of exercise, obesity and smoking. They also need to be able to discuss how treatment and changes in lifestyle can affect the body systems, and so the quality of the service user's life. Candidates need to be aware of the general effects of dysfunction and treatment on the lifestyle of the service user, and the effect on those who share their lives.

12.3.2 Resources

Organisations	Charities and self-help groups dealing with specific dysfunctions Clients with experience of diagnostic techniques Local Primary Care Trusts and other NHS Trusts, e.g. NHS trust hospitals Support organisations, e.g. for Crohn's disease, Coeliac disease, etc
Publications	Health Matters Nursing Times magazine Various leaflets provided by self-help groups and pharmaceutical companies etc.
Textbooks	GCE Biology textbooks GCE Physics textbooks for details of imaging techniques The British Medical Association <i>Family Health Encyclopaedia</i> Stoppard M <i>Family Health Guide</i>
Websites	http://omni.ac.uk/subject-listing/QS4.html http://www.ama-assn.org http://www.vh.org/adult/provider/anatomy/HumanAnatomy/CrossSectionAtlas.html www.ask.co.uk www.bbc.co.uk/health www.howstuffworks.com Department of Health www.doh.gov.uk Private organisation www.bupa.org.uk Many national voluntary organisations have websites

13 Unit 13: Child Development

[A2 level, double award, optional, internally assessed]

13.1 ABOUT THIS UNIT

This A2 level unit is an optional part of the double award only and is internally assessed.

This unit enables you to investigate the development of children from birth to **eight** years and to consider the influences that can affect their development. You will apply theory to help you with your understanding of child development.

The knowledge you gain during your investigation in this unit will help if you are considering a career as a teacher, nursery nurse, health visitor or paediatric nurse.

This unit has links, with and expands upon knowledge and skills developed in, Unit 2: *Communication in care settings* and Unit 6: *Working in early-years care and education*. Additionally, this unit has links with Unit 10: *Care practice and provision*, Unit 11: *Understanding human behaviour* and Unit 12: *Anatomy and physiology in practice*. Although this unit does not link directly to the NVQs in providing health, social and protective services it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce evidence based on the study of a child up to the age of **eight** years. Your evidence will include:

- a description of **three** patterns (milestones) in each area of development of children, described from birth to **eight** years;
- 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** theories 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.

13.2 WHAT YOU NEED TO LEARN

You need to learn about:

- patterns of development;
- factors that influence development and norms of development;
- theories of play and how play can affect development;
- how to plan and make a learning aid for a child (0-8).

13.2.1 Patterns of Development

You need to demonstrate a broad understanding of the patterns of development of children from birth to **eight** years including:

- physical growth (and size) and how centile charts are used to measure children's height and weight in relation to the norm for that age;
- physical development (how a child acquires new skills and capabilities):
 - fine motor skills,
 - gross motor skills,
 - sensory skills;
- intellectual development: language development, verbal and non-verbal communication, cognitive development;
- social and emotional development.

You need to give details of the main features/patterns of physical, intellectual, emotional and social (PIES) development for each key stage:

- infant: 0-1 year;
- toddler: 1-3 years;
- pre-school child: 3-5 years;
- school age: limited to 5-8 years.

13.2.2 Factors that Influence Development and Norms of Development

You need to understand the major influences that can affect the development of children, including:

- the family, e.g. family structure¹, roles and responsibilities of parents/carers²;
- environmental factors³, e.g. location, housing;
- social and economic factors, e.g. social class, financial status, gender, culture, discipline;
- psychological factors, e.g. security, bonding, sibling rivalry, fears, nightmares, regression;
- behavioural problems, e.g. aggression, attention seeking, temper tantrums, lying.

¹ nuclear, extended, lone-parent and reconstituted

² food, shelter, warmth, love, support, security and opportunities for learning

³ including the nature/nurture issue

You need to know how these major factors affect the development of children. You also need to show that you have an understanding of the norms of development and compare these to the development of the child studied.

13.2.3 Theories of Play and How Play Can Affect Development

You need to recognise the role of play in physical, intellectual, emotional and social development of children, including:

- how play influences physical development;
- how play influences children's cognitive development including theories of:
 - Piaget (who saw the child as an 'active learner'),
 - Vygotsky (who challenged Piaget's ideas),
 - Bruner (who further developed Vygotsky's ideas into the concept of the spiral curriculum);
- benefits of play:
 - preventing boredom,
 - reducing stress,
 - diverting aggression,
 - creating happiness,
 - helping children to find out about the world,
 - encouraging developmental skills;
- how play can be used as a therapeutic process;
- types of play including:
 - Piaget's typology of play
(**three** main types: practice play,
symbolic play
games with rules);
 - Hughes' typology of play
(**15** types of play in childhood).
- categories of play:
 - physical,
 - creative,
 - imaginative,
 - exploratory,
 - manipulative,
 - social;
- stages of play:
 - solitary,
 - parallel,
 - looking-on,
 - joining-in,
 - co-operative.

You need to know about the different environments in which children play and the effects these may have on their development.

13.2.4 How to Plan and Make a Learning Aid for a Child (0-8)

You need to plan and make a learning aid, which encourages developmental skills, for a child aged between 0-8 years. You need to include:

- the aims, objectives and outcomes to be achieved by the child using the aid;
- the method of making the aid and resources used;
- consideration of safety aspects when making the aid;
- consideration of the potential *sources* of feedback in order to select the best method to evaluate the aid fully – this could include:
 - own observations,
 - parent/teacher reflections,
 - assessor records,
 - questionnaire,
 - interview;
- evaluation of the aid in terms of:
 - the child's response,
 - achievement of outcomes,
 - effectiveness of purpose.

13.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 13: Child development				
What you need to do:				
<p>You need to produce evidence based on the study of a child up to the age of eight years [50 marks].</p> <p>Your evidence needs to include:</p> <p>AO1: a description of three patterns (milestones) in each area of development of children, described from birth to eight years, [10];</p> <p>AO2: 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 [10];</p> <p>AO3: research relating to two theories of play and how they can be reflected in the development of the child studied [15];</p> <p>AO4: 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 [15].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You identify the key stages and give a basic description of three patterns (milestones) in each area of development of children, described from birth to eight years; [0 1 2 3 4]	you identify the key stages and describe three patterns (milestones) in each area of development of children, described from birth to eight years, showing a sound understanding of the patterns in the development of children; [5 6 7]	you identify the key stages and describe in detail three patterns (milestones) in each area of development of children, described from birth to eight years, demonstrating in-depth knowledge and understanding of the patterns in the development of children. [8 9 10]	/10
AO2	With guidance, you give a basic description of the factors that have influenced the child's development, showing some understanding of their effect on the child and of how their development compares to the norms; you write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner; [0 1 2 3 4]	you show an ability to describe the factors that have influenced the child's development, showing a sound understanding of their effect on the child, comparing their development with the norms and describing any variations from the norms; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [5 6 7]	you, accurately and independently, give an in-depth description of the factors that have influenced the child's development, explaining their effect on the child, comparing their development with the norms and explaining any variations from the norms; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there are no errors/inaccuracies. [8 9 10]	/10
AO3	You produce a basic analysis of how two theories of play can be reflected in the development of the child studied, giving two examples for each, using three information sources; [0 1 2 3 4 5]	you produce an analysis, using three relevant pieces of research, showing how two theories of play can be reflected in the development of the child studied, giving two examples of each; [6 7 8 9 10]	you undertake research, using three relevant pieces of research, to make reasoned judgements in order to analyse how two theories of play can be reflected in the development of the child studied, giving two examples of each. [11 12 13 14 15]	/15
AO4	You produce records of planning and making a learning aid for the child studied, evaluating, at a basic level, the effectiveness of the learning aid and its benefits to the child, making general recommendations for improvement; [0 1 2 3 4 5]	you produce records of planning and making a learning aid for the child studied, including an informed evaluation of the effectiveness of the learning aid and its benefits to the child, making recommendations for improvement; [6 7 8 9 10]	you produce records of planning and making a learning aid for the child studied, including a comprehensive evaluation of the effectiveness of the learning aid and its benefits to the child, making realistic and informed recommendations for improvement. [11 12 13 14 15]	/15
Total mark awarded:				/50

13.4 GUIDANCE FOR TEACHERS

13.4.1 Guidance on Delivery

This unit relates to children aged between birth and **eight** years. Evidence for this unit could be collected from primary or secondary sources. Primary sources could include work experience, part-time employment or through younger members of the candidate's own family or from relatives; secondary sources could include a case study.

If photographic evidence is used to support the work, permission needs to be obtained from the service user or main carer. Candidates also need to be aware of the issues of confidentiality and equal opportunities towards the service user.

Factors that influence development and norms of development

Candidates are expected to identify factors that have had an effect on the development of the child studied. They could participate in a mind-mapping exercise to identify the different factors. Alternatively, they could be given different scenarios about a child which show how factors have influenced that child's development, and they could be asked to select the factors and to discuss how they could have affected the child's development.

Candidates need to consider the role of the family and are expected to have an understanding of family life that includes family structures. They should not, however, spend too long on this aspect of learning.

Theories of play and how play can affect development

The exploration of play as a therapeutic process could involve candidates playing out distress and anxiety or psychodynamic play therapy.

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

A learning aid could be an item to be used to help a child develop a social skill such as dressing or feeding. Alternatively, it could be something used to stimulate the child's interest, e.g. a tape or book.

13.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	Candidates will identify the key stages and describe three patterns (milestones) for each area of development, including language development, in children; there will be omissions and/or inaccuracies within the evidence;
	2	candidates will identify the key stages and describe in detail three patterns (milestones) for each area of development, including language development, in children; the work will be mainly accurate and contain few omissions/inaccuracies within the evidence;
	3	candidates will identify the key stages and describe in detail three patterns (milestones) for each area of development, including language and cognitive development, in children; the work will be comprehensive and accurate; there will be no omissions or inaccuracies within the evidence.
AO2	1	With guidance, candidates are required to provide basic information about the factors that have affected the child's development; influencing factors need to be considered, with some attempt to apply these to the child studied; candidates need to identify the factors and show a basic understanding of their effect on the child's development, e.g. poor housing, which can lead to overcrowding and lack of space to play, can affect both the physical and social development of a child; they will have compared the child's development to the norms, e.g. at 12 months a physical pattern (milestone) would be that a child pulls him/herself into a standing position; there may be some omissions and inaccuracies but evidence of some application of knowledge; candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;
	2	candidates are required to provide information about the factors that have affected the child's development; influencing factors need to be considered and applied to the child studied; they need to identify and describe the effect of the factors on the child's development; candidates will include a detailed comparison between the child's development and the norm for each area of development, e.g. at 18 months a language pattern (milestone) would be that a child can say between 6-20 recognisable words, but understands many more; they will describe any variation from the norms; a sound level of understanding will be demonstrated; there will be few omissions and/or inaccuracies within the evidence; candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	3	<p>working accurately and independently, candidates are required to provide detailed information about the factors that have affected the child's development;</p> <p>influencing factors need to be considered and applied to the child studied;</p> <p>they need to identify and describe in depth the effect of the factors on the child's development;</p> <p>candidates will include a detailed comparison between the child's development and the norm for each area of development, showing a high level of understanding;</p> <p>they will explain any variations from the norms;</p> <p>a high level of understanding will be demonstrated;</p> <p>there will be no omissions or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates' evidence will show that three sources of information have been used for research, e.g. catalogues, basic books and existing toys;</p> <p>a record of the resources used will be kept;</p> <p>the information will be at a basic level, with a brief analysis of how two theories of play can be reflected in the child's development, giving two examples of each;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates' evidence will show that three sources of information have been used for research, e.g. catalogues, existing toys and books;</p> <p>a detailed record of the resources used will be kept;</p> <p>the information will be detailed, with an analysis of how two theories of play can be reflected in the child's development, giving two examples of each;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates' evidence will show that three sources of information have been used for research, e.g. catalogues, existing toys, books and the Internet;</p> <p>a comprehensive record of the resources used will be kept;</p> <p>the information will be detailed and the analysis will highlight candidates' ability to make reasoned judgments about how two theories of play can be reflected in the child's development, giving two examples of each;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates will have chosen a simple activity to do with the child studied;</p> <p>the plan will outline the methods to be used and will give timescales, which may not be realistic;</p> <p>the evaluation will be done at a basic level and show limited ability to analyse the benefits to the child studied;</p> <p>candidates will demonstrate the ability to make general recommendations for improvements;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates will have chosen an activity to do with the child studied that shows some thought about the impact on the child's development, e.g. a child who needs to develop greater independence ready for school may use a doll with buttons and laces to practice fine motor skills and hand/eye co-ordination;</p> <p>the plan will be detailed and outline the methods to be used, including resources needed and will give timescales which will be accurate;</p> <p>the evaluation will show ability to reflect on performance and to analyse in detail the benefits to the child studied;</p> <p>candidates will demonstrate the ability to make recommendations for improvements;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	3	<p>candidates will have chosen an activity to do with the child studied that shows some thought about the impact on the child's development and that will be sufficiently challenging for the child studied;</p> <p>the plan will be detailed and outline the methods to be used, including resources needed, and will give timescales, which will be accurate;</p> <p>reasons will be given for the actions taken;</p> <p>the evaluation will show ability to reflect on performance and to analyse in detail the benefits to the child studied;</p> <p>candidates will demonstrate the ability to make realistic and informed recommendations for improvements;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

13.4.3 Resources

Organisations	<p>Child guidance clinics/centres</p> <p>Health Promotion Units</p> <p>National Association of Toy and Leisure</p> <p>National Childminding Association</p> <p>Pre-School Learning Alliance</p>
Publications	<p><i>Code of Practice</i> – for the delivery of training for early-years practitioners in England and Wales</p> <p><i>Get that Job!</i> – a practical guide to starting your career in childcare</p> <p><i>Getting the Basics Right in Early Years Care and Education</i></p> <p><i>Meet the Challenge</i> – general introductory flyer to working with children</p> <p><i>The Little Red Jumper</i> – the official newsletter of the Early Years National Training Organisation – produced quarterly</p> <p><i>Wanting to Work in Early Years Education, Childcare and Playwork</i> – a guide to qualifications and career opportunities in England</p>
Textbooks	<p>There are many books on this subject area but these provide a basic starting point:</p> <p>Brennand H et al <i>Child Development</i></p> <p>Lindon J <i>Understanding Children's Play</i></p> <p>Meggitt C <i>Child Development: An illustrated guide</i> & Sunderland G</p>
Websites	<p>www.parentlineplus.org.uk</p> <p>www.pre-school.org.uk</p>

14 Unit 14: Mental-Health Issues

[A2 level, optional, internally assessed]

14.1 ABOUT THIS UNIT

This A2 level unit is optional and is internally assessed.

This unit explores the concepts, types, causes and images of mental health, and the influence the media has on society's perception and treatment of individuals with mental-health needs. This unit also examines how service users with mental-health needs are supported by professionals. The role of legislation in relation to service users with mental-health needs is also explored.

The knowledge you gain during your investigation in this unit will help if you are considering a career as a psychiatric nurse, clinical psychologist or manager. It will also extend your awareness of changing attitudes towards mental illness, and its care and treatment.

This unit builds on the knowledge and skills developed in Unit 3: *Promoting good health*, Unit 5: *Caring for people with additional needs*, and Unit 7: *Health as a lifestyle choice*. Additionally, this unit has links with Unit 11: *Understanding human behaviour*, and Unit 12: *Anatomy and physiology in practice*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will investigate mental-health needs and issues and include a profile of **one** service user. Your evidence will include:

- understanding of the concepts/definitions, **three** types and possible causes of mental-health illnesses and associated mental-health needs;
- an explanation of **three** effects of the mental-health illness on a service user, including day-to-day life;
- research on preventative and coping strategies and **two** services that could provide support for a service user, 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.

14.2 WHAT YOU NEED TO LEARN

You need to learn about:

- the concept of mental health;
- types of mental illness;
- causes of mental illness;
- effects of mental illness;
- preventative and coping strategies;
- support for service users with mental-health needs.

14.2.1 The Concept of Mental Health

The perceptions of people with mental-health needs are often detrimental to the development of society, as well as to the development and treatment of the individuals themselves. It is vital for health and social care professionals to have an understanding of how people develop attitudes and views towards service users, alongside the practical use of the concept of mental health by professionals. You need to examine:

- the different concepts of mental health, including use and misuse;
- how and why these may change over time;
- definitions of mental health/disorder;
- methods of diagnosing/measuring mental-health needs;
- present-day images of mental health, and how the media influences attitudes to mental health;
- the reasons for, purposes of, and effects of legislation that affects the care of individuals with mental-health needs – the **two** key pieces of legislation being:
 - the NHS and Community Care Act (1990)
 - this has brought about far-reaching changes in the approaches used by both health professionals and family carers
 - the Mental Health Act (1983)
 - this sets out how mental illness is defined, and how treatment is made available, along with the processes involved in the use of compulsory powers.

14.2.2 Types of Mental Illness

You need to recognise, and have an overview of, the following range of disorders, and the people each affects and how, including:

- Alzheimer's;
- depressive illnesses;
- generalised anxiety disorder;
- personality/perception disorders, e.g. schizophrenia;
- autism;
- obsessive compulsive disorder(s);
- phobias.

14.2.3 Causes of Mental Illness

You need to have an overview of the following possible causes of mental illnesses:

- physical influences, e.g. the impact of giving birth (postnatal depression);
- societal influences, e.g. drug-related disorders,
unemployment,
social deprivation;
- genetic influences, e.g. personality/perception disorders;
- socio-environmental influences, e.g.
the impact on the family of the pressure of caring for
a child with challenging behaviour in a high-rise flat.

It is important for you to realise that any **one** disorder could have a multitude of related causes, and attempting to isolate these causes is a difficult process. Whilst some may have underlying physical causes, the overall picture is often unclear, e.g. there are a variety of possible neurological explanations of schizophrenia. Sensitivity needs to be shown when discussing possible causes of mental illness.

14.2.4 Effects of Mental Illness

Poor mental health has both short- and long-term effects on the individuals themselves, their families/friends and on the role of mental-health professionals. You need to understand that mental illness may have effects on:

- physical and psychological responses;
- social and emotional health of the individual and others;
- ability to cope with daily life, for example, coping with:
stigma,
discrimination,
harassment;

- ability to relate to others, to make and maintain relationships;
- labelling of the individual's self-concept;
- the cost to society of mental illness.

Changes in social habits in recent years have meant that more service users with drug-related disorders are now admitted as acute patients, whereas with developments in medication, service users with schizophrenia can cope quite well in the community. A service user with a mental illness may affect members of their immediate family, who begin to show physical and psychological responses to the stress of coping with the service user themselves. In addition, individuals in society may use service users as scapegoats.

14.2.5 Preventative and Coping Strategies

When a service user is being cared for in the community, they may be faced with difficulties related to change at work or home, financial insecurity, or stresses in a caring relationship. A range of preventative and coping strategies can be used to help people cope in difficult times. In other cases, the use of these techniques may prevent a relatively minor disorder from turning into a more serious illness. Medication is used in many cases of mental illness, from mild to severe forms.

You need to recognise a range of techniques for coping with the problems associated with mental ill-health, including:

- access to professional help and informal support, both for the individual and informal carers;
- positive coping mechanisms, e.g. action planning,
stress management techniques,
biofeedback;
- monitoring goals and progression;
- cognitive techniques, e.g. cognitive reappraisal;
- behaviourist techniques;
- medication;
- counselling and psychotherapy;
- electro-convulsive therapy;
- exercise;
- theorist approaches, e.g. Freud,
Beck,
Ellis,
Rogers.

14.2.6 Support for Service Users with Mental-Health Needs

Health professionals who work with service users with mental-health needs are based in a wide variety of settings, and the skills and qualities required will differ accordingly. A community psychiatric nurse needs different skills and knowledge from a psychiatric nurse working in an acute mental ward.

You need to know about the provision of care and support for service users with mental-health needs, including:

- job roles of those providing care and support and the skills involved, e.g.
community psychiatric nurse,
GP,
support worker,
advocates,
counsellors;
- charities supporting people with mental-health needs;
- the empowerment of service users, e.g.
user groups/forums,
charters/complaints systems;
- the implications and use of both voluntary and involuntary admissions to institutions;
- assessment of the services which are most appropriate for service users;
- Mental Health Act 1983 and other current legislation.

You also need to understand, where applicable, the need for consideration of the health and safety of people in contact with service users with mental-health needs vs the processes involved in withdrawing people's civil liberties. You need to be aware of the possible pressures on professionals when making decisions about service users, particularly when involved in the exercise of compulsory powers, and the moral and ethical implications of these decisions.

14.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 14: Mental-health issues				
What you need to do:				
<p>You need to produce an investigation of mental-health needs and issues, including a profile of one service user [50 marks].</p> <p>Your evidence needs to include:</p> <p>AO1: understanding of the concepts/definitions, three types and possible causes of mental-health illnesses and associated mental-health needs [10];</p> <p>AO2: an explanation of three effects of the mental-health illness on the service user, including day-to-day life [10];</p> <p>AO3: research on preventative and coping strategies and two services that could provide support for the service user, including research on one piece of relevant legislation [15];</p> <p>AO4: 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 [15].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You produce a basic description of three types of mental-health illnesses, their possible causes and the resultant mental-health needs; [0 1 2 3 4]	you provide a detailed account of the concepts/definitions of three types of mental-health illnesses, their possible causes and how these relate to the resultant mental-health needs; [5 6 7]	you present a coherent explanation of the concepts/definitions of three types of mental-health illnesses and their possible causes, and clearly relate these to mental-health needs. [8 9 10]	/10
AO2	With guidance, you produce a basic identification of three effects of the mental illness for the service user and how these apply to the service user on a day-to-day basis; you write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner; [0 1 2 3 4]	you demonstrate an ability to apply knowledge of three effects of the mental illness to the service user, including references to a range of day-to-day situations; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [5 6 7]	working accurately and independently, you produce a comprehensive account showing application of knowledge of three effects of the mental illness for the service user, including reference to a range of day-to-day situations; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there are no errors/inaccuracies. [8 9 10]	/10
AO3	You produce a piece of research outlining the main preventative and coping strategies, including basic information about two services that could provide support for the service user and research into the impact of one piece of relevant legislation; [0 1 2 3 4 5]	you research, from a range of sources, the main preventative and coping strategies, including detailed information about two appropriate services that could support the service user, and produce an analysis of the impact of one piece of relevant legislation; [6 7 8 9 10]	you show research that demonstrates the ability to make reasoned judgements about the preventative and coping strategies, including analysis of two appropriate services that could provide support for the service user, and discuss the possible impact of one piece of relevant legislation. [11 12 13 14 15]	/15
AO4	You provide a basic evaluation, with two examples, outlining concepts/definitions of mental health and how the media portray people with mental-health needs, including one positive and one negative effect of this portrayal and make limited recommendations for improvements; [0 1 2 3 4 5]	you evaluate, using a range of sources and two examples, the concepts/definitions of mental health and how the media portray people with mental-health needs, including one positive and one negative effect of this portrayal and make realistic recommendations for improvement; [6 7 8 9 10]	you provide a well-balanced evaluation, using a range of sources and two examples, of the concepts/definitions of mental health and how the media portray people with mental-health needs, including one positive and one negative effect of this portrayal alongside realistic and informed recommendations for improvements. [11 12 13 14 15]	/15
Total mark awarded:				/50

14.4 GUIDANCE FOR TEACHERS

14.4.1 Guidance on Delivery

Evidence for this unit is most likely to be collected from a variety of secondary sources. Candidates need to have access to the main requirements of the NHS and Community Care Act 1990 and the Mental Health Act 1983. It may be possible for candidates to use primary sources, if they were to interview or hold discussions with a clinical manager, or other health professional, whilst on work placement. Alternatively, professionals could be invited into the centre. When planning their study of **one** service user with mental-health needs, it is important to note that hypothetical case studies can be used; however, these need to be realistic and dealt with in a sensitive manner. If candidates are working directly with service users, they need to be supervised carefully, and health and safety implications considered. They also need to be aware of issues of confidentiality, e.g. not divulging service users' names and/or exact locations.

The concept of mental health

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

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

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

You need to be aware that new mental-health legislation is planned, i.e. the Draft Mental Health Bill which was published in June 2002 (although dropped from the Queen's speech in 2002) Reference will need to be made to any new legislation and new current requirements – in particular, changes to the legal framework covering compulsory treatment.

Types of mental illness

Candidates need to understand that, depending on the type of mental-health illness, service users may have a range of needs, e.g. people with dementia have psychological and emotional needs, but in the early stages of the illness may have shown depressive symptoms. For the case study itself, candidates need to explain clearly the type of mental-health illness, and may wish to use professional journals and classification systems, e.g. the fourth edition of the DSM-IV-TR, published in 2000. Summaries of this can be found via the Internet – candidates will not be expected to use the actual full diagnostic criteria listed.

Causes of mental illness

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

Preventative and coping strategies

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

Support for service users with mental-health needs

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

14.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	Candidates produce a basic description of three types of mental illness, alongside possible causes and resultant needs; candidates need to show they understand the basic symptoms and definitions of these three mental illnesses, and explain probable resultant needs; the work may be list-like in its approach, although it needs to include some discussion in relation to possible causes; there will be omissions and/or inaccuracies within the evidence;
	2	candidates produce a detailed description of three types of mental illness and a clear description of possible causes and resultant needs of these illnesses; candidates need to include an outline of the main symptoms and definitions of these three illnesses; resultant needs should be explained with a clear link to each illness discussed; candidates' discussion on the possible causes of mental illness needs to show some understanding of the difficulty of isolating specific causes; there may be one or two errors/misunderstandings; there will be few omissions and/or inaccuracies within the evidence;
	3	candidates produce a coherent logical account of three types, and possible causes, of mental illnesses, with clear relation of these to resultant health needs; their answers need to demonstrate understanding throughout and effective use of terminology; related symptoms need to be explained with a discussion clearly explaining the complexity of isolating causes of the mental illnesses; there needs to be a mention of how causes may interrelate; there will be no omissions or inaccuracies within the evidence.
AO2	1	With guidance, candidates need to include evidence of understanding of three basic effects of the mental illness on the service user and how these relate to the day-to-day life of that service user; the identification of the effects may lack detail, but needs to include a specific and general effect; there will be omissions and/or inaccuracies within the evidence; candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;
	2	candidates need to show expansion from three basic effects to how these effects produce challenges for the service users, on a day-to-day basis; candidates need to include evidence of applying knowledge of the effects of mental illness on their chosen service user; reference needs to be made to both general and specific effects, including reference to examples of these effects in day-to-day situations; there will be few omissions and/or inaccuracies within the evidence; candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	3	<p>working accurately and independently, candidates need to produce a comprehensive account to show application of knowledge of three effects of mental illness to their chosen service user;</p> <p>candidates need to include evidence of applying knowledge of the effects of mental illness to their chosen service user;</p> <p>references to specific and general effects need to be clear and day-to-day situations explained accurately;</p> <p>there will be no omissions/inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates need to produce evidence of research outlining the main preventative/coping strategies and two services that could provide support for the service user;</p> <p>one piece of legislation will be described that is relevant to their chosen service user;</p> <p>the description of this link may be brief;</p> <p>the outline of the services that could provide support needs to include some examples of the type of support the service could provide;</p> <p>the evidence may lack detail linking the service provision and legislation directly to their chosen service user;</p> <p>sources of research may be limited in range;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates need to show evidence of using a range of sources of information for evaluating the main preventative/coping strategies and two appropriate services relevant to support the service user;</p> <p>in the discussion on the services and legislation, candidates need to make the link to the service user clear;</p> <p>the evidence will show understanding and application of knowledge;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates' evidence needs to include research from a range of sources, and make the link to the service user clear throughout;</p> <p>the preventative/coping strategies, two appropriate services and the legislation analysed needs to show evidence of reasoned judgements on how they are appropriate for the service user and the possible impact of the legislation;</p> <p>candidates will demonstrate a high level of understanding and the ability to be pragmatic and practical in judgements made on the appropriateness of services;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates will basically evaluate the concepts/definitions of mental health; the information will be limited and may include some omissions;</p> <p>candidates' evidence, in relation to the media's portrayal of people with mental-health needs, must include a basic evaluation of such portrayal;</p> <p>two examples need to be identified;</p> <p>candidates need to explain one positive and one negative effect of portrayal in the media;</p> <p>these may or may not be applicable directly to the examples used;</p> <p>candidates' evaluation and recommendations for improvements may be limited, brief and possibly list-like in their approach;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO4	2	<p>candidates will show understanding and sensitivity in their evaluation of the concepts/definitions of mental health;</p> <p>candidates' evidence needs to show evidence of the ability to effectively utilise examples gathered, in respect to the media's portrayal of people with mental-health needs;</p> <p>a range of sources need to be used in gathering two examples, these examples need to be explained, including one positive and one negative effect related to these examples;</p> <p>candidates need to show the ability to analyse in reasonable detail;</p> <p>an overall evaluation also needs to be included, making realistic recommendations for improvement;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates will thoroughly evaluate the concepts/definitions of mental health;</p> <p>the two examples used in relation to the media's portrayal of people with mental-health needs must be clearly discussed, and linked to one positive and one negative effect of these portrayals;</p> <p>realistic, well reasoned, recommendations for improvements need to be made that show understanding of the main issues associated with the way the media can influence attitudes;</p> <p>candidates' evidence needs to show the ability to effectively evaluate evidence throughout;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

14.4.3 Resources

Organisations	Department of Health, Mental Health Act Commission The Mental Health Foundation,
Publications	Community Care magazine,
Textbooks	<p>Heller T, Reynolds J, <i>Mental Health Matters: A Reader</i> Palgrave Gomm R, Muston R Macmillan & Pattison S (1996)</p> <p>Richard C, Kip C, <i>Health and Social Care</i> Heinemann Stretch B & Webb D <i>Advanced VCE</i> (2000)</p> <p>Turner L <i>Atypical Behaviour</i> Hodder & (2003) Stoughton</p>
Websites	<p>www.communitycare.co.uk</p> <p>www.depressionalliance.org</p> <p>www.mencap.org.uk</p> <p>www.mind.org.uk</p> <p>www.nhs.uk/nhsguide</p> <p>www.rethink.org</p>

15 Unit 15: Social Trends

[A2 level, optional, externally assessed]

15.1 ABOUT THIS UNIT

This A2 level unit is optional and is externally assessed.

This unit develops your skills in analysing demographic data to understand social trends that will affect the family and individuals. The family is seen as the most important unit of social organisation, responsible for the health and social welfare of individuals. Evidence suggests that the family is changing, and British society is now characterised by family diversity. This unit focuses upon analysing secondary sources of data to explore the social trends of the changing family structure, including the increase in the rates of divorce, remarriage and cohabitation. It also examines the provision of health and social care services available to support families and individuals.

This unit builds on the knowledge and skills developed in Unit 1: *Promoting quality care*, Unit 7: *Health as a lifestyle choice* and Unit 9: *Caring for older people*. Additionally, this unit has links with Unit 11: *Understanding human behaviour* and Unit 13: *Child development*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the qualifications involving Care, Caring for Children and Young People and Early-Years Care and Education at Levels 2 and 3.

This unit is assessed through an external assessment. The mark on that assessment will be your mark for the unit.

15.2 WHAT YOU NEED TO LEARN

You need to learn about:

- social trends and patterns of family life;
- reasons for change in the structure of the family and roles of individuals;
- changes to service provision available to the family and individuals;
- using data to explore and draw conclusions about the trends and patterns of family life.

15.2.1 Social Trends and Patterns of Family Life

You need to analyse data to examine the changes in the structure of families and households, which, for testing purposes, will be limited to examining trends over the last **50** years in:

- the nuclear family;
- the number of children;
- extended families;
- reconstituted families;
- one-parent families;
- dual worker families;
- childless couples;
- homosexual couples;
- single person households;
- homelessness;
- unemployment;
- migration and immigration.

You need to link these social trends to demographic changes in population and age structure. You need to give explanations for social trends by considering economic and societal changes.

The changes in the family have not only been structural, but there have also been changes in the relationships of family members. You need to interpret data on patterns of family life, which, for testing purposes, will be limited to examining trends over the last **50** years in:

- births outside of marriage;
- cohabitation;
- conjugal roles within the family.

You need to recognise how these patterns of behaviour contribute to the changing structure of the family. You need to be aware that a change in **one** pattern of family life can have an impact on another.

You also need to realise that there is a range of ethical issues when studying the family – these are often sensitive areas as they concern topics such as children, culture, family structure and lifestyle. Confidentiality must be an important aspect to be taken into account.

15.2.2 Reasons for Change in the Structure of the Family and Roles of Individuals

You need to explain the reasons for, and draw conclusions from, the changes in the structure of the family, and roles of family members over the last **50** years, which, for testing purposes, will be limited to:

- divorce;
- remarriage;
- contraception;
- abortion;
- cultural and racial diversity;
- increasing elderly population;
- decreasing birth rates;
- smaller workforce;
- migration and immigration;
- economic factors;
- changing role of women;
- changing concept of childhood;
- changes in educational provision;
- educational attainment.

You also need to interpret data and understand the demographic and social trends in relation to these factors.

15.2.3 Changes to Service Provision Available to the Family and Individuals

As the structure of the family changes, the provision of services will vary to meet the needs of the family and its members. You need to recognise the appropriate statutory, private and voluntary services that are available to support the family, how service provision is changing, and understand the main roles and responsibilities of health and social care professionals who work with the family, which, for testing purposes, will be limited to:

- services to reduce family breakdown;
- assistance during family breakdown;
- child protection services;
- assistance with care for family members;
- financial support for children and families.

15.2.4 Using Data to Explore and Draw Conclusions about the Trends and Patterns of Family Life

You need to interpret and understand secondary sources of information to examine demographic and social trends in the family and individuals. You also need to evaluate the data and explain problems associated with studying the family and individuals, which, for testing purposes, will be limited to:

- quantitative data;
- qualitative data;
- reliability, validity and bias of primary and secondary data;
- data sampling methods, e.g. random, stratified random, quota;
- methods of collecting primary data, e.g. experiments, questionnaires, structured interviews, in-depth interviews, direct observation, participant observation;
- suitability of methods used for collecting the data;
- problems with methods used for collecting the data;
- ways of overcoming data-collection problems;
- ethical issues involved in collecting data and researching families and individuals.

You need to describe trends accurately, understand projections and interpret data from tables, line graphs, pie charts, etc. You need to understand percentages, scales and conventions used for numbers such as thousands and millions.

You need to understand the strengths and weaknesses of all the main data-collection methods, as well as their suitability for different purposes.

15.3 GUIDANCE FOR TEACHERS

15.3.1 Guidance on Delivery

Social trends and patterns of family life

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

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

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

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

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

15.3.2 Resources

Organisations	Health authorities Local Authorities Royal Statistical Society Centre for Statistical Education Social Services Departments Support groups and voluntary organisations																		
Publications	<i>Annual Abstract of Statistics 2004</i> <i>Social Trends</i> and other HMSO publications																		
Textbooks	Sociology, social policy and social care textbooks, for example: <table border="0"> <tr> <td>Halsey AH & Webb J</td> <td><i>Twentieth-Century British Social Trends</i></td> <td>Palgrave</td> </tr> <tr> <td>Jorgenson</td> <td><i>Family and Households</i></td> <td>Collins Education</td> </tr> <tr> <td>Moore</td> <td><i>Social Welfare Alive</i></td> <td>S Thornes</td> </tr> <tr> <td>Walsh, Stephens & Moore</td> <td><i>Social Policy and Welfare</i></td> <td>S Thornes</td> </tr> <tr> <td>Webb & Tossell</td> <td><i>Social issues for Carers</i></td> <td>Arnold</td> </tr> <tr> <td>Young</td> <td><i>Mastering Social Welfare</i></td> <td>Macmillan</td> </tr> </table>	Halsey AH & Webb J	<i>Twentieth-Century British Social Trends</i>	Palgrave	Jorgenson	<i>Family and Households</i>	Collins Education	Moore	<i>Social Welfare Alive</i>	S Thornes	Walsh, Stephens & Moore	<i>Social Policy and Welfare</i>	S Thornes	Webb & Tossell	<i>Social issues for Carers</i>	Arnold	Young	<i>Mastering Social Welfare</i>	Macmillan
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Young	<i>Mastering Social Welfare</i>	Macmillan																	
Websites	Census http://www.statistics.gov.uk/census2001/default.asp General household survey http://www.statistics.gov.uk/statbase/Product.asp?vlnk=5756&More=N Link page http://www.statistics.gov.uk/glance/default.asp#population Living in Britain http://www.statistics.gov.uk/lib2001/index.html Population trends http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=6303&Pos=&ColRank=1&Rank=422 Regional trends http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=836&Pos=&ColRank=1&Rank=422 Social trends http://www.statistics.gov.uk/statbase/Product.asp?vlnk=5748&More=N																		

16 Unit 16: Research Methods in Health and Social Care [A2 level, optional, internally assessed]

16.1 ABOUT THIS UNIT

This A2 level is optional and internally assessed

In this unit, you will select a topic that is relevant to a health or social care or early-years setting and design and carry out a small-scale research project based on your own research question or hypothesis. You will present your findings in the form of a report.

This unit will support research work for all A2 level units. It will allow you to select a topic which is of interest to you, although it must be related to an appropriate health or social care or early-years context. In particular, this unit links with the knowledge and skills developed in Unit 4: *Health and safety in care settings* and Unit 6: *Working in early-years care and education*. Additionally, this unit has links with Unit 10: *Care practice and provision*, Unit 11: *Understanding human behaviour*, Unit 14: *Mental-health issues* and Unit 15: *Social trends*. Although this unit does not link directly to the NVQs in Providing health, social and protective services, it provides a broad introduction to the topic.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will 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 will include:

- knowledge of the purposes of research and **three** different methods of research available and an explanation of the rationale for the chosen research area;
- 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;
- research into your chosen area of study, using **three** different sources of information; presentation and analysis of your findings in an appropriate format;
- an evaluation of the success of your research project using the predetermined aims and objectives and applying the issues of validity, reliability and representation with your recommendations for improvements and continuation of your research.

16.2 WHAT YOU NEED TO LEARN

You need to learn about:

- purposes and methods of research;
- ethical issues, sources of error and bias in research;

- planning, presenting and analysing findings from research;
- evaluating findings from research.

16.2.1 Purposes and Methods of Research

Research is the investigation of a topic for a specific purpose. Research can be drawn from a number of disciplines, including medical, health, sociological, psychological, special and early-years care and education. The purpose of such research could include:

- reviewing and monitoring changes;
- exploring specific needs of local populations;
- exploring social-science hypotheses;
- extending and improving practice and collective knowledge.

You need to be aware of the different methods that can be used to collect information and data. These include:

- quantitative and qualitative methods and their uses;
- primary research methods, e.g. interviews, questionnaires, observation, action research, case studies;
- secondary research methods, e.g. literature searches, media analysis, technology-based research, case studies, statistical analysis.

You need to recognise that previous research could have been conducted in the area of study chosen and you need to consider relevant theories put forward by such research.

You need to analyse and summarise your findings from the research.

16.2.2 Ethical Issues, Sources of Error and Bias in Research

You need to understand the importance of ethical considerations when carrying out research, including:

- considering the participants rights;
- the importance of confidentiality;
- issues relating to anonymity;
- issues relating to the nature and type of research.

You need to look at what has to be considered in relation to the participants involved in your research project. Participants include:

- people being interviewed;
- people who complete questionnaires;
- people who are observed, either directly or indirectly.

You need to examine the effects of ignoring the importance of ethics and to decide what is ethical and what is not. You need to be aware of the right to confidentiality of participants, e.g. individuals, organisations and any people who have assisted in the research through a work experience placement or place of employment (internal research). You need to acknowledge the rights of participants, to include:

- guaranteed privacy;
- observation of their right to withdraw;
- anonymity;
- confidentiality;
- respect at all times;
- trust that their contribution will be portrayed fairly and accurately.

You also need to understand the issues relating to covert observation, the building up of trust, and ensuring true representation of participants' views.

You need to be aware of the issues of objectivity and subjectivity and their potential impact on a research project. Prior to producing your research project, you need to identify possible sources of error and/or bias within the context of the research project you have proposed and also feed this information into the analysis and evaluation aspect of your report.

16.2.3 Planning, Presentation and Analysis of Findings from Research

You need to plan, present and analyse your findings in a manner which is suitable for a research project. The process needs to include:

- choosing the subject area, e.g. what interests you, your access to sources of information, and writing a rationale for your choice;
- setting out the hypothesis, issue or research question;
- writing the aims and objectives for the research;
- selecting appropriate research methods, e.g. interviews, questionnaires;
- identifying ethical considerations;
- time management, e.g. a realistic, achievable time plan;
- record keeping, e.g. referencing your sources.

Your time management and planning process must include plenty of time for you to obtain prior permission in order to carry out your research project: If participants are young (early years), parental/guardian permission is required. If the research is to be carried out in a school or similarly large establishment, the headteacher or person in charge needs to give their written consent.

You need to present your findings in a way that enables others to access and understand your work. Your report needs to include:

- an abstract: a brief summary of the research project;
- an introduction: aims and objectives of hypothesis, issue or research question;
- the methodology: justifying your choice of design and including any ethical issues;
- presentation of data;
- analysis of results;
- conclusion;
- evaluation of the design and conduct of the research;
- recommendations for future research.

You need to present your collected data in an appropriate format. This could include:

- tables;
- bar charts;
- line graphs;
- pie charts;
- pictographs;
- sociograms;
- Venn diagrams.

The research you undertake needs to support the research issue, question or hypothesis which you have used as *the title for your research project*. You will use a range of research methods and data sources sufficient to provide depth and breadth to your research project. Your presentation of the data needs to be relevant and any diagrams need to be supported by a brief description of what is shown. You need to *use the data collated* to analyse your findings.

You may wish to present your findings as part of an oral presentation. If you choose this method, video-recorded evidence is required (VHS format). The oral presentation needs to be supported by written material.

16.2.4 Evaluation of Findings from Research

You need to evaluate your research project, to include your plans, your actions, and the written (and oral, if applicable) presentation of your work. You need to identify the strengths and weaknesses, the successes and failures of what you have achieved. You need to discuss the following issues:

- reliability;
- validity;
- representativeness.

You may wish to approach your evaluation by asking yourselves questions, for example:

- Are my aims and objectives clear?
- Are they fully met?
- How successful was my primary research?
- Is my work set out in a logical order?
- How well have I managed my time?

You need to make valid recommendations for improving the research project. You need to make suggestions for continuation of the research project which address the issues raised by the evaluation of your findings.

16.3 ASSESSMENT EVIDENCE GRID

Please see over.

Unit 16: Research methods in health and social care				
What you need to do:				
<p>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 [50 marks]. Your evidence needs to include:</p> <p>AO1: knowledge of the purposes of research and three different methods of research available and an explanation of the rationale for the chosen research area [10];</p> <p>AO2: 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 [10];</p> <p>AO3: research into your chosen area of study using three different sources of information; presentation and analysis of your findings in an appropriate format [15];</p> <p>AO4: an evaluation of the success of your research project using the predetermined aims and objectives and applying the issues of validity, reliability and representation with your recommendations for improvements and continuation of your research [15].</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
AO1	You identify the purposes of research and three different methods of research available, giving a basic description of the rationale for the chosen research area; [0 1 2 3 4]	you describe the purposes of research and three different methods of research available, giving a basic explanation of the rationale for the chosen research area; [5 6 7]	you give an in-depth description of the purposes of research and three different methods of research available, giving a sound explanation of the rationale for the chosen research area. [8 9 10]	/10
AO2	With guidance, you describe the range of ethical issues and sources of error and bias which relate to your research project, identifying reasons for the research methods chosen; you write in a manner which is adequate to convey meaning, although it is expressed in a non-specialist manner; [0 1 2 3 4]	you explain the range of ethical issues and sources of error and bias which relate to your research project, justifying the research methods chosen; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; [5 6 7]	working accurately and independently, you give an in-depth explanation of the range of ethical issues and sources of error and bias which relate to your research project, justifying the research methods chosen; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy; there are no errors/inaccuracies. [8 9 10]	/10
AO3	Using three different sources of information, you undertake research into your chosen area of study, present your findings in an appropriate format and give a basic analysis of your findings; [0 1 2 3 4 5]	using three different relevant sources of information, you undertake research into your chosen area of study, clearly present your findings in an appropriate format, and give an analysis of your findings; [6 7 8 9 10]	using three different relevant sources of information, you undertake research into your chosen area of study, clearly present your findings in an appropriate and coherent format, and give a comprehensive analysis of your findings. [11 12 13 14 15]	/15
AO4	You use the predetermined aims and objectives from your research project to give a basic evaluation of its success, apply the issues of validity, reliability and representativeness and make limited recommendations for improvements and continuation of the research; [0 1 2 3 4 5]	you use the predetermined aims and objectives from your research project to give a sound evaluation of its success, apply the issues of validity, reliability and representativeness and make realistic recommendations for improvements and continuation of the research; [6 7 8 9 10]	you use the predetermined aims and objectives from your research project to give a comprehensive evaluation of its success, apply the issues of validity, reliability and representativeness and make realistic and detailed recommendations for improvements and continuation of the research. [11 12 13 14 15]	/15
Total mark awarded:				/50

16.4 GUIDANCE FOR TEACHERS

16.4.1 Guidance on Delivery

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

Purposes and methods of research

It is anticipated that the less able candidates will rely mostly on secondary data (information collated and presented by someone other than themselves), interpreting this information to address the focus of their research project, whereas more able candidates will use at least as much primary data (information they themselves have gathered) as they will secondary data. Primary research data should seek to support their findings from secondary research sources (the methods of obtaining secondary data).

Planning, presentation and analysis of findings from research

Candidates need to be guided to use a research issue, question or hypothesis which allows them to access all of the assessment criteria, but which is not so broad as to be unmanageable. A research question or issue can give a clearer aim for candidates to work towards, but setting a hypothesis is often more interesting, e.g. *'all women would stay at home with their babies for the first few years of their lives if they could afford to'*. Further suggestions for research titles can be found in the support materials for teachers.

16.4.2 Guidance on Assessment

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

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

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

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

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

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

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

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

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

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

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

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

Amplification of Criteria		
AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	1	Candidates identify the purposes of research and three different research methods which are available; there will be a basic description of the rationale for the chosen research area; the work will lack coherence and be list-like in manner; there will be omissions and/or inaccuracies within the evidence;
	2	candidates describe the purposes of research and three different research methods which are available; there will be a basic explanation of the rationale for the chosen research area; the work will be coherent and demonstrate understanding of the subject area; there will be few omissions and/or inaccuracies within the evidence;

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO1	3	<p>candidates give an in-depth explanation of the purposes of research and three different research methods which are available;</p> <p>there will be a sound explanation of the rationale for the chosen research area;</p> <p>the work will be coherent and demonstrate understanding of the subject area;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO2	1	<p>With guidance, candidates describe the range of ethical issues which relate to their chosen research area;</p> <p>there will be a description of possible sources of error and bias in their research project;</p> <p>the evidence will lack detail, although candidates show a basic understanding of the ethical issues, sources of error and bias which apply to their chosen research area;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p> <p>candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
	2	<p>candidates explain the range of ethical issues which relate to their chosen research area;</p> <p>there will be a description of possible sources of error and bias in their research project;</p> <p>the evidence will be detailed, with candidates showing a sound understanding of the ethical issues, sources of error and bias which apply to their chosen research area;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>accurately and independently, candidates give an in-depth explanation of the range of ethical issues which relate to their chosen research area;</p> <p>there will be a description of possible sources of error and bias;</p> <p>the evidence will be detailed, with candidates showing a comprehensive understanding of the ethical issues, sources of error and bias which apply to their chosen research area;</p> <p>there will be no omissions or inaccuracies within the evidence;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates use three different sources of information to undertake research into their chosen area of study;</p> <p>evidence will be presented in an appropriate format, followed by a basic analysis of their findings;</p> <p>they give general reasons for their choice of research methods and analytical techniques;</p> <p>the work demonstrates the use of a limited range of relevant information sources;</p> <p>the evidence collected will be used to carry out a straightforward analysis;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates use three different relevant information sources to undertake research into their chosen area of study;</p> <p>evidence will be presented clearly in an appropriate format, followed by an analysis of their findings;</p> <p>they justify their choice of research methods and analytical techniques;</p> <p>the work demonstrates the use of a range of relevant information sources;</p> <p>the evidence collected will be used to carry out a sound analysis;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	3	<p>candidates use three different relevant information sources to undertake research into their chosen area of study;</p> <p>there will be a balance of primary and secondary sources of data used;</p> <p>evidence will be clearly presented in an appropriate and coherent format, followed by a comprehensive analysis of their findings;</p> <p>they justify their choice of research methods and analytical techniques;</p> <p>the work demonstrates the use of a range of relevant information sources;</p> <p>the evidence collected will be used to carry out an in-depth analysis;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>
AO4	1	<p>Candidates use the predetermined aims and objectives from their research project to give a basic evaluation of its success, applying the issues of validity, reliability and representation in a general manner;</p> <p>there will be limited recommendations for improvements and continuation of the research;</p> <p>the strengths and weaknesses of the evidence will be identified; however, the work will lack detail and coherence;</p> <p>there will be omissions and/or inaccuracies within the evidence;</p>
	2	<p>candidates use the predetermined aims and objectives from their research project to give a sound evaluation of its success, applying the issues of validity, reliability and representation which will link to the evaluation;</p> <p>there will be realistic recommendations for improvements and continuation of the research;</p> <p>the strengths and weaknesses of the evidence will be described and the work will demonstrate detail and coherence;</p> <p>there will be few omissions and/or inaccuracies within the evidence;</p>
	3	<p>candidates use the predetermined aims and objectives from their research project to give a comprehensive evaluation of its success, applying the issues of validity, reliability and representation which will be clearly linked to the evaluation;</p> <p>there will be realistic and detailed recommendations for improvements and continuation of the research;</p> <p>the strengths and weaknesses of the evidence will be explained in detail and the work will demonstrate detail and coherence;</p> <p>there will be no omissions or inaccuracies within the evidence.</p>

16.4.3 Resources

Organisations	Department of Health SHERPa
Publications	Department of Health Research Governance Framework for Health and Social Care
Textbooks	Green S <i>Research Methods in Health, Social and Early Years Care</i> Stanley Thornes <i>Evaluating Research in Health and Social Care: A Reader</i>
Websites	http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en http://www.dhsspsni.gov.uk/publications/2002/researchframework.pdf http://www.invo.org.uk/new.htm http://www.sherpa.nhs.uk/Resource/html_files/resdevthink.htm