

# GCSE

## Edexcel GCSE in Health and Social Care (Double Award)

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Portfolio marking guidance

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# Introduction

## GCSEs in vocational subjects

A range of GCSE (Double Award) specifications in vocational subjects has been introduced to replace and extend the range of Part 1 GNVQ courses at Levels 1 and 2 of the National Framework of Qualifications. They can be taken as two-year courses from September 2002 and one-year courses from September 2003 for first awarding in summer 2004. This document has been prepared specifically to deal with the Edexcel GCSE in Health and Social Care (Double Award).

### Edexcel GCSE in Health and Social Care (Double Award)

The Edexcel GCSE in Health and Social Care (Double Award) has been designed to provide a broad educational basis for further training, further education or for moving into employment within the health and social care industry. The QCA Qualification Accreditation Number for this title is 10020639.

## Portfolio marking guidance

This guide is designed to give guidance on how to apply the mark scheme and to enable teachers of the Edexcel GCSE in Health and Social Care (Double Award) to form an impression of the kind of work that may be produced as the specification is applied. Each example of work is of a style and a standard that meets the requirements of the GCSE.

The samples of work in this document are from students who have taken the GCSE in Health and Social Care. They are felt to contain qualities or standards indicative of high-, medium-, and low-level mark bands. These examples are not intended to be used as examples of good practice.

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

All students' work within the support material is in the font *Comic Sans*. Any errors that occur in the spelling or grammar within these sections are present in the student's original work, and have been retained to reflect the true quality of the piece against the marking.

## Applying the mark bands

Portfolios will be marked by the centre and externally moderated by Edexcel. Each of the internally assessed units has a marking grid, divided into three broad mark bands, showing how to award marks in relation to the task and the assessment objectives. The marking grids indicate the required assessment outcomes as well as the quality of the outcomes needed for achievement in each of the mark bands. Mark band 1 relates to the expectations given in the grade description for grade F, mark band 2 relates to the expectations for grade C, and mark band 3 relates to the expectations for grade A. For further information on grading, see the section *Grading and aggregation* which follows this section.

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

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

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

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

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

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

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

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

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

## Grading and aggregation

The mark bands used for internal assessment do not relate to pre-determined grade boundaries. Following each examination and moderation series Edexcel will set the grade boundaries for the two internally-assessed units and the externally-assessed unit at an awarding meeting.

The raw mark boundaries will be converted to uniform marks on a scale of 0-100. The final grade for the qualification will be determined by aggregating the uniform marks for the three units. The following table gives details of the uniform mark scales (UMS) used for the units and for the qualifications.

### Unit results

The minimum uniform marks required for each grade:

Unit grade	A*	A	B	C	D	E	F	G
Maximum uniform mark = 100	90	80	70	60	50	40	30	20

Candidates who do not achieve the standard required for a grade G will receive a uniform mark in the range 0-19 and be recorded as U (unclassified).

### Qualification results

The minimum uniform marks required for each grade:

Qualification grade	A*A*	AA	BB	CC	DD	EE	FF	GG
Maximum uniform mark = 300	270	240	210	180	150	120	90	60

Candidates who do not achieve the standard required for a grade GG will receive a uniform mark in the range 0-59 and be recorded as U (unclassified).





# Exemplars and commentary



## Introduction

The purpose of this booklet is to provide guidance on the application of the mark bands in the assessment grids for each of the internally assessed units for GCSE Health and Social Care (Double Award).

It includes samples of candidates' work (cameos) to demonstrate how marks are awarded for the assessment criteria across the three bands.

Centres should note that there are no pre-determined grade boundaries and the marking grids give no more than an indication of how marks may relate to the final grades. The grade boundaries will be set at an awarding meeting which will take place after the moderation period is over.

The booklet also contains guidance on the minimum requirements for the achievement of marks in the different mark bands and additional advice on specific issues relating to the units.

Centres should note that annotation is a mandatory requirement for internally assessed work. The minimum requirement for annotation is to complete the annotation column on the Mark Record Sheet by listing the portfolio page numbers where evidence can be found for each of the assessment criteria.

Further comments can be carried out on the back of the Mark Record Sheet. Detailed annotation will help a moderator to agree centre assessment decisions.

## Unit 1: Health, Social Care and Early Years Provision

The portfolio evidence must be based on a report into **one local** provider of health, social or early years services. Candidates are expected to demonstrate their knowledge and understanding of the unit content in four areas which are:

- types of care services
- jobs and value bases in care services
- care needs of clients
- ways of obtaining care services and barriers to access.

### AO1 (a)

The choice of provider is crucial to this unit. Candidates should base their work on one provider which offers a range of services. Two services will be accepted as a range for mark band 1 and three for mark bands 2 and 3. Some suggestions of service providers that could be used for this unit are:

- health centres
- GP surgeries
- day centres
- hospices
- chemists (such as some of the larger boots stores which offer a range of services such as chiropody, dental services, opticians, pharmacy)
- residential care homes
- reception or nursery classes in a primary school and day nurseries (providing they offer a range of services such as an after-school club, a before-school care facility or a holiday club).

Candidates are expected to demonstrate their use of primary research by providing evidence of a placement, an interview, a visit, a completed questionnaire or details of questions asked of a visiting speaker. Candidates may have difficulty visiting organisations and therefore speakers from organisations could be invited into the centre to provide information on the organisation.

Where marks are awarded in bands 2 and 3 there must be evidence of primary and secondary research.

Candidates must state the sector in which the chosen provider operates and for mark bands 2 and 3 they are expected to demonstrate their understanding by describing how it fits into the national provision – an annotated organisation chart would be appropriate.

Candidates are required to investigate and discuss the main sources of funding for their chosen organisation at both local and national level. They should describe funding in relation to their chosen provider, not generically. The depth and detail of the information on funding will determine into which mark band the work falls.

A map accompanied by a written description will provide evidence for geographical location.

Mark band 3 requires candidates to compare and contrast between their provider and other providers of the same services. For example if a report is based on a GP surgery, a comparison could be made between the services offered there and those offered by other GP surgeries in the area.

If there is no evidence of any primary research and it is obvious that all of the evidence presented is book based, candidates cannot be awarded points in mark bands 2 or 3 for this assessment objective.

Secondary research should be evidenced by a resource list or bibliography.

### AO2, 3 (b)

Candidates must choose two job roles within the organisation reported on in (a).

For example if a report were based on a residential care home, then the candidates may choose to investigate the role of a care assistant and the care manager. Direct and indirect job roles can be chosen. For mark bands 2 and 3 descriptions of job roles must be based on both primary and secondary information. Candidates can access their information through interviewing their chosen workers, through answers from a questionnaire or from observation. Therefore candidates need to be able to interview the workers either in the workplace or at their centre.

They must describe the skills needed for the job and a good way of evidencing this would be through a description of a typical working day for their chosen person. Qualifications need to be covered in sufficient detail, for example, candidates need to mention immediate qualifications and the route followed to obtain them. The acquisition of basic skills implies that candidates will describe the training required for the job and the career route. Those candidates who base all their evidence on secondary sources will not be able to access mark bands 2 and 3. Candidates should be dissuaded from leaning too heavily on generic information copied directly from books and career sites.

In addition to describing the care value base candidates must give examples of how it is implemented by the workers and the organisation on which their report is based.

- For mark band 1, one example is required of its implementation by either a care worker or the organisation.
- For mark band 2, more than one example (two will do) of **either** a care worker **or** the organisation.
- For mark band 3, it is desirable that candidates give examples for **both** workers **and** the organisation.

Candidates must demonstrate their understanding of care values by giving specific examples of their use within their chosen setting.

### AO2 (c)

Candidates have to be able to identify the needs of two people who use the provider and services identified in (a) and to explain how the services meet their requirements. The key is the selection of the people and if these are not appropriate then it proves very difficult for candidates to actually access the relevant information. It is essential that this aspect of the work is related to the chosen provider described in (a). Because of issues of confidentiality it may not be possible or appropriate for candidates to interview people who use the services in order to gain information for this part of their work. (It should be noted that there is no specific requirement for primary evidence.) However, good practice would be for candidates to gather their information through discussion with a care worker who is familiar with the service users. The anonymity of the chosen people must be preserved throughout the work.

In the area of nursery or other early years provision, parents are considered to be service users.

Those candidates aiming to achieve in mark band 3 should also identify where there are gaps in the service provision and suggest improvements. The identification of clients' needs under PIES is one of the recommended methods of achieving this criterion.

The use of case studies can prove limiting for the candidates in that their work tends to be repetitive and often lacks depth.

For candidates to achieve mark band 3 they need to predict the possible future needs of their chosen people. (It may be that these needs would have to be met through other services.)

They also need to identify gaps in the current provision and suggest improvements.

Candidates working at mark band 3 must be able to demonstrate that they have used a wide range of information sources to include books, internet sites and, where possible, visits to the chosen organisation and to include a full resource list.

### **AO3 (d)**

When addressing issues relating to access and referral, candidates should relate this part of the work to the two people on whom they based their work on needs for AO2 (c).

Candidates are required to describe how the two people whose needs were identified in (c) were referred to the services they required. Candidates must also describe access to the services – again it should be to the identified services. Candidates need to include physical, geographical, financial, psychological, cultural and language barriers to access.

Where candidates find it difficult to cover the full range of criteria on the marking grids because of the nature of the chosen provider it is suggested that they include some generic information to support their work. For example, if there is only one appropriate method of referral to the services described, candidates could include some information on other types of referral whilst explaining where this would be used.

To access mark band 3 candidates must make suggestions for improvement to access.

### **A guide for one-day placement at a well-chosen health, social care or early years provider**

- The choice of provider is crucial to the success of this assessment activity. It must offer a range of services, at least three, eg:
  - nursery school/day care nursery which provides these services-breakfast club, after-school club or holiday play scheme
  - residential care home which provides these services – chiropody, hairdressing, occupational therapy, visiting GP
  - health centre which provides these services – well woman clinic, practice nurse, antenatal clinic, minor operation clinic, diabetes clinic.
- Initial contact should be made by the school/teacher. After initial agreement, candidates should then write a letter to arrange the visit.
- Prepare candidates well before going out. Confirm that questionnaires have been checked to ensure that appropriate questions are being asked. Determine that all candidates have their prepared interview questions, checklists for observation and prompt sheets which will act as reminders of the information they need to have at the end of the visit.
- Liaise with the providers to ensure that they are aware of what the candidates need to find out. Make sure that the chosen providers are 'prepared' in advance by the school. Send a copy of candidate task sheet.
- Send a thank-you letter following the visit.

## Unit 2: Promoting Health and Well-being

This unit focuses on promoting health and well-being. Candidates are expected to demonstrate their knowledge and understanding of the unit content in four areas which are:

- explain what is meant by health and well-being
- identify factors affecting the health and well-being of an individual and explain the effects of these factors
- identify health-related information including physical measures of health to produce a plan and set targets for the individual
- identify how the plan may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

The portfolio evidence must be based on a health plan for improving or maintaining the physical health and well-being of one individual.

### AO1 (a)

Candidates should base this assessment objective on health and well-being. This assessment objective can be tackled as a separate task.

For mark band 1, basic descriptions/definitions of health and well-being should be given. Two examples are considered to be sufficient to demonstrate understanding. Best practice would be to include the differences between positive and negative descriptions.

For mark bands 2 and 3 candidates should give a detailed description or table of positive, negative and holistic definitions and show how these differ over time and between cultures. Best practice would suggest that three examples could be given for mark band 2 and four for mark band 3. Candidates are advised to support their definitions by giving appropriate examples such as relating them to characters in 'soaps' and their own families.

Examples of time could include lifespan from birth to old age, developments in medicine and medical procedures or the effect of the introduction of the NHS.

The word 'culture' could be used in the widest sense from the background and lifestyle of a person to religious beliefs. For mark bands 2 and 3 candidates need to attempt to discuss differences over time and culture and to link the differences to health issues. For example, cultural differences in dress need to be extended to discuss how the possible lack of exposure to sunlight could lead to low vitamin D levels and therefore increased incidence of rickets.

For mark band 3 candidates need to demonstrate a clear understanding of the complexities of defining health and well-being.



## **AO1, 2 (b)**

Candidates should base their work on **one** individual.

The choice of client is crucial and those candidates who choose clients with obvious health needs will find (c) and (d) easier. It is advisable that candidates choose their own individual on whom to base their health plan since the use of a case study makes it more difficult for candidates to access the higher mark bands. It is suggested that at the higher mark bands candidates use questionnaires and interviews to determine the factors and risks affecting the health of the chosen person. Candidates using case studies are not afforded the opportunity for independent research.

Candidates must analyse their questionnaires sufficiently in order for them to use the information to make recommendations. The inclusion of copious amounts of photocopied material which are not analysed and also large amounts of irrelevant information is to be discouraged.

Three or more factors will be accepted as a range for mark band 1 and five or six factors for mark bands 2 and 3. Generic descriptions of factors that do not relate to the chosen individual will only be awarded points in mark band 1.

For mark bands 2 or 3 candidates should demonstrate their understanding of the factors with clear explanations. Factors must be positive and negative and need to include the identification of those factors over which their chosen person may have some control and those which they may not be able to change such as financial, social or genetic influences. These must be applied to the chosen individual.

Two or more sources should be accepted as a range and evidenced through a resource list or bibliography.

## **AO2, 3 (c)**

There must be a health plan related to the chosen person.

Timescales are **not** part of the assessment objective.

The health plan should include the use of health-related information to support the plan. Two or more sources of health-related information will be accepted as the range. Candidates must indicate why it is selected and why it will be useful. Two physical measures of health should be included for mark bands 1 and 2 and three for mark band 3. Candidates must demonstrate their ability to use these measures accurately and compare their results against the norm.

Targets should be clearly related to the chosen person and the factors identified. Best practice would be to involve the chosen person in setting achievable targets. For mark band 3 candidates could be encouraged to offer alternatives or options to meet the targets, or justify the targets and strategies.

### **AO2, 3 (d)**

For mark band 1, two or three simple statements should be written to show how the plan might affect the individual. At least two difficulties that might occur should be given. Suggestions for overcoming these difficulties need to be offered to achieve full marks in this mark band.

For mark band 2, candidates should review the plan (a description will be acceptable). Difficulties should be evaluated and suggestions for overcoming these should be explained. (Evaluation should include 'what, how and why'.)

Candidates accessing mark band 3 should show a clear understanding of what they are trying to achieve. The review should identify the most significant ways the individual will be affected.

For candidates to achieve mark band 3 they need to predict and evaluate the difficulties that the individual might encounter and suggest appropriate strategies/alternatives.

## **Unit 1: Health, Social Care and Early Years Provision**

**Guidance to what should be shown  
across the three bands**



## Assessment evidence – Unit 1: Health, Social Care and Early Years Provision

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

a what services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 13 marks	<ul style="list-style-type: none"> <li>a basic description, using a limited range of information sources, which identifies the type of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; the main sources of funding; their geographical location.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a clear description, using primary and secondary information sources, of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; a range of relevant sources of funding; their geographical location.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive description of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; an explanation of the relevant sources of funding; their geographical location. The candidate should use appropriate information from a wide range of sources, comparing and contrasting where appropriate.</li> </ul>	10-13	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>an identification of the chosen provider and the sector to which it belongs</li> <li>a brief description of at least two services which are provided by the organisation</li> <li>a simple description of how it fits into the national provision</li> <li>a basic explanation of how it is funded</li> <li>a map or diagram to illustrate how where it is located.</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark band one have been met in greater detail. Candidates must show that they have used both primary and secondary evidence</li> <li>funding of the specific organisation investigated which must be described clearly</li> <li>the sector being described and explained rather than merely stated.</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark bands 1 and 2 have been met and the work has been extended to show an in-depth approach to all aspects</li> <li>evidence of the use of a range of information sources to include books, internet sites and visits to the chosen organisation.</li> </ul>		

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

b your understanding of the skills and values required for care or early years work and the jobs which workers do.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>using limited information sources, a basic description of two main job roles within the chosen organisation, showing how the basic skills are acquired and giving an example of how the values necessary for care or early years work are implemented.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>using primary and secondary sources of information, an accurate description of two main job roles within the chosen organisation, explaining how the basic skills are acquired, describing the importance of the values necessary for care or early years work and giving at least one example of how these are implemented by either a worker or the organisation.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>using wide-ranging and relevant sources of information, a comprehensive description of two job roles within the chosen organisation, explaining clearly how appropriate skills can be acquired, describing the importance of the values necessary for care or early years work and giving relevant examples of how they are implemented by both workers and the organisation.</li> </ul>	10-13	

Assessor's marking grid							
	Mark band 1	Mark range	Mark band 2	Mark range	Mark band 3	Mark range	Mark awarded
	<p>At this level work must show:</p> <ul style="list-style-type: none"> <li>the chosen job roles are appropriate to the organisation</li> <li>a simple description of the training and skills required for the two jobs</li> <li>a basic understanding of the care value base with one example of its implementation by a worker or the organisation.</li> </ul>	Mark range	<p>At this level work must show:</p> <ul style="list-style-type: none"> <li>descriptions of the job roles which are based on both primary and secondary research and which must be detailed and relevant to the chosen organisation</li> <li>a clear understanding of the care value base with at least one example of its implementation either by one of the chosen workers or by the organisation itself.</li> </ul>	Mark range	<p>At this level work must show:</p> <ul style="list-style-type: none"> <li>an in-depth understanding of the two job roles with detailed explanations of the skills and their acquisition</li> <li>information on the care value base has been linked to the two workers and to the organisation where possible.</li> </ul>	Mark range	Mark awarded



You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

c how well these services meet the different needs of two people who use them.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) <b>A02</b> <b>12</b> <b>marks</b>	<ul style="list-style-type: none"> <li>the candidate can, with guidance, identify and describe the main needs of two different people who use the services offered, stating how the provision is organised and delivered in order to meet their requirements.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>the candidate can identify and fully explain the needs of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>the candidate can comprehensively identify and explain the current needs and predict any likely future requirements of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements, identifying any gaps and making suggestions for improvement.</li> </ul>	9-12	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>at least two needs for each of the people chosen with an explanation of how the organisation meets these needs.</li> </ul>		<ul style="list-style-type: none"> <li>greater depth and detail in regard to the needs of the chosen people.</li> <li>a detailed explanation of how the organisation meets the needs.</li> </ul>		<ul style="list-style-type: none"> <li>that in addition to the requirements for mark band 2, candidates have recognised possible future needs of the people chosen.</li> <li>that candidates have made suggestions for possible improvements in service provision.</li> </ul>		

**Your report must also show:**

d how these two people access the variety of services they need and the things which may prevent them from obtaining services.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) <b>AO2, 3</b> <b>12</b> <b>marks</b>	<ul style="list-style-type: none"> <li>using limited information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing the main obstacles that may prevent them from obtaining services. The candidate makes a simple evaluation of access to the services.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>using a variety of information sources, the candidate can clearly explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate evaluation of access to the services.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>using a wide range of information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate and thorough evaluation of the effectiveness of access, suggesting some solutions to improve effectiveness.</li> </ul>	9-12	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>• how the two chosen people were referred to the service</li> <li>• some attempt to link the obstacles to access to the chosen service</li> <li>• basic comments on access to the services.</li> </ul>		<ul style="list-style-type: none"> <li>• a more detailed description of the methods of referral used</li> <li>• a clear explanation of the obstacles to access linked to the chosen service and an assessment of how easy or difficult it is to access the services.</li> </ul>		<ul style="list-style-type: none"> <li>• a description of the methods of referral used and an account of other methods of referral which could be used in different situations</li> <li>• an in-depth evaluation of access with at least two suggestions for improvement.</li> </ul>		

# Exemplar materials – mark band 1



# Health Social Care

## Unit 1

### Edexcel GCSE in Health and Social Care

#### Health Social Care and Early Years Provision

Unit Code 5321

Kate Harrison

Exam Number: 1234

Centre Number: 5678

**Exemplar materials for Unit 1 – mark band 1**

Candidate Name *Kate Harrison* Hand-in Date *7<sup>th</sup> May 2005*

**Feedback from teacher to candidate after the assignment is assessed:**

*You did lots of research on the clinic and obviously enjoyed your visit*

*You have shown an understanding of the work that the health visitor and the speech therapist do and the skills they need, well done.*

*You looked at two people who used the clinic and understand how they were referred there.*

Signed *P. T. Thompson* ..... Date *8<sup>th</sup> May 2005* ..... Candidate signature



## Exemplar materials for Unit 1 – mark band 1

### Aim

As part of unit 1 health social care and early years provision assignment, I will produce a report on my investigation, which is health clinic in my local area I will look at health clinic is organised, I will look at where the service is organised. I would look at the service it provides for young babies. I will also look at the different nurse that used that service I will also again look at the skills they required, and qualifications needed, I will also at the qualities needed for the babies needs. I will look to how babies can access this service with their mother.

I will also talk to the speech therapist at the health clinic I will look at the different people she helps. I will talk to one of these people and see how they access the service I will make a report of my findings.

### Action Plan

1. I am going to look at the services for a health clinic.
2. I will find a map off the internet.
3. I will do questions for the nurses to answer.
4. I will show the sector in which the health clinic services fit.
5. I will use a diagram to show the national framework.
6. I am then going to focus on the role of the health clinic.
7. Nurses show the skills they need and qualification in order to get the job.
8. I will then look at the care value with the health clinic.
9. I will do questions for the speech therapist to answer.
10. I will talk to a mother and her baby.
11. I will talk to someone who uses the speech therapist
12. I will put all my work together as a report.

An Investigation Into  
The Central Health Clinic

By Kate Harrison

7<sup>th</sup> May 2005

Central  
Clinic

## Exemplar materials for Unit 1 – mark band 1

### **Map of My Clinic**

Primary Care Trust

Acacia Clinic

Hall Street

Telephone number - 01384 366466

Below are my 2 maps for my clinic of where my sister goes with my little Vern I will mark on the map as nacelle where it is. So then you can see where it is if you want to visitor with your little baby. And if you want to visitor the web site to find information about the clinic. All if you want to ring them up and book an apartment

*One map of the clinic included*

### **What is the purpose of the Clinic?**

The central clinic offers a wide range of service such as child health check ups, family planning services, speech and language therapy, mother and baby support groups, health visitors service there is also a doctor surgery and dentists surgery attached to the central clinic. These services are not only used by mothers with children but are used by teenagers and the older generation of people

### **Who works at the clinic?**

There are a number of people who work at the clinic and they include, receptionists, a variety of doctors, midwife, health visitor, to even cleaners. The clinic is also used by discussion groups such as breast feeding groups, massage. Groups, healthy eating groups and it is hard for me to specify work actually runs or organises these groups.

### ***Clinic***

#### **People at the clinic**

Doctor

Health Visitors

Midwives

Chiropodist

Speech Therapist

Dentist

Nurse

## Exemplar materials for Unit 1 – mark band 1

### Things that go on at the clinic

#### Babies 0-3

Health visitor

Checking babies

Heaving test

Development test

#### Mother & toddler group

Where new mums bring babies & toddlers to meet each other & discuss Problems & socialise.

#### Anti Natal Classes

For woman from 30 weeks of pregnancy Child birth classes

To give information to the new mum about all aspects of having a baby

The birth labour

How to look after the baby

Feeding

Bathing

Safety

Sleeping arrangements

*Plan of the Clinic included*

## Exemplar materials for Unit 1 – mark band 1

### Analysis of Questionnaire

The clinic is a public clinic.

It is provided by the NHS.

It is paid for by the government.

It provides many services.

- Family planning
- Baby weighing
- Selling milk
- Speech and language therapy

There are many different departments in the clinic for these things.

Adults use the family planning clinic and babies are weighed.

Young children use the speech therapist.

### Children/health check ups/health visitor:

The check ups are carried out by midwives or health visitor.

The midwives check are development or young babies from birth up to the first 3 months and then the check ups are carried by the health visitor from 3 months old up to school age.

The check growth, weight and height at the check ups and they are done at individual stages, such as 6-8 weeks of age, 7-8 months, 18-24 months 2\ 1\2-3\1\2.

Parents receive a letter through the post to let them know when their child is due for a check up, the check ups called screening test and the child hearing and eyesight are regularly checked also.

From 7-8 months the screening test also look at the child hearing and physical development, [E.G- are they crawling yet], intellectual development, [E.G- bib means that food is coming ], social development, [E.G child can manage to feed themselves with fingers].

They are the main areas that are covered by the screening test through the child's attendance at the clinics.

## Exemplar materials for Unit 1 – mark band 1

### **Family Planning Service:**

The family planning service offers free and confidential advice sex, and contraception. You can speak to doctors about any worries or concerns that you may have about issues relating to sex.

They provide you with information about what types of contraception are available such as the pill, coil, diaphragm, and condoms.

You can also get information about sexually transmitted diseases [S.T.D's] such as syphilis, gonorrhoea, or HIV infection.

When you visit the family planning clinic you will be regularly checked for high blood pressure and your weight is checked also, this is to ensure the doctor that you are in good health.

### **Speech + Language:**

This service is provided to the children who's speech language need a little help.

This may be because they are not speaking very well, may have a lisp or stutter, or they may not be talking very fluently.

They assess a child's speech, tongue and mouth movement and effects of these on eating and swallowing. They provide exercises and activities both to develop all aspects of children's expressive communication skills and encourage language development.

### **Mother and baby support groups:**

This can be run by health visitors and midwives and the support group is set up to provide support to mothers and babies.

The group offers help with breast-feeding and problems associated with breast-feeding, diet, nutrition, advice about feeding your baby, weaning baby massage.

The group is also there to enable mothers with young babies to meet other mothers and babies.

They are able to talk and interact, offers help and advice to each other and their babies can also know each other.

## Exemplar materials for Unit 1 – mark band 1

### Doctor surgery:

The doctor surgery that is attached to central clinic, is a local surgery with two doctors and it is available to people in the area.

They will need an appointment to see the doctor and they have taken further training in general practise. They are independent professionals who are under contract with the national health service, but they are not employed by them.

They offer help, advice medicines [prescription].

When you visit the doctor you tell them what's wrong with you and if necessary the doctor may check your blood pressure, weight, temperature, and the doctor will provide you with the best course of action whether that be medicine, tablets, antibiotics or something that you need to change yourself such as change of diet the doctor can also request blood test, x-ray's and he can refer to other specialists such as physiotherapists, occupational therapist, dieticians psychologist, social workers, gynaecologist paediatrician, health visitor and midwives.

The doctor is the first person you can see when you think you may be pregnant and he/she will make sure you are and then he, will refer you to a midwife, but you will also see the doctor throughout your pregnancy.

The doctor also carries out immunisation's.

### Dentists:

The dentist that is attached to the central clinic is for children aged 3-16 years of age.

It offers free treatment and advice on care of your child teeth, brushing your teeth, what to avoid[E.G sugary drinks] .

The dentist will check examine children's teeth let you know if there are any problems, the dentist also can clean, fix cavities and other problems they may be associated with children's teeth.

Checks ups are usually every six months and this will ensure advice and treatment is given to combat dental caries [tooth decay].

People who  
work at  
the clinic

A Nurse

A Speech and Language Therapist



## Exemplar materials for Unit 1 – mark band 1

### Nurse:

#### Description of the nurse:

The nurse looks after people who are unwell or who, for some other reason [such as pregnancy or a learning disability] need special care. They are involved in the planning of care for their clients, they also work in a variety of settings, such as hospitals, community health centres and patient's own home.

Although some nurse [e.g. district nurse] spend a large amount of time working on their own direct contact with patients, all nurse are part of the wide health team. This includes other nurse, health care assistant, doctor, occupational therapists, physiotherapists, social worker and many others

Nurse responsible for planning and putting practice the complete nursing ,care on their patients.

Whatever the setting or problem, nurse assess patients' need and draw up I care plan. They observe the effectiveness of care and change the care plan accordingly

Some nurse concentrate on health promotion work. For example, they might help patients to keep or regain their independence, which allows them to continue living at home.

Nurse specialise in one of four areas:

Adult nursing

Mental health nurse

Learning disabilities nursing

Children's nursing

#### **Qualities/Skills:**

You have to have good communications skills. This is partly so that you can work effectively in a team, and partly so you can listen to patients, respond appropriately to what they say, and explain things clearly.

Technological advance in some areas mean that an interest in science, and an understanding of how the body and mid work, is essential.

## **Exemplar materials for Unit 1 – mark band 1**

Carrying out physical care in some areas requires practical ability, good observational skills and physical fitness.

Nurse must be resourceful, mature and tolerant enough to cope with demanding patients and other different situation. It is important that you are flexible that can use your initiative and have good understanding of the organisation you work for.

### **Pay/opportunities**

In this N.H.S, Qualified nurse salary is £16,005 a year

Experienced staff nurse earn £17,105-£20,655 ward sisters and community nurse earn £18,970-£26,340 a year depending on responsibilities. Senior nurse with management/teaching qualifications can earn in the range. £25.005-£32.7260. A years

Nurse work a basic 37.5- hour week. Shift is usual. Some employers offer flexitime working, and overtime is common.

Most nurses work in the N.H.S [in hospitals and in the community]. Other employers are the armed forces, education establishments, private health care provides, the prison service and industry.

There are also oppotunities to work overseas [some countries require additional qualifications].

### **Entry routes/training:**

The minimum age on entry to nurse training is 17.5 years [17 years in Scotland]. You must be at least 16 when you apply.

To qualify as a nurse, you must have either a diploma of higher education in nurse or a degree in a nursing subjects.

Diploma courses are three years long. The content is half-supervised nursing practice. Degree course are three or four years long, with the same balance between theory and practice as a diploma course.

## Exemplar materials for Unit 1 – mark band 1

On either a diploma or degree course, you'd complete the common foundation programme [C.F.P] in the first years of the course. The CFP focuses on health maintenance and disease prevention, essential care skills and practical.

In some institutions, less time is spend on CFP to allow more time in branch training.

In the second and third year of your degree or diploma, you would follow on of the four branches of nursing:

Adult nursing

Children's nursing

Mental health nursing

Learning disability nursing

Diploma and degree programmes are also available to qualify as a midwives. In order to become a district nurse or occupational health nurse, you have to qualify first by one of the above routes, and then take additional specialist training.

The National Health Service [N.H.S] has introduced cadet schemes to widen access to nurse careers.

Cadet schemes enable people to gain the skills and qualification, within a health care setting, that they need to enter pre-registration [a degree or diploma of higher educational].

Most cadet schemes take up to two years to complete, usually leading to NVQ level 3 in care [which can enable you to enter a diploma in higher educational in nursing course].

There are a number of cadet schemes around the country, and they vary in teams of content, qualifications awarded and enter requirements. Some do not require formal qualification for enter but look for evidence of other skills.

## **Exemplar materials for Unit 1 – mark band 1**

This career is an exception to the rehabilitation of offenders act, 1974. This means that you must supply information to an employer about any upset convictions, reprimands or warning, if they ask you to.

This is different from other careers, where you only have to reveal information on unspent convictions if they are asked to.

## Exemplar materials for Unit 1 – mark band 1

### Study and Training

Training optional at 16+ -full time educational

Training optional at 18+ -full time educational

### Qualifications

For a diploma of higher educational in nursing course, the minimum entry requirements are 5 G.C.S.E S [A-C].

Many colleges specify particular subjects as English, Maths or science.

Entry may also be possible with alternative qualification such an intermediate GNVQ plus one G.C.S.Es, a vocational A level, or a relevant NVQJ.evel 3 or Edexcel [BTEC] national qualifications. For enter to a degree course, most institution ask for at least

### Further information:

AGCAS: Medicine, nursing course, the minimum entry requirement are 5 GCSEs [A-C].

Career in nursing and related profession by L Nazarko. Kogan page Ltd [careers in series]

Getting into nursing and midwifery by J Higgins and co Ltd.

NMAS: how to apply. UCAS [nursing and midwifery Admission service].

Working in: nursing Connexions

Working with: people Connexions

### Contacts:

Florence nightingale foundation, suite 3, 38 Ebury street. London SW1 OLU. [Most suitable for enquirers aged 18+]

Telephone: 0207 730 3030

Email: admin @florence-nightingale-foundation.org.uk

Website: [www.florence-nightingale-foundation.org.uk](http://www.florence-nightingale-foundation.org.uk)

## Exemplar materials for Unit 1 – mark band 1

Health profession Wales, the information offer 2nd floor, Golate House, 101 ST Mary street, Cardiff CF10 1DX

Telephone: 029 2026 1400

Email: [info@hpw.org.uk](mailto:info@hpw.org.uk)

Website: [www.hpt.org.uk](http://www.hpt.org.uk)

Health careers, PO box 376, Bristol BS99 3E9

Telephone: 08456960655

Email: [advice@nhscareers.nhs.uk](mailto:advice@nhscareers.nhs.uk)

Website: [www.nhs.careers.nhs.uk](http://www.nhs.careers.nhs.uk)

NHS candidate unit, 22 Plymouth road, black pool lance FY3 7JS

## Analysis of Questionnaire

The nurse who answered my questions started off as an ordinary nurse. She took extra exams to be a health visitor. She is still training, because things are always changing.

### Skills

- She needs many different skills.
- Communication skills are the most important.
- Able to teach people

### Qualifications

- University degree 3 years training.
- Nurse training
- Health visitor training

### Care Values

- Access to race relation policy
- Standards of care delivery
- Patient group directives
- Quality audit
- Clinical governance

Care values are used every day in her work with people

## Speech Therapist:

A speech therapist, is an expert in communication disorder.

I have asked what the job she does is. I found out

- She works in a health centre but she could be in a hospital. Sometimes she visits patients homes.
- She finds out what is wrong with people.
- She tries to make them better with sort of exercises.
- 800,000 people have such bad speaking that only their family can understand what they say.
- She sometimes works with people who have problems swallowing and eating.

A speech therapist works with

**Babies** ..... swallowing problems

**Children** ..... slow to learn to learn to speak  
problems with some sounds e.g. says f instead of s  
no roof of the mouth so can't make proper sounds (cleft  
palate)  
stuttering  
behaviour problems that stop children speaking

**Adults**..... after a heart attack when the person has to learn to talk  
Again.  
Old people with mental problems who forget words  
Cancer....after throat or mouth operations  
Hearing and speech problems.  
Voice problems

One of my teachers has voice problems and can't talk loud enough for the candidates to hear. She goes to a speech therapist. She has to wear a microphone like the pop stars have on T.V.



People who

go to

the clinic

A Mother

A Young Child

## Case Study

Marvin Mollon And speech therapist

### Background:

- Marvin mother was a bad mother. She has mental problems she took drugs she left marvin by himself. He was hours in his cot. He got wet and hungry. He cried a lot
- She did not talk to Marvin. He did not learn to speak.
- When he was 4-month Marvin could only cry and grunt. He didn't know how to laugh or catch a ball. He had sores on his skin.

### Action:

- Marvin went into children's home. Doctors made his skin better.
- The speech therapist said marvin needed to learn to speak by going through all the baby stages.
- She showed the staff what to do.

### Results:

- Soon Marvin learned to laugh when he was tickled
- Soon he made sounds that sounded like talking but didn't make sense
- Staff pointed to things and said I hear there name
- He could say bit for biscuit. Cho for chocolate, key for key
- Soon he words got clear
- He can now speak properly with words together like -'I want telly'

### Conclusion:

Marvin is 9 he goes to school. He has been fostered.

The speech therapist visits Marvin at home and talks to his mother.

## Exemplar materials for Unit 1 – mark band 1

### Analysis the Questionnaire

I have given my sister a questionnaire to answer for me she has filled it in and answer all the questions on the paper. So as from all thought questions I can the analysis some of the questions on the paper.

My sister is happy with the midwife and she is also happy about that whenever she needs the clinic, she only has to go 10 minutes walk to the clinic.

She is happy about that the midwife helped her thoughtout the pregnancy.

She is also happy too about that when the midwife helped her along the delivery, she keep saying to take in air and gas.

The midwife has to come along to your house so she can keep a check up on the baby. She looks to see if the baby is being well looked after. She also looks to see if the baby is being keep fresh and clean and see if the baby is also being cared for too. She also looks on the health and well being of the baby as well to see if the mother is coping with the baby. She sees if the mother can handle the baby properly and she also looks to see if the baby is not in any harm in any way and also see if the baby is in a safe environment. She also checks on if the baby is putting on weight and is growing to her standard.

When my sister goes to the clinic she used to clinic not just for herself she also used it for her baby as well. She know that she can just pop in and see the doctor if she is worried about anything. The staff are busy but the doctor midwife like to see every one in the surgery.

Here is a list to tell you who workers there:

Health visitor

Doctor

Receptionists

Cleaners

Speech language therapist

## Exemplar materials for Unit 1 – mark band 1

### **The Delivery**

My Sister's midwife was in hospital to help her deliver the baby. The midwife also weighed the baby half an hour after birth.

When the baby is born it stayed on the delivery suite until there is a bed available for the mother and baby to onto the ward. My sister had her baby in the hospital she stayed in hospital for just about 1 1-2 half days. Her baby was in a cot when she was born although her baby was 41 weeks gestation

### **After Care**

When my sister came home from hospital

How  
People  
are  
referred to  
the clinic  
A Mother  
A Child

## Exemplar materials for Unit 1 – mark band 1

### A mother

My sister went to the doctors when she was pregnant. The doctor told her to take her baby to the clinic when it was born.

It is easy for her to get to the clinic because it is close to her house.

The people at the clinic were friendly and helped me when I went to see them about my assignment.

My brother-in-law took me to the clinic in the car because it was raining. We had no trouble parking.

### A Child

The health visitor was worried about Marvin. She went to visit him at home. She told Marvin's mother to take him to the clinic to see the Speech therapist.

The speech therapist was very kind and spoke quietly. She understood why Marvin had problems speaking.

Marvin's Mum did not want him to go to the clinic at first.

The clinic is a very helpful place and the people are very nice.

## Exemplar materials for Unit 1 – mark band 1

### Bibliography

Edexcel Health and Social Care book

Harvey Jarvis - Receptionist

Stephanie Barns - Health Visitor

Saeeda Ahmed - Speech Therapist

My sister

Kudos

## Exemplar materials for Unit 1 – mark band 1

### Timetable

#### Monday

9.00 -10.00 -Health Visitors available for advice

8.30 -09.00 -District Nurses available for advice

9.30 -12.30 -Chiropody

1.30 - 4.00 -Chiropody

4.00 - 4.30 -Health Visitors available for advice

#### Tuesday

9.00 -10.00 -Health Visitors available for advice

8.30 -9.00 -District Nurses available for advice

9.30 -12.30 -Chiropody

9.30 -12.30 -Well Baby

1.30 -4.00 -Chiropody

9.00 -4.00 -Childrens and Special Needs Adults Dental

5.30 -7.30 -Family Planning and Cytology (please ring the clinic for an appointment)

#### Wednesday

9.00-10.00 - Visitors available for advice

8.30 -. 9.00 - District Nurses available for advice

9.30 - 12.30 - Chiropody

1.30 -. 4.00 - Chiropody

1.30 -4.40 -Hearing Aid Repairs (2nd in month)

2.00 -4.00 -Hearing Help (2nd in month)

5.30 - 7.30 - Family Planning and Cytology (please ring the clinic for an appointment)



## Exemplar materials for Unit 1 – mark band 1

### Thursday

9.00 -10.00 -Health Visitors available for advice

8.30 -9.00 -District Nurses available for advice

9.30 -11.30 -Chiropody

9.30 -11.30 -Well Baby

1.30 -4.00 -Chiropody

### Friday

9.00 -11.00 -Health Visitors available for advice

8.30 -9.00 -District Nurses available for advice

9.00 -4.00 -Childrens and Special Needs Adults Dental

9.30 -11.30 -Family Planning and Cytology (1st and 3rd in month -(please ring the clinic for an appointment))

9.30 -11.30 -Chiropody

1.30 -4.40 -Chiropody

### *Questionnaire*

**1 Are you a public, private, voluntary, not for profit organisation**

*Public clinic*

**2.What is your main role at the clinic?**

*Family Planning Services*

*Baby Weighing/Milk Sales*

*Speech and Language*

**3.How do you deliver the different services?**

*Departmental*

**4.How is your organisation funded?**

*NHS*

Signed           Stacey Truman           Date           24-03-05

**Questionnaire for care worker - The role of the nurse**

**1. What is your main role at the clinic?**

*Health visitor, community practise teacher*

**2. Skills do you need to do the job?**

*Communication, skills, nurse training*

**3. How did you get the skills needed for the job?**

*Attended university*

**4. What qualifications do you need to do the job?**

*Registered nurse, registered health visitor teaching qualification*

**5. How long did you need to train to become a nurse?**

*3 years (initially)*

**6. Do you still continue to train?**

*Yes*

**7. How do you apply the care values?**

*Daily with client contact*

**8. How does the clinic ensure the care values are applied?**

*Access, race relation policy standards of care delivery,*

*Patient group directives.*

*Quality, audit, clinical governance.*

Signed .....*Stephanie Barnes*..... Date *24/03/05* .....

Kate Harrison

Visited

Acacia Clinic

On

*24<sup>th</sup> March 05*

and spoke to

*Stephanie Barnes*

Signed *Stephanie Barnes*  
Job *HV/CPT*

Kate Harrison

Visited

Acacia Clinic

On

*24<sup>th</sup> March 05*

and spoke to

*Francis Burton*

Signed *Francis Burton*  
*Job Receptionist*

Kate Harrison

Visited

Acacia Clinic

On

*24<sup>th</sup> March 05*

and spoke to

*Stacey Truman*

Signed *Stacy Truman*

Job *Speech Therapist*



# **Commentaries — mark band 1**





## Unit 1 – mark band 1

### Assessment evidence – Unit 1: Health, Social Care and Early Years Provision

<p>You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:</p>	
a	<p>what services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.</p>

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 13 marks	<ul style="list-style-type: none"> <li>a basic description, using a limited range of information sources, which identifies the type of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; the main sources of funding; their geographical location.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a clear description, using primary and secondary information sources, of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; a range of relevant sources of funding; their geographical location.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive description of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; an explanation of the relevant sources of funding; their geographical location. The candidate should use appropriate information from a wide range of sources, comparing and contrasting where appropriate.</li> </ul>	10-13	4

#### Moderator comments

The report is based on a central health clinic. The candidate has provided a good description of the range of services provided. A map was included but the location of the clinic has not been indicated. There is very limited information on the sector and the funding.

**This part of the work is in mark band 1 and has been awarded 4 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

b your understanding of the skills and values required for care or early years work and the jobs which workers do.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>using limited information sources, a basic description of two main job roles within the chosen organisation, showing how the basic skills are acquired and giving an example of how the values necessary for care or early years work are implemented.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>using primary and secondary sources of information, an accurate description of two main job roles within the chosen organisation, explaining how the basic skills are acquired, describing the importance of the values necessary for care or early years work and giving at least one example of how these are implemented by either a worker or the organisation.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>using wide-ranging and relevant sources of information, comprehensive description two job roles within the chosen organisation, explaining clearly how appropriate skills can be acquired, describing the importance of the values necessary for care or early years work and giving relevant examples of how they are implemented by both workers and the organisation.</li> </ul>	10-13	4

#### Moderator comments

The candidate has looked at two job roles – a nurse and a speech therapist. Although the job roles are described, they are not specifically related to the health clinic described in (a). Although there is information on skills and training for the nurse, there is only limited information on the speech therapist. There is very little information on care values and how they are implemented.

**This part of the work is in mark band 1 and was awarded 4 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

- c how well these services meet the different needs of two people who use them.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) A02 12 marks	<ul style="list-style-type: none"> <li>the candidate can, with guidance, identify and describe the main needs of two different people who use the services offered, stating how the provision is organised and delivered in order to meet their requirements.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>the candidate can identify and fully explain the needs of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>the candidate can comprehensively identify and explain the current needs and predict any likely future requirements of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements, identifying any gaps and making suggestions for improvement.</li> </ul>	9-12	3

#### Moderator comments

This part of the report is based on two different clients – a young child and a pregnant woman. Their needs are identified implicitly and are related to specific care workers, in this case the speech therapist and the community midwife. The work lacks organisation and coherence.

**This part of the work is in mark band 1 and has been awarded 3 marks.**

**Your report must also show:**

d how these two people access the variety of services they need and the things which may prevent them from obtaining services.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) AO2, 3 12 marks	<ul style="list-style-type: none"> <li>using limited information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing the main obstacles that may prevent them from obtaining services. The candidate makes a simple evaluation of access to the services.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>using a variety of information sources, that the candidate can clearly explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate evaluation of access to the services.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>using a wide range of information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate and thorough evaluation of the effectiveness of access, suggesting some solutions to improve effectiveness.</li> </ul>	9-12	3

**Moderator comments**

The candidate has attempted to explain how the two people in (c) were referred to the services. There is limited information on access and barriers to access. The work for (c) and (d) is restricted by the candidate attempting to link it to the two workers rather than looking at the clinic services in general.

**This part of the work is in mark band 1 and has been awarded 3 marks.**

<b>Candidate Unit Mark</b>	<b>14</b>
<b>Total Unit Mark</b>	<b>50</b>

## **Exemplar materials – mark band 2**



**Stephen Harvey**

**Bakeford Sixth Form College**

**An investigation and report about Newtree Hospital**

**Unit 1 Health and Social Care and Early Years  
Provision**

**GCSE Health and Social Care Double Award**

**Contents Page**

- 1 A map showing the position of Newtree Hospital
2. General information about Newtree hospital
3. A plan of Newtree Hospital.
- 4-8. Services that are provided by Newtree Hospital.
9. Organisation of the National Health Service.
10. A Description of the Organisation in the National Health Service.
11. The map of the Strategic Health Authority.
- 12-13. Information about the Strategic Health Authority.
- 14-15. How Newtree Hospital is funded.
- 16-17. The role of a Physiotherapist.
18. The role of a Nurse.
19. Qualifications needed to become a Nurse.
20. The care value base.
- 21-22. How well the services at Newtree Hospital meet the different needs of two people who use them.
- 23-24. The ways people can be referred to the services at Newtree Hospital.
25. Three barriers that have prevented the two people and other people from obtaining the services at Newtree Hospital.
26. Evaluation of how easy or difficult it is to access the services at Newtree Hospital.
27. Resource list for unit 1.



### General information about Newtree Hospital

#### *Address provided, also a map of location*

I am going to be investigating Newtree hospital. The hospital is in Essex just off the Hastings Road the hospital is right next to the ice rink and also right next to the brewery

Newtree Hospital is a statutory care sector and is part of NHS. The NHS was set up by a man called Nye Bevan in 1948. He set the NHS up because he wanted free health care for everyone when they need it.

There are three main parts to the NHS

- 1) Primary care services e.g. G.P
- 2) Secondary care services e.g. Newtree Hospital
- 3) Public health services e.g. Immunisation, MMR

Newtree Hospital is part of Havering, Barking, and Redbridge Hospitals NHS Trust. It has four main sites, Barking, Harold Wood, King George and Newtree.

These are some of the secondary care services that are provided by Newtree Hospital

- Consultations
- Operations
- Treatment
- A+E
- Rehabilitation

#### *Plan of hospital included*

## Exemplar materials for Unit 1 – mark band 2

### Services that are provided by Newtree Hospital

Accident & Emergency

Anticoagulant Service

Audiology

Bereavement

Cardiac Rehabilitation

Cardiology/Respiratory

Cashiers

Childrens Home Care Team

Chronic fatigue syndrome

Clinical diagnostic unit

Clinical Trials

Colorectal department

Colposcopy

COPE (Community Orthopaedic Project in Essex)

Diabetes

Endoscopy

Epilepsy

Finance & Capital Planning

Gastroenterology

Healthcare Records

Human Resources

Library Services

Medical Physics

Neurology -Multiple Sclerosis CNS

## Exemplar materials for Unit 1 – mark band 2

Neuropathology

Nuclear medicine

Nutrition

Oncology

Osteoporosis

Outpatients department

Outreach Service

Pre-Operative Assessment & Cancelled Operations Project Office

Radiotherapy -Outpatients

Radiotherapy Treatment

Works and Maintenance

X-Ray

### More details about some of the services provided by Newtree Hospital

#### Accident and Emergency

The Accident and Emergency department is open 24hours a day and treat patients who have recently had accidents or who suddenly been taken ill. Newtree hospital has a dedicated team of doctors and nurses who can diagnose and treat your problem.

#### The Triage Nurse who undertakes an initial assessment

The triage nurse is an experienced nurse who undergone a lot of training. The training that they do enable them to assess your condition and place you in one of the priority groups listed below.

##### Priority **RED** (1)

Priority red is if you are very ill or seriously injured and you are requiring treatment because of life threatening conditions. They see these patients immediately.

##### Priority **ORANGE** (2)

Priority orange is if your injury or illnesses need to be treated very urgently but whose lives are not in immediate danger. They aim to see these patients within 10 minutes of arrival although the waits can be longer at busy times.

##### Priority **YELLOW** (3)

Priority yellow is for patients with serious problems but who are in a stable condition. They aim to see these patients within 1 hour although the waits can be longer at a busy time.

## Exemplar materials for Unit 1 – mark band 2

### Priority GREEN (4)

Priority green is for patients who injury or illness or injury is less severe and can wait safely for over an hour. They aim to see these patients within about 2 hours.

### Priority BLUE (5)

Priority blue is for patients with an illness or injury whose conditions is unlikely to deteriorate. They aim to see these patients within 3 and a half hours although the waits can be longer at a busy time

### The department has four areas in which to care for patients.

- Resuscitation: for patients requiring immediate medical and nursing attention.
- Majors: for patients who need an in-depth physical examination.
- Minors: for patients with minor injuries.
- Children: all patients under the age of 16 are treated in this area.

### Multiple sclerosis

Available for people with confirmed diagnosis of Multiple Sclerosis and who are under the care of a consultant neurologist.

This means that if the patient has been diagnosed with multiple sclerosis they can go to a nurse led clinic. These are run on a Monday afternoon and a Tuesday morning. There is a consultant run clinic on a Wednesday morning.

### cardiac rehabilitation

Service description: Cardiac rehab is offered to patients following myocardial infarction (heart attack), heart surgery or angioplasty. The aim is to help patients and their families in their recovery and return to full function by giving advice and support in reviewing lifestyle to help reduce risks of further cardiac events

### Patient Advice and Liaison Service

The new Patient Advice and Liaison Service aims to:

- Advise and support patients, their families and carers
- Provide information on NHS services
- Listen to your concerns, suggestions or queries
- Help sort out problems quickly on your behalf

Being a patient, relative or carer of somebody who is unwell can be worrying or confusing.

Sometimes you need to turn to someone for help and advice PALS will provide confidential, on-the-spot support; helping you to sort out any concerns you may have about care and guiding you through the different services available from the NHS.

Helping with any concerns, giving you the information you need.

PALS can provide help and information over the telephone or you can arrange to meet in person.

## Exemplar materials for Unit 1 – mark band 2

You can talk to PALS in the strictest confidence.

They act independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, other organisations.

The service is confidential

### Chronic fatigue

Service description: diagnoses chronic fatigue syndrome and offers advice on managing the illness in various ways. Have facilities for six inpatients with chronic fatigue syndrome.

Services include -medical investigations, occupational therapy, physiotherapy, counselling, dietician, and access to neuropsychology and psychiatric services.

Treatment is either on a one to one basis or within a group setting and incorporates a Lifestyle Management Programme Approach, utilising principles of cognitive behavioural therapy and solution-orientated techniques.

### out patient

The department provides consultation, investigation and treatment within all specialties to patients who have been referred by their GP or other health care professional. We undertake some minor ops and day case procedures. Phlebotomy and surgical appliances are situated within. These departments, however, are not managed within Outpatient services.

When I visited outpatients it was very busy and there were people waiting for quite a long time.

## Organisation of the National Health Service

*A chart of the organisation of the national health service was included*

### A Description of the Organisations in the National Health Service

#### Department of Health

The aim of the department of the Department of Health (DH) is to improve the health and wellbeing of people in England. Their web site explains DH's work, structure and responsibilities.

Here is a list of the six ministers in the Department of Health:

Rt Hon John Reid, Secretary of State

John Hutton, Minister of State for Health

Rosie Winterton, Minister of State

## Exemplar materials for Unit 1 – mark band 2

Lord Warner of Brockley, Parliamentary Under Secretary for Public Health

Stephen Ladyman, Parliamentary Under Secretary of State for Community

### Strtegic Health Authorities

28 Strategic Health Authorities were created by the Government in 2002 to manage the local NHS on behalf of the secretary of State.

- Developing plans for improving health services in their local area.
- Making sure local health services are of a high quality and are Performing well.

'Strategic Health Authorities manage the NHS locally and are a key link between the Department of Health and the NHS'. This quote is from the National Health Service website.

*A map of north east London NHS hospital positions was included.*

Newtree Hospital is a part of North East London Strategic Health Authority

Chief Executive: Ms Carol Redfurn  
North East London Strategic Health Authority,

XXXXX XXX House  
81 XXXXXX Road  
London  
EXXX XXX

### Special Health Authorities

The NHS has a 24hour confidential helpline with trained nurses ready to speak to you 0845 4647 you can speak to a trained nurse any time in the day or night and you can ring anywere in England. There is a direct online website which is [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) and this provides imformation about illness and treatment.

### Primary Care Trusts

PCTs must make sure there are enough services for people in their area and patients can visit them without diificulty. They must also make sure that all other health services are provided, including hospitals, dentists, opticians, mental health services, NHS Walk-In-Centres, NHS Direct, patient transport (including accident and emergency), population screening, pharmacies and opticians. They are also responsible for getting health and social care systems working together to the benefit of patients

## Exemplar materials for Unit 1 – mark band 2

This is the name of the chief executive and the name and address of the PCT

Chief Executive: Ms HXXXXX AXXXX

*Address included*

This is the name of the chief executive and the name and address of the PCT

Executive: Mr RXXXX McXXXX

*Address included*

## Exemplar materials for Unit 1 – mark band 2

### Ambulance Trusts

There are 33 ambulance services covering England.

You call an ambulance with the emergency number 999 and then you tell them the address or place you are situated and they will come and find you and then they take you to the closest hospital to Accident and Emergency.

The NHS is also responsible for providing transport to get patient to hospital for treatment. These ambulances will take you to the outpatients department.

### Mental health trusts

Mental Health Trusts provide health and social care services for people with mental health problems.

More specialist care is normally provided by Mental Health Trusts or local council social services departments. Services range from psychological therapy, through to very specialist medical and training services for people with severe mental health problems.

### NHS Trusts

Hospitals are managed by NHS Trusts, which make sure that hospitals provide high quality health care, and that they spend their money efficiently

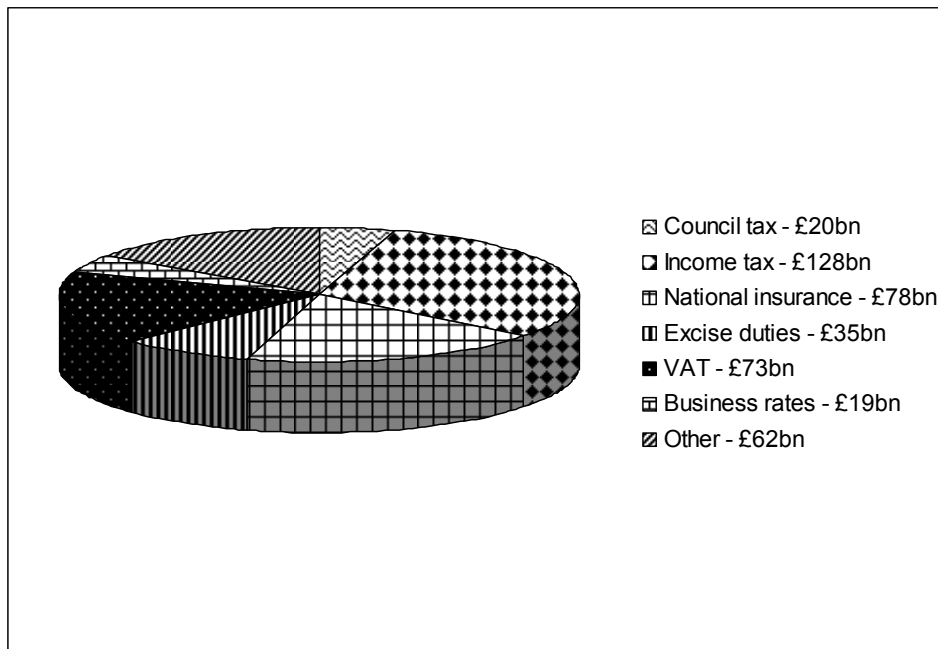


**How Newtree Hospital is funded**

Newtree Hospital is part of the NHS and is therefore funded by the government. The government collects 80% of the money through different types of taxes. The main types of taxation are in the first column of the following chart.

Types of Taxation	Amount of money the government gets from the taxes each year
V.A.T (value added tax)	£73 Billion
Income tax	£128 billion
Corporation tax	£35 billion

The second column shows the amounts collected by the government in 2004. These figures were taken from the pie chart below from the budget summary HM treasury.



Three other ways of funding the NHS come from national insurance contributions, charges such as prescription charges and dental charges and other revenue from, for example, the sale of land.

Newtree Hospital is one of the hospitals of the Barking, Havering and Redbridge NHS Hospitals trust. The Trust can also raise money by organising fundraising and by taking private patients who pay the full cost of their treatment.

## Exemplar materials for Unit 1 – mark band 2

	£000
<b>Primary care trust</b>	(246,780)
<b>Paying patients</b>	(2,733)
<b>Road traffic act</b>	(1,017)
<b>Education training and research</b>	(12041)
<b>Other income</b>	(22,883)
	(285,454)

Primary care trusts		£'000
Havering pct	90,890	37%
Barking and Dagenham pct	55,638	22%
Redbridge pct	59,101	24%
Billericay, Brentwood and Wickford pct	19,377	8%
Other London PCTs	11,799	5%
Other Essex PCTs	5,499	2%
Other PCTs	4,476	2%
	246,780	100%

Newtree Hospital also get money from donations this is how much the trust received £341,000

Here is a few examples of the donations the hospitals have received

Newtree league of friends	£31,600	medical equipment for Newtree Hospital
Sands junior school	£5,400	to benefit the Newtree children's ward
Barking Dagenham chamber of commerce	£5,000	to benefit the radiotherapy unit at Newtree
Mrs Rabbin	£2,000	to support the radiotherapy unit at Newtree

Caring job roles at Newtree Hospital and the skills and values required

## Exemplar materials for Unit 1 – mark band 2

### The role of a Physiotherapist

Physiotherapists specialise in treating physical problems caused by accidents, illness and ageing particularly, Working with doctors, nurses and other allied health professionals, they play a key role in rehabilitation (getting people back on course)

They treat injuries, illness and other conditions using manipulation, massage, therapeutic exercise, electrotherapy, ultrasound, acupuncture and hydrotherapy to prevent damage, relieve pain and help with rehabilitation.

Here are some examples of some of the areas Physiotherapists work includes:

- Spinal and joint problems.
- Accidents and sport injuries.
- Work with patients who are bedridden or in intensive care, to keep their limbs mobile and chests clear of fluid.
- Record keeping, writing reports and collecting patient statistics are vital tasks for a physiotherapist, as if effective liaison with other health care professionals.

Ben who is a physiotherapist at the hospital he has worked with different age groups from premature babies to teenagers with sports injuries. At present he is 'attached' to the geriatric wards, working with elderly people and this means that he tends to deal with more than one condition with each patient e.g. limited mobility and problems with breathing.

### Hand over meetings between Ben and the nurses

Every morning there is a handover from the nursing staff. The meeting lasts about thirty minutes and is an update of what has happened during the night. Nurses are at work twenty four seven but Ben the Physiotherapist only works with one patient for part of the day and the nurses have to keep an I on the patient and tell him if anything may affect the type of treatment that he had ready for that day.

### The multi-disciplinary team who work on the patient care plans

Ben is part of a multi-disciplinary team, which means that Ben works with people from other areas in the hospital such as occupational therapist, nurse, consultant on the ward and social worker. They all discuss each patient's health plan.

Ben makes certain goals for each patient e.g. in one months time the patient will be able to sit upon the bed. Ben therefore asks the nurse ideally if you have time sit Charlotte on a chair each day to get pressure on her body.'

If the team is planning to discharge a patient, equipment has to be discussed e.g. special mattress. Ben will be asked what he thinks that the patient needs. Ben is then an autonomous professional-Ben makes the decisions by himself

## Exemplar materials for Unit 1 – mark band 2

### Training whilst working

Ben must keep an up-to-date portfolio of continual professional development. Ben attends courses e.g. respiration and problems with lungs.

Ben also learns from other more experienced colleagues. Ben will make notes and this record will go in his folder.

### **Training which is required to become a registered physiotherapist**

#### Entry requirements

To become a registered physiotherapist you need five GCSEs (or equivalent), including at least two sciences, and a minimum of three A levels. Alternatives to A levels are also considered, including BTEC or GNVQ.

#### Training programme

The training consists of a recognised three or four year university-based course leading to a BSc in physiotherapy. The physiotherapist would then be eligible for state registration, which is essential to working as a physiotherapist in the NHS. The training will be a mixture of theory - including subjects such as anatomy, physiology, physics, pathology and psychology and practical work in a wide range of clinical areas.

## Exemplar materials for Unit 1 – mark band 2

### The role of a Nurse

An adult branch nurses main concern is caring for patient's aged 16 and over, Their patients may be sick, injured or have physical disabilities. Nursing patients involves:

- Understanding their illness or injury.
- Planning and delivering treatment care. .
- Observing recording.
- Responding quickly to any changes in their condition.

Nursing is challenging and demanding work, but it is a rewarding career with great job satisfaction and excellent career development prospects.

### The role of Anne a registered ward nurse

Anne is a registered nurse and her daily routine of her job is in shifts:

Earlies	7.30-4.00
Lates	12.30-9.00
Nights	8.00-8.00 (usually rotation by all staff on the ward)

She has two days off a week but they are not always at the weekend

She works with two other nurses on a surgical ward and they have a variety of levels of staff to provide an adequate skill mix.

This includes:

- Health care assistants
- Candidates (various levels of training)
- Qualified staff nurses
- Senior nurse/ charge nurse

### Example of pattern of an early shift

Anne will usually arrive on the ward at 7.30 then she will handover, which is confidential to staff. Night staff will hand over care of their patients using written records. This includes discussing their overall condition, any changes in treatment medication and how they have been overnight. At this time any new patients who are being admitted or plans for the day are discussed. Handover happens at the beginning of every shift.

Anne will then be given the names of any new patients. Anne will have several patients to attend to completely during their shift. She is 'named nurse' for those patients

## Exemplar materials for Unit 1 – mark band 2

### Qualifications needed to become a nurse

There are two choices to qualify to become a nurse these choices are:

#### Diploma of higher education. Nursing

Diploma, which involves half theory and half of supervised nursing the whole course, takes three years to finish. You can also do this course part time but it will take longer to finish

#### Degree in nursing

Degree in nursing the work again is half theory and half practice and it also takes three years to finish the course. You can also do this course part time but it will take longer to finish

After a year of doing either of these courses you can choose which branch of nursing you would like to go into here are a list of the branches you can go into:

- Adult nursing
- Mental health nursing
- Children's nursing
- Learning disability nursing

## Exemplar materials for Unit 1 – mark band 2

### The care value base

Care value beliefs about the correct ways to treat patients or clients.

These examples of care values that care workers such as nurses, physiotherapists and occupational therapists should follow:

1. Promoting anti-discriminatory
2. Maintaining confidentiality of information
3. Promoting and supporting individuals' rights to dignity, independence and safety
4. Acknowledging individuals' personal beliefs and identity
5. Protecting individuals from abuse
6. Promoting effective communication and relationships
7. Providing individualised care

Here are some examples of how Ann the nurse follows the care value base.

Ann doesn't gossip to her friends and family about the patient and this links in with number 2 this is that Ann maintains confidentiality of information.

Ann doesn't make a fuss when a patient has a toilet accident in bed and this links in with number 3 by supporting individuals and giving them rights of dignity.

Here are some examples of how Ben the physiotherapists follows the care value base.

Ben will ask them if they want to be called by their surname or their first, name this links in with number 4 because he is acknowledging his personal identity.

Ben only asks his patient to remove items of clothing that are essential for the treatment this links in with number 3 because Ben promoting the patients rights to dignity.

## Exemplar materials for Unit 1 – mark band 2

### How well the services at Newtree Hospital meet the different needs of two people who use them.

A six-year-old girl who has had lots of tonsillitis infections. She has made many visits to her GP who has prescribed antibiotics. These don't have much effect which means she is in a lot of pain. This means that she is missing school. Her GP decided to refer her to Newtree Hospital to see if they think she should have her tonsils taken out.

### What are her needs and how did the hospital deal with them?

#### Physical

She needs something to stop with the pain so the nurse will give her some stronger painkillers. It is decided that she will have her tonsils removed, which means that she is prepared for an operation. Treasure Island is the name of the children's ward where she will be given a bed. The nurses in the Treasure Island ward are trained children's nurses.

After the operation she will need to eat. The hospital will provide her with only smooth foods such as soup, ice cream and flavoured jelly as she is not allowed to eat hard crunchy or spicy food. This is because it will hurt the wound in her throat.

#### Social

She will need entertaining and occupying because she is used to being out playing with her friends the hospital will provide a room with toys and games in where all the children can play together there will also be a television where there will be videos and DVDs. Parents can visit at anytime and other visitors can visit between 11:00am-7:30pm.

### How well the services at Newtree Hospital meet the different needs of two people who use them.

A sixteen-year-old boy who breaks his leg whilst he was riding his moped

### What are his needs and how did the hospital deal with them?

#### **Physical**

He needs to see if his leg is broken so the hospital will give him an x-ray

He needs to keep his leg straight so that his leg will heal so the hospital will give him a cast.

#### **Emotional**

He needs to be supported and reassured because he is worried about what is going to happen the nurse at the hospital will reassure him and make him feel really comfortable. The nurse will reassure him and make him feel really comfortable. The nurse will reassure him by telling him exactly what is going on. The nurse will also discuss how he is feeling.



## Exemplar materials for Unit 1 – mark band 2

### The way people can be referred to the services at Newtree Hospital

These are four ways that people can be referred to the hospital:

#### **1. Professional referral**

A person can only receive hospital treatment if he or she is admitted to hospital as an - emergency case or is referred by another professional, usually his or her G.P. When the G.P sees the patient and decides there is a problem they will refer the patient to a consultant at Newtree Hospital. The G.P will refer the patient by letter. The consultant will then send a letter to the patient to confirm an appointment.

#### **2. Self referral**

A self-referral occurs when a person applies for a care service for himself or herself. This is when they can travel them self to the hospital also it is when they phone an ambulance and they are taken to hospital by an ambulance to the A&E (Accident and Emergency) department.

#### **3. Party referral**

Third party referral is mainly for people who are not able to look after themselves. An example of this would be a parent taking their child to A&E

#### **4. Recall**

This is when the hospital makes another appointment for a patient to attend out patients for example for physiotherapy. Another example of recall is when a person has a chronic disease e.g diabetes and they have to have regular appointments.

How Rosh the sixteen-year-old boy who broke his leg in a moped accident was referred to Hospital.

Rosh was referred by third party referral to Newtree Hospital he was referred to hospital by a person passing by on the street who phoned the emergency number and then an ambulance came and took him into A&E department.

How Mia the six year old girl who had tonsillitis was referred to Newtree Hospital

Mia was referred by professional referral.

After many visits to her G.P when she had tonsillitis. the G.P referred by letter to a consultant. The hospital sent her an appointment to visit outpatients

## Exemplar materials for Unit 1 – mark band 2

### Three Barriers that have prevented the two people and other people from obtaining the services at Oldchurch Hospital

There was a psychological barrier that affected Mia. Because Mia was six years old she was scared of what was going to happen to her and what treatment was going to have.

When Rosh returned to hospital there were physical barriers that affected him. There were too many steps in hospital and there were not enough lifts and not enough people to help him.

There is a cultural barrier for some people, which is that there are not enough nurses and people behind the help desk who speak different languages and this means when a person from a different culture who doesn't speak English asks for something they would find it difficult to be understood and may not know what they want.

### Evaluation of how easy or difficult it is to access the services at Newtree Hospital

The main restaurant is upstairs which is difficult to access if you have a walking disability. The main restaurant is the only place that sells hot meals but down stairs on the ground floor there is a café, which sells tea and coffee and crisps and sandwiches.

The main car park is very difficult to park because there is not enough spaces for the amount of people who use it but the council give a patient passes for busses and also for black cabs which means they don't have to waste time trying to park which makes their time at the hospital a lot easier and less stressful. There is also a patient transport service, which is free, and this is much better as the car park is quite expensive.

## Exemplar materials for Unit 1 – mark band 2

### Resource list for unit one

#### List of websites and addresses used for information

Author	Title of book or leaflet	Year of publication	Name of publisher
Angela Fisher, Stephen Seamons, Ian Wallace, David Webb	GCSE in Health and Social Care	2003	Folens Ltd
Mark Walsh	Health and Social Care for GCSE	2002	Published by Collins
Elizabeth Haworth, Carol Forshaw, Neil Moonie,	GCSE Health and Social Care	2002	Heinemann
NHS Careers	Nursing midwifery in the NHS	2004	
	In review	2004	
	Charity Fund Annual Report and Accounts	2004	

www.dh.gov.uk  
www.nhs.uk  
[www.bhrhospitals.nhs.uk](http://www.bhrhospitals.nhs.uk)  
[http://budget2004.treasury.gov.uk/page\\_09.html](http://budget2004.treasury.gov.uk/page_09.html)

#### First names of people who have given me information

Ben - Physiotherapist  
Ann - Nurse  
Rosh and Mia are the two people that have used the facilities at Newtree Hospital



## **Commentaries – mark band 2**



## Unit 1 – mark band 2

### Assessment evidence – Unit 1: Health, Social Care and Early Years Provision

<p>You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:</p>	
a	<p>what services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.</p>

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 13 marks	<ul style="list-style-type: none"> <li>a basic description, using a limited range of information sources, which identifies the type of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; the main sources of funding; their geographical location.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a clear description, using primary and secondary information sources, of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; a range of relevant sources of funding; their geographical location.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive description of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; an explanation of the relevant sources of funding; their geographical location. The candidate should use appropriate information from a wide range of sources, comparing and contrasting where appropriate.</li> </ul>	10-13	6

**Moderator comments**

The report is based on a hospital and the candidate has listed a wide range of services offered. Six of these services are then described although the information leans quite heavily on secondary sources. The candidate does mention having visited the outpatient department although it is unclear what information was gained from this visit.

The sector is correctly identified and the candidate shows how the hospital fits into the national provision through a diagram and some information on the organisation of the NHS which identifies the local primary care trust. There is information on funding both nationally and at local level. There is a map showing the location of the hospital.

More points could have been awarded had there been more evidence of the use of primary research.

**This part of the work is in mark band 2 and has been awarded 6 marks.**



You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

b your understanding of the skills and values required for care or early years work and the jobs which workers do.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) <b>AO2,3</b> <b>13</b> <b>marks</b>	<ul style="list-style-type: none"> <li>using limited information sources, a basic description of two main job roles within the chosen organisation, showing how the basic skills are acquired and giving an example of how the values necessary for care or early years work are implemented.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>using primary and secondary sources of information, an accurate description of two main job roles within the chosen organisation, explaining how the basic skills are acquired, describing the importance of the values necessary for care or early years work and giving at least one example of how these are implemented by either a worker or the organisation.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>using wide-ranging and relevant sources of information, comprehensive describe two job roles within the chosen organisation, explaining clearly how appropriate skills can be acquired, describing the importance of the values necessary for care or early years work and giving relevant examples of how they are implemented by both workers and the organisation.</li> </ul>	10-13	<b>6</b>

**Moderator comments**

The candidate has looked at two roles – a physiotherapist and a nurse. There is evidence of the use of both primary and secondary information. The candidate gives an adequate description of the job role for the physiotherapist but the work on the nurse is less detailed. The training required is described accurately for both jobs. There is only limited information on the skills required for the jobs although some is implicit in the description of the work undertaken.

The care values are listed and the candidate gives examples of how they are implemented by both workers.

Had the information on the nurse and the care values been in greater detail then higher marks could have been achieved.

**This part of the work is in mark band 2 and has been awarded 6 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

- c how well these services meet the different needs of two people who use them.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) AO2 12 marks	<ul style="list-style-type: none"> <li>the candidate can, with guidance, identify and describe the main needs of two different people who use the services offered, stating how the provision is organised and delivered in order to meet their requirements.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>the candidate can identify and fully explain the needs of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>the candidate can comprehensively identify and explain the current needs and predict any likely future requirements of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements, identifying any gaps and making suggestions for improvement.</li> </ul>	9-12	7

#### Moderator comments

The candidate has identified two different people who have used the services provided by the hospital – a six-year-old girl who needed an operation and an eighteen-year-old boy who had fallen off his moped. Several needs have been identified for each person. These include physical, social and emotional needs. The candidate has described how each need has been met by the different hospital services and this aspect of the work was done well.

**This part of the work is in mark band 2 and has been awarded 7 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

d how these two people access the variety of services they need and the things which may prevent them from obtaining services.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) AO2, 3 12 marks	<ul style="list-style-type: none"> <li>using limited information sources, the candidate can explain the different ways in which people can be referred to the services they need, describing the main obstacles that may prevent them from obtaining services. The candidate makes a simple evaluation of access to the services.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>using a variety of information sources, the candidate can clearly explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate evaluation of access to the services.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>using a wide range of information sources, the candidate can explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate and thorough evaluation of the effectiveness of access, suggesting some solutions to improve effectiveness.</li> </ul>	9-12	7

**Moderator comments**

The candidate has explained the different methods of referral and has related them to the hospital. He has also explained how the two people whose needs were discussed in (c) were referred to the hospital. Five barriers to access are described and again have been related to the hospital. The candidate has attempted to evaluate access to the hospital and has identified some problem areas such as the parking and the location of the restaurant.

**This part of the work is in mark band 2 and has been awarded 7 marks.**

Candidate Unit Mark	29
Total Unit Mark	50



# Exemplar materials – mark band 3



**Mrs Beetle**

**Unit 1**

**Sunny Time**

**Hanna Wand**

## Exemplar materials for Unit 1 – mark band 3

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## Exemplar materials for Unit 1 – mark band 3

### Part A

#### Introduction

For my assignment I have chosen Sunny Time Nursery to investigate as my early years care service in my local area.

Sunny Time Nursery was established in 1991 and has been providing a safe learning environment for children from 0-5 years since then. Sunny Time was set up to provide a needed service for employees and pupils of Bournemouth Community College. There were only about 6 women with children to use the nursery from the college, so the nursery was then opened to the general public.

Sunny Time is open from 8am -5pm, Monday to Thursday and from 8am -4:30pm on Friday's. The nursery is only open in term time as this is when the demand for care from clients is at its highest.

Sunny Time provides a childcare service for 0-5 years old including appropriate care for babies, in the form of a baby room which is adjacent to an open plan room which houses toddlers and pre-school children and an enclosed play area accommodates outdoor play provision. Sunny Time nursery has two sessions each day, the morning session takes place from 8am -12:45 and then the afternoon session then follows from 12:45 -5pm. The nursery also provides a breakfast club and an after school club. All these sessions will encourage the children to learn and improve at their skills and stay healthy. This gives children that attend a good start in life.

Sunny Time Nursery currently has approximately 56 clients. The nursery is only able to cater for 28 children per session. This 28 is broken down into the following age groups and numbers.

Babies	x 6 (max)	3 -18 months
Toddlers	x4	18months -2 1/2
Nursery	x 18	years 2 1/2 -5years

**Total 28**

#### Location of Sunny Time Nursery

Sunny Time Nursery is in the seaside town of Bournemouth which is in Dorset, on the South West coast of England. The nursery is situated on Bournemouth Community College's Pike Lane campus. This is important as the main client group of parents is employees and pupils of the college, and was what the nursery was established for 14 years ago, to allow mothers to return back to teaching or other jobs in the college quicker. The nursery is both accessible by car and foot and has a car park nearby available for clients of the nursery. The college is well sign posted from the main road and the nursery can be easily seen with the college grounds. Pike Lane is a main bus route for buses out an in to Bournemouth , so is also made accessible to clients from further a field to access the services provided at Sunny Time.

*Maps were included to show where Sunny Time is in England*

*A diagram of the building was then included;  
ground floor, 1<sup>st</sup> floor and classrooms*



## Exemplar materials for Unit 1 – mark band 3

### Prices at Sunny Time

Sunny Time care is booked on an academic basis. If a child wants to stop their care at Sunny Time a full half terms notice must be paid unless the placement is filled immediately.

Parents are required to pay for sessions attended by their child, except the five funded sessions per week that I have explained above

### Fees are as follows;

Age Group	Per 2 1/2 hour session	Full time without funding (1 week)
3-18 months	9.50	92.50
18 months - 3 years	9.25	90.00
3 - 5 years	9.00	87.50

The money from fees is put towards a variety of things these include; Staff salaries (approx) 80,000, Rent of building from college (approx) 5,000, Equipment 3-4,000 and others such as maintenance and food provisions. The costs for Sunny Time are approximately 93-96,000 each year.

## Exemplar materials for Unit 1 – mark band 3

### Funding at Local level

#### Fund raising events

Sunny Time's nursery also has a scheme called 'friends of Sunny Time' I found out about the scheme from a notice board outside Sunny Time nursery. The organizations and people listed on the board organize fund raising events such as fetes and jumble sales etc... to raise vital extra cash for the nursery and to keep up its excellent standards. The money raised can go towards outdoor/indoor play equipment, toys, soft play areas, art and craft equipment, tables and chairs etc... These things all add to a better and safer learning environment. All the funding at National and local level allow the services to be provided at a better level.

#### How funding affects Sunny Time

The national and local funding allows the nursery to offer a better level of care and a more interesting and safer learning environment for its clients. It does this by the nursery being able to afford more advanced and better quality equipment for the children and also the nursery can pay for more qualified and experienced staff to run the nursery to its best potential. These factors will all affect the running of the nursery in a good way and give it a good reputation within the local community attracting future clients and allowing clients at the nursery to thrive and have the best start in their education and their life. All the funding at local and national level also allows more clients to attend the nursery as good staff and facilities are able to cope.

#### The sector

Sunny Time used to be privately run but was taken over by Dorset County Council and so is now in the public sector. It is also a non-profitable business.

The public sector is also known as the statutory sector. Businesses in the statutory sector were set up because parliament passed a law that requires the services it involved to be provided. The sector includes local authority services and NHS trusts.

Statutory sector also includes:

- Community services e.g. GP's, district nurses, health visitors and dentists
- Hospitals and clinics
- Social services and education e.g. residential and nursing homes, home care, day centre, early years centre, nurseries and schools

There are other nurseries in Bournemouth which are in other sectors for example Bertie's Farm nursery is charity run and 123 and Willow nurseries are both in the private sector.

123 and Willow are run on a profit making basis other areas of care that can be run privately are;

- Hospitals and clinics
- Residential and nursing homes
- Nursing home care agencies
- Domestic help agencies

### Exemplar materials for Unit 1 – mark band 3

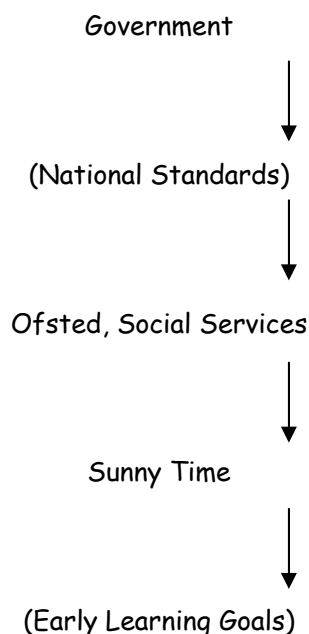
Bertie's Farm nursery is charity run and so is in the voluntary/charity sector and is run on a non-profit making basis. Other areas of care that can be run voluntarily are:

- Hospices
- Day centre
- Befriending service
- Luncheon Clubs
- Child care agencies
- Child protection agencies
- Help in the community

## How Sunny Time fits into the national framework

I got all the following information below unless stated otherwise from my visit to Sunny Time's nursery when I spoke to the manager at the setting and so was received from a primary source.

How Sunny Time fits into the national framework can be put into a diagram shown below;



The government overlook all policies and procedures that every step of the diagram uses; they can enforce new laws and procedures when they feel as though they are needed. Such as the new policy for five government funded sessions per week which has recently been introduced. The government have made a list of national standards which every nursery or child care setting must abide by.

I researched the national standards and found the full day care national standards in a book produced by the government. This is a secondary source; the standards I found are as follows;

1. **Suitable person** -Adults providing day care, looking after children or having unsupervised access to them are suitable to do so.
2. **Organisation** -The registered person meets required adult: child ratios, ensures that training and qualifications requirements are met and organises space and resources to meet the children's needs effectively. The ratios are as follows; 1:3 for children under 2 years, 1:4 children aged 2 years and 1: 8 for children aged 3-7 years.
3. **Care, learning and play** -The registered person meets children's individual needs and promotes their welfare. They plan and provide activities and play opportunities to develop children's emotional, physical, social and intellectual capabilities.
4. **Physical Environment** -The premises are safe, secure and suitable for their purpose. They provide adequate space in an appropriate location, are welcoming to children and offer access to the necessary facilities for a range of activities which promote their development.

## Exemplar materials for Unit 1 – mark band 3

5. **Equipment** -Furniture, equipment and toys are provided which are appropriate for their purpose and help to create an accessible and stimulating environment. They are of suitable design and condition, well maintained and confirm to safety standards.
6. **Safety** -The registered person takes positive steps to promote safety within the setting and on outings and ensures proper precautions are taken to prevent accidents.
7. **Health** -The registered person promotes the good health of children and takes positive steps to prevent the spread of infection and appropriate measures when they are ill.
8. **Food and drink** -Children are provided with regular drinks and food in adequate quantities for their needs. Food and drink is properly prepared, nutritious and complies with dietary and religious requirements.
9. **Equal opportunities** -The registered person and staff actively promote equality of opportunity and anti-discriminatory practise for all children.
10. **Special Needs** -The registered person is aware that some children may have special needs and is proactive in ensuring that appropriate action can be taken when such a child is identified or admitted to the provision. Steps are taken to promote the welfare and development of the child within the setting in partnership with the parents and other relevant parties.
11. **Behaviour** -Adult caring for children in the provision are able to manage a wide range of children's behaviour in a way which promotes their welfare and development.
12. **Working in partnership with parents and carers** -The registered person and staff work in partnership with parents to meet the needs of the children, both individually and as a group. Information is shared.
13. **Child protection** -The registered person complies with local child protection procedures approved by the Area Child Protection Committee and ensures that all adults working and looking after children in the provision are able to put the procedures into practise.
14. **Documentation** -Records, policies and procedures which are required for the efficient and safe management of the provision, and to promote the welfare, care and learning of children are maintained. Records about individual children are shared which the child's parents.

The way the government keep a close eye on each child care setting is by Ofsted inspections. Ofsted enforce the national standards at each setting which I described above. These are usually once a year, but the time between each inspection does change each year. The inspections are not spot checks as settings are told in advance about it. From the inspection Ofsted produce a report so clients, the government and the public can see if the child care is of a good standard. And also to tell the setting what they are doing well, and improvements that should be made. Looking at Sunny Time's latest Ofsted report from the 24/05/04 I can see the nursery did 'very good' in all the early learning goals that it works towards. The quality of teaching, leadership and management and partnerships with parents were also 'very good.' Things that are being done well include; children's behaviour, the staff's ability to engage children in meaningful conversations, and the methods used to encourage children's learning are excellent and finally interesting and stimulating planned experiences for the children are 'very good.'

Infact there was only one improvement Ofsted thought could be made at Sunny Time's and that was 'The planning to show extension and support activities and regular evaluations'

The overall outcome of the inspection was that 'the provision is acceptable and is of a high quality...' Ofsted mainly look at the educational provisions for children and their development in the area.

## Exemplar materials for Unit 1 – mark band 3

Social Services also overlook how a child's social health is developing and will step in if the nursery has a child who they are concerned about. For example they are being affected by their home life which is visible by staff, or have unusual bruises etc... They are only called in as a last resort, as it is possible that a child could be taken into care. The setting also has to be approved by Dorset County Council and a certificate of registration for providing day care has been given to Sunny Time's nursery which is displayed in the entrance notice board. This has to be renewed every year.

Finally Sunny Time's itself work towards six early learning goals these are:

1. Creative development
2. Physical development
3. Knowledge and understanding of the world
4. Mathematical development
5. Communication, language and literacy
6. Personal, social and emotional development

All these goals have to be worked towards and good planning is vital. Sunny Time's work on a 2 year rolling program which works on different themes which incorporate all of the six goals equally. This planning is a guideline and furthermore planning is done weekly by all staff. Planning and tasks are flexible and each member of staff will plan what they propose to do in the week. All planning is documented at all levels and filed at the setting. This allows other members of staff to cover for people when they are ill etc...and so is flexible. Communication is a big factor in planning as it could be adapted at any time to fit in with individual problems shown by children and noticed by staff. Risk assessments are also very important in Sunny Time's nursery as it is in any other child care setting. They are done on a task to task basis and it is extremely important to abide by health and safety regulations and the national standards, which are made by the government. Risk assessments are involved in everything a childcare worker does while they are at work. These can be anything from making sure scissors are put away properly, to making sure children have washed their hands after going to the toilet and disinfecting changing mats after every child to stop the spread of infection to another child etc... These all have to be risk assessed whether it is by eye at the time or following the governments strict policies and procedure, it is also important and obvious hazards are highlighted in the case of accidents which nursery's then have to fall back on if a problem of blame occurs.

### Population profile and funding differences between inner and rural areas

Bournemouth has a population of 32,247. Below is the percentage of people in each age group of Bournemouth 's population. The second column is the English average percentage of each age group which allows me to compare Bournemouth's population with the 'norm' in England.

I have found the following percentages from a internet website when researching this is a secondary source.

% of Population	Bournemouth	English average
Aged 0-19	20.73%	25.05%
Aged 20-34	13.65%	20.37%
Aged 35-49	18.03%	21.27%
Aged 50-64	20.72%	17.42%
Aged 65+	26.86%	15.89%



### Exemplar materials for Unit 1 – mark band 3

As you can see from the two sets of percentages Bournemouth is below average by a substantial amount in the first three age groups. These include people between the ages of 0 and 49, whereas for people between the ages of 50 and 65+ Bournemouth is well up on the English average.

This is not good news for people in the area looking for child care as there is not going to be so much choice in settings as demand in the area is not great as young families will not be attracted to the area and will not choose to stay in Bournemouth. The people who do stay in the area could have to pay higher fees as private child care settings would have less competition from nationally funded settings, as councils would not see fit to put money into areas which don't have anywhere near the national average of young people and children who will make use of the provisions. Therefore private child care settings who do stay in the area because they have other means of funding than the government, will see the chance to put fees up as young families who stay will have no choice but to use the private facilities.

The government need statistics so that they can put money where there is demand for child care and where it is most needed. E.g. If birth rate is rising in a particular area then the government will plough more money into it for new child care settings, playgrounds etc... But in a place like Bournemouth where the population is very top heavy there is not so much demand for child care and so the government don't assign much funding for the area. Although Southampton is a much bigger place than Bournemouth and is a city, the area has a much bigger percentage of people between the ages 0 and 49 and so funding from the government for child care settings in this area is going to be much greater. There is going to be much more choice for parents and so people will stay and move to Southampton from places with less funding. The fees will most likely be much cheaper in this area and there will be a much vaster variety of settings for children. The table below has the %, population for Southampton. This is also a secondary source and is from the same internet website as my first table for Bournemouth.

<b>% of Population</b>	<b>Southampton</b>	<b>English average</b>
Aged 0-19	23.54%	25.05%
Aged 20-34	22.54%	20.37%
Aged 35-49	19.67%	21.27%
Aged 50-64	15.76%	17.42%
Aged 65+	12.34%	15.89%

## Exemplar materials for Unit 1 – mark band 3

### Four Services that Sunny Time Nursery provides.

I am now going to explain four services that Sunny Time Nursery offers to its clients, which are provided and organised to accommodate and cater for each of their clients individual needs.

The four services are as follows;

- Baby Unit (3 -18months)
- Toddler Unit (18months -3 years)
- Pre- school (3 -5 years)
- Breakfast Club (all ages)

Below is a bird's eye view of the layout of Sunny Time Nursery. Showing where all the services are provided and organised within the setting.

### *Layout of Sunny Time Nursery included in original*

**For this section of Part A I have used my own background knowledge, interviews carried out at the setting, 'Sunny Time Nursery staff and candidate handbook' and my visits to the nursery itself.**

#### **Breakfast Club**

The breakfast club is held every morning between 8am and 8.30am. Children of all ages are able to attend during this time before the nursery day starts at 8.30am. Breakfast, a menu of a selection of cereals and toast with various toppings is available to all children and provided by staff at the setting. All food is prepared on the premises in the kitchen (as seen on the diagram on previous page) and eaten in the dining area, where clean tables and chairs are always set up for the club (also on diagram.) Children are supervised at all times especially in the kitchen area, where children who attend the setting have been taught that they may never go in the kitchen without being told, and never without supervision.

The breakfast club is provided at the setting for convenience to parents of children who go there. The parents may have an early start to work or a special appointment which they must attend, and this extra time which the setting is open for allows them to do this with ease. This extra service that the nursery provides is optional and so not all nurseries have one. This makes Sunny Time Nursery more appealing to possible clients and so may increase the target client base and target area in which clients may live; because of the extra travelling time given to parents due to the early start. This is again a positive thing for the nursery and very well worth providing.

#### **Baby Unit (Baby room, Cot Room)**

The Baby Unit is open 5 days a week between the nurseries's opening hours of 8.30am - 5pm between Monday and Thursday and 8.30am -4.30pm on Friday. As you can see from the diagram on the previous page the Baby Unit consists of two rooms 'The Baby Room' and 'The Cot Room,' which are next to each other. Babies between the ages of 3-18 months use this service and the staff/child ratio of 1:3 is stuck to strictly at all times. The 'Cot Room' is obviously for the children to have rest and sleep time which is essential for this age group, and the 'Baby Room' is used for play sessions, changing and all other activities. Feeding for the very young babies is done in the 'Baby Room,' but the older babies lunch is prepared in the kitchen and eaten in the nurseries dining area (shown on the diagram on the previous page.) Cleaning is a very essential part in the Baby Unit and a strict routine is

## Exemplar materials for Unit 1 – mark band 3

carried out everyday. This can be seen in full in the general routine in the baby unit shown below taken from the 'Sunny Time Nursery staff and candidate handbook'

- 08.15am** - Make up the Milton solution and boil water for the jug. Prepare the Laundry Room and put the washing on etc.
- 08.30am** - Set up the room which will then be ready for the children's arrival.
- 09.00am** - Change nappies when necessary
- 10.00am** - Planning can be done. Write up daily diaries. Some babies may have morning sleep/free play/water play/art and crafts, etc. Tidy Room
- 11.30am** - Prepare for lunch - staff are to take this duty in weekly turns. All food is prepared in the kitchen and is covered before being carried through to the Nursery dining area. Whilst the children are waiting, read stories or sing nursery rhymes.
- 12.30pm** -Change nappies. Wash children. Those that need to have an afternoon nap. Tidy room, washdown high-chairs and floor mat. Put children to play in cots until 01.00pm
- 01.00pm** -Tidy bathroom. Put washing on, etc. If all babies are asleep, carry out general cleaning duties in Baby room and prepare for afternoon session
- 02.00pm** -By now all children are awake and all nappies should be changed.
- 02.15pm** -Free Play
- 03.00pm** -Prepare tea
- 03.15pm** -Wash Children's hands and faces
- 04.00pm** -One member of staff to clean the Laundry Room whilst another staff member stays with the children. Start tidying away and use the Milton solution to wipe down the toys.

The Baby Unit is run for parents who want to return back to work relatively soon after the birth of their child. The Sunny Time's Nursery Baby Unit is a very efficiently run service at the setting, with high levels of care given by staff at all times, shown in the ' latest Ofsted Report carried out at the nursery. Leaving a baby in care can be very hard for new parents but financial reasons usually dictate whether they have to do this or not. The Baby Unit was set up because of demand for it and so is another convenience which may attract more possible clients, more clients means a further more secure future for the nursery and staff who work there.

### Toddler Unit and Pre-school

The Toddler Unit is open five days a week between the nurseries opening hours of 8.30am and 5pm, Monday to Thursday and 8.30am -4.30pm on Friday. In my layout diagram you can see the Toddler Unit is in the main section of the nursery but fenced off so it is separate from the Pre-school area. The Toddler Unit is set up for children between the ages of 18 months and 3years old.

The Pre-school is again open five days a week between the nurseries opening hours. Looking at my layout diagram the Pre-school is in the rest of the large main room of the nursery and is shared by the Toddler Unit although it is much smaller.

The daily routine for both these Units can be seen below with slight differences between the age groups highlighted.

## Exemplar materials for Unit 1 – mark band 3

**08.30am** -Free play session. During this time the children have the opportunity to play with a wide variety of equipment. For example, table tops, floor toys, painting, dough and water play. For the 3 -5 year olds, we promote the Early Learning goals to help prepare the Children for school.

**8.15am** -Milk and fruit time for all.

**10.30am -11.00am** -Group story and singing time.

**11.00am -11.30am** -Physical activities. Outside in the garden. In bad weather we have an indoor climbing frame which we use to promote physical development for all.

**11.45am -12.45pm**- Lunch time

**12.45pm -02.00pm** -Quiet time / Changeover. The younger members of the group have a rest on a bed whilst the other children spend time looking at books or playing with 'quiet' toys.

**02.15pm -03.00pm** -Physical activity. Again the children go out and play in the garden or use the physical equipment within the nursery.

**03.00pm -03.10pm** -Tea time. The children are provided with a light tea consisting of a glass of milk, sandwiches and fruit.

**03.10pm -04.30pm** -Free play session. During this time the children have the opportunity to play with a variety of equipment.

**04.30pm** -Group story and singing time.

Both the Toddler Unit and Pre-school are services provided at the setting purely for parents wanting or needing to go back to work, before the years in which their child can attend school full time. Both the Toddler Unit and Pre-school are very efficiently run by skilled and qualified staff. This was highlighted and backed up by the last Ofsted Report which was carried out at the nursery. The two units are well adapted to cater for every child's individual needs and are proven to be successful at improving and developing every child's physical, social, intellectual and emotional health and well being. It is important that this happens to help the children's overall health and well being and prepare them for their next step in their education, full time school. The Toddler Unit and Pre-school was originally set up for parents who worked at Bournemouth Community College in which the nursery is located, as demand for one became overwhelming from staff members. Nurseries in the area were not convenient and at a good enough standard for staff and so the nursery was set up. The nursery has been successful ever since but the demand slipped away a few years ago when the nursery was forced to open to the general public as well as staff at the college. The nursery is thriving and I believe will do for many years to come due to its quality and efficiency.

These four services are very efficient and cater for all age groups and individual needs. This leaves the nursery open to many more possible clients and so will keep the nursery going and thriving.

Exemplar materials for Unit 1 – mark band 3

<b>What I'm comparing</b>	<b>Sunny Time</b>	<b>Bertie's Farm</b>
Funding	Fundraising and donations by parents. Public vouchers. DCC	Fundraising vouchers. DCC provide equipment. Voluntary staff.
Staffing	8 members of staff	9 members of staff
Facilities	Toilets, cloakroom, Laundry Room, kitchen, changing area, Toddler room, baby unit, office and children's room (3-5yrs.)	Toilets, kitchen, messy play area, quiet time area, cloakroom, staff room, and office.
No of Children	35 per session including babies, toddlers and 3-5 year old children.	30 children including babies, toddlers and 3-5 year old children.
Outdoor play areas	Sand pit, large grass area, green house, flower bed, climbing frame, painted games, tricycles, toys. It is gated and has high walls surrounding it.	Sand pit, ball pit, tricycles, climbing frame, large grass area, tarmac area, painted games, safety games and decking for games.
Activity's	Trips to school library. Play time, nap time, lunch time, afternoon drink and biscuit, story time and walks to the park.	Playtime, lunch time, story time, nap time and afternoon drink and biscuit.

## Exemplar materials for Unit 1 – mark band 3

### The roles of the care workers

NVQ Level 2 -Qualified but not allowed to be left alone with children in a nursery.

NVQ Level 3 -Fully qualified and able to be left alone with children. Also qualified to a supervisory level.

(All the following information was retrieved from my interview with two care workers on the 5th of November.)

#### Person A

Person A is the deputy supervisor at Sunny Time's nursery. She is 20 -30 years old and has been working at the nursery for 10 years.

Person A left school at 16 with four GCSE's at grade C and above. This then allowed her to go on to Post 16 for one year doing an intermediate health and social care NVQ level 2.

After completing this Person A started working at Sunny Time's nursery as a candidate doing work experience. She realised being more qualified would increase her prospects and opportunities within child care, and so decided to take on a BTEC national certificate (NVQ level 3) at Bournemouth college for six hours a week, funded by her parents. To afford living expenses etc. ..she decided to also take work as a nanny part time for a local family, which her qualifications allowed her to. Person A while doing work experience at Sunny Time's was placed as acting deputy supervisor as the supervisor went on maternity leave and then decided to move on. The deputy supervisor was promoted to nursery supervisor and so Person A was then given the job of deputy supervisor full time. While Person A has worked at Sunny Time's nursery she has also completed a 'management in early year's course' and an 'advanced practitioners in baby care.' These are both modules within NVQ level 4 in child care, and so Person A is ever becoming a more qualified and experienced Deputy Supervisor. Although qualifications and training are important to Person A, she explained that most of her skills and knowledge she has, have been picked up while working in the nursery itself.

There were other routes in which Person A could have taken to reaching where she is today. She could have gone into a BTEC National Diploma straight away after leaving school. This is a much more academic route and consists mainly of essays and lesson time, rather than the work experience which Person A spent most of her training doing.

When interviewing Person A on the 5th of November she explained about how the only thing which she could say about the advantages and disadvantages of each route, was that each person is different; some are more academic and some are more hands on. So different routes suit the strengths of each person, they have to make the decision for themselves and choose the route which will help them to succeed to their best potential. Although qualifications are very important for child care, special qualities are paramount for working with children, listed below are the qualities which Person A highlighted in our interview with her;

- Patience
- Kindness
- Honesty
- Loyalty
- Common sense
- Communication skills
- A good artist

## Exemplar materials for Unit 1 – mark band 3

- Open minded
- Being able to teach what they know
- Good listener
- Hands on

Person A has many jobs within Sunny Time's nursery; because she is a supervisor she has superiority of other members of staff within the nursery, and has many other responsibilities attached to her job title. As well as being a care worker for the children at Sunny Time's, Person A also helps the nursery supervisor with administration work for the setting. This includes things such as; fees, hours, banking and over time of all employees at the nursery. This is an extra responsibility and can only be achieved by a care worker with at least a NVQ level 3 qualification in child care. Administration is just one of the extra responsibilities in which Person A has. She has other activities which she can do because of her role as Deputy Supervisor and qualification level i.e. NVQ level 3. One of these is she is able to witness and sign for the giving out of medication to children at the nursery. Although Person A needs to focus on these extra responsibilities the regular child care policies, procedures and rules expectations are still on her, and these are in many ways the more important things to her clients at the setting on a day to day basis, for their development and learning process to be pushed and achieved to each of their full potentials.

All the activities which Person A does and the skills which she shares with clients and other employees at the nursery enable all of the individual needs of each child to be met; including the children's physical, intellectual, emotional and social needs. One example of this is if a care worker is patient with a child they are more likely to get things right and solve the problem themselves, (e.g. a jigsaw) which in the long run will give them more confidence in their own ability, and skills which will then develop much quicker. The special skills which Person A has, and activities which she carries out each day (some which I listed above) enables each child in her care to thrive, and allow them to develop into extremely intellectual and well endowed young children. This will not only help them in the next step of their education but throughout their whole lives.

### Person B

Person B is a nursery assistant at Sunny Time's nursery. She is 26 years old and has worked at the nursery for 10 years.

Person B left school at 16 with three GCSE's at grade C and above. She then went on to do a NVQ in childcare at Bournemouth Community College, which is a part time course for a year. While doing that she was offered a part time job at Sunny Time nursery, doing a couple of hours a week. As she started to work at the nursery she decided it was the profession she wanted to proceed in, and so decided to take a NVQ level 2, which she completed successfully. Person B with her qualifications in child care was then offered a permanent position at Sunny Time's nursery, as a nursery assistant. She now works at the nursery full time, which consists of 36 hours a week. All her skills and knowledge of child care which she did not learn at her time at college was picked up whilst working at the nursery doing hands on jobs and practical tasks.

This is not the only route in which Person B could have taken to achieve her status at Sunny Time's nursery which she now has. She could have gone for a more academic option in childcare by staying on at college, and doing a NVQ 2, 3 or even 4.

Advantages of this route are as well as doing her job, she could have also achieved a higher position in a nursery, and the disadvantage of this is that Person B as it would not have allowed her to do so much work experience in a child care setting. Person B could have also gone straight to work at a nursery and completed all her qualifications while there.

### Exemplar materials for Unit 1 – mark band 3

This would have given her lots of learning on the job, but she could be at a disadvantage to other workers as child care settings usually want some sort of qualifications before they employ a care worker. Person B also added that people should decide the route in which they take due to their strengths, i.e. some people are more academically able and so should stay on at college and complete qualifications. Whilst some people are better at practical work and hands on tasks, and should do part time courses which would then allow them to complete work experience at a nursery. Although qualifications are extremely important in child care a person has to have certain qualities in which encourage children to learn and achieve their full potential.

The ones which Person B said during her interview are listed below;

- Patience
- A lot of experience with children
- Outgoing
- Confident
- Honesty
- Kindness
- Good at building relationships
- Common Sense

The majority of Person B's jobs are carried out in the nursery with the children who attend. Some of these include setting up rooms, cleaning and other general duties around the setting. She also is still expected to do her own planning for each day at the nursery and be involved in planning and adding to the two year rolling program, which I described earlier on in my assignment. As she has no supervisory qualifications (NVQ level 3) her jobs do not include the extra responsibility of doing things such as administration for the nursery, as Person A does. Although Person B is not a high powered member of the Sunny Time's staff she is still a very important member of the nursery staffing team, and is paramount to allowing the nursery to stay open and achieve what it has been doing for many years, that is allowing children to grow in mind and in body and achieving their full potential in every way. By Person B doing her job properly i.e. following policies and procedures and biding by rules she enables children to stretch themselves physically, intellectually, emotionally and socially and to allow each child's needs to be met. An example of this is if a care worker has kindness as a particular strength and skill, she will be able to bring out the best in a child by encouraging them kindly and taking time out with the child to help them achieve what someone who is not kind could not. In the short term this will help the child develop and learn a new skill, and in the long run give the child confidence in themselves and their ability.

All the duties of the two people which I have been finding out about at Sunny Time are listed below these are carried out everyday at the nursery both for health and safety reasons and for the well being of all the children at the setting. All the information below was taken from the 'aims of the nursery' leaflet, which I got given from the nursery deputy supervisor.



## Exemplar materials for Unit 1 – mark band 3

### Cleaning of Bathroom and Laundry Room

1. Disinfect and scrub out all potties and toilet seats with cream cleanser.
2. Wipe down worktops and sink stools with cream cleanser and disinfectant.
3. Scrub changing mats with cream cleanser and disinfectant.
4. Remove the bin liner from the pedal bin and put in a black sack. Disinfect the inside and outside of the bin and replace with a new liner.
5. Wipe down the window ledge with disinfectant.
6. Clean the sink, draining board and bowl with cream cleanser and disinfectant.
7. Scrub out both the laundry buckets with cream cleanser and disinfectant.
8. Wipe down all remaining surfaces with disinfectant.
9. De-fluff the tumble dryer.
10. Switch off the hot water switch, close windows, place tied-up bags inside the main door and replace with fresh ones and, finally, put out the lights.

### Craft Activities

It is important to ensure that when a child is involved in a messy activity, e.g. painting, water, sand, etc... that they have an apron on.

If the apron becomes dirty, please either wipe down or put in a washing bucket in the laundry room.

### Bathroom Duty

The nursery encourages children to do as much as possible from themselves. In the case of an accident please always wash the child thoroughly and change their clothing. Spare clothing will be found in a child's shoe bag, on their peg or the nursery's spare clothes are kept in the white chest of drawers in the cot room. Wash out soiled and wet clothes and place in the relevant bucket on the worktop above the washing machine. When a child has been to the toilet, please make sure they have had their bottom wiped and that they wash their hands well. If you are doing the bathroom duty after lunch, each child needs to have their mouth wiped with a damp hand towel. Please use a separate towel per child to stop the spread of infection.

## Exemplar materials for Unit 1 – mark band 3

### Nappy changing

Before changing a nappy, please check with the relevant Unit leader for any special requirements. Make sure you have everything you will need to hand. Place the changing mat on the bathroom floor and change the child's nappy. Please do not change a child on the worktop. After changing the nappy, please wipe down there changing mat and rinse the cloth thoroughly. Always wash baby's bottom thoroughly. Disposable nappies, whether wet or soiled must go in plastic bag and then put on the pedal bin.

The only changes between Person A and Person B's duties is that Person A helps with administration at Sunny Time's nursery. This involves banking, overtime, accounts, staff wages etc... This extra responsibility comes with having an NVQ 3 qualification in childcare. This is also a supervisory level qualification and allows her to have her job role within the nursery.

### Care value Base

Care work at all times involves improving a client or a patient's quality of life. Care workers achieve this by meeting a client's intellectual, social, emotional and physical needs. The most important way care workers do this is to empower their client's i.e. Allow someone to do things for his or her self. Care workers empower clients by promoting certain values; these have to be as important to the care worker as they are to the client. These values form the basis for a set of principles that help care workers to give each client the individual care which they require. This principle's are the basis for all care work and are known as the basis for all care work and are known as the 'care value base.' This base explains to care workers the attitude towards care that any individual would appreciate, and helps define how all care workers should behave. The guidelines care workers follow in order to ensure that clients know what quality of care to expect are based on this set of principles.

The care values which I have listed below define the key principles that should help guide how carers perform and behave. These are also how care workers can empower their clients effectively.

I have extracted the following information from my 'health and social care' text book pg. 68 figure 5.1

#### 1. Promoting anti-discriminatory practise

- Freedom from discrimination
- The right to be different
- Aware of assumptions made by surroundings gender, race, age, sexuality, disability and class.
- Understand prejudice, stereotyping and labelling and their effects
- Use of language (political correctness)

#### 2. Maintaining confidentiality of information

- Secure recording systems
- The need and right to know
- Value and protect client
- Policies, procedures and guidelines
- Boundaries and tensions in maintaining confidentiality

## Exemplar materials for Unit 1 – mark band 3

### 3. Promoting and supporting individuals rights

- Dignity
- Independence
- Health
- Safety
- Choice
- Effective communication

### 4. Acknowledging individuals personal beliefs and identity

- The benefits of diversity
- Choice
- Respect
- The right to be different

### 5. Protecting individuals from abuse

- Hostile or negative feelings
- Support
- Dignity

### 6. Promoting effective communication and relationships

- Provide and obtain information
- Express values
- Express and understand needs, fears and wishes
- Maintain identity

### 7. Providing individualised care

- Respect
- Needs catered for
- Improve quality of life
- Provide independence
- Balance between control and assistance

I collected the information below from my visits to Sunny Time's nursery.

Each area of the care value base is used by all the care workers in Sunny Time's nursery in their day-to-day tasks. There are many examples of this which occur in the nursery, some of which I have listed below.

One example that is used in all child care settings across the country are procedures used to protect children from carers who are not suitable for the job. This would be due to prosecutions in child abuse, sexual abuse and any other crimes which may be of concern. This is carried out on every applicant for a job involving children before they can be employed as a carer. The procedures are called checks (Criminal Records Boards). This also comes under 'Protecting individuals from abuse' as if these checks are not done and a criminal slip's through the system tragic consequences could follow. This was a serious problem in Soham when Ian Huntley was able to murder two school girls. A CRB check was done on Ian Huntley but he was never prosecuted for any allegations of crimes made against him so he was able to seek employment in a school. This shows there is space for errors in the system but overall the CRB checks are effective in targeting criminals working with or around children and stopping many incidents occurring.

### Exemplar materials for Unit 1 – mark band 3

Another example of where a care value base is implemented in Sunny Time's nursery is their ability to 'maintain confidentiality of information'. They do this in many ways at the setting. When clients first arrive at the nursery they are asked to fill out an application form which involves asking personal information about each child. All these forms never leave the nursery and only authorised staff are able to see them. All other information on a child which may be relevant only to the nursery staff are all filed in folders which are locked away in a cupboard on the premises. This allows all information such as parent's incomes, and family problems which some people do not want to share to be kept confidential, by doing this any discrimination which may occur to be stopped and to give every child a good chance to the start of their education.

My third example of where the care value base is being implemented in Sunny Time's nursery is for 'providing individualised care' this will allow a child's 'individual needs to be catered for' effectively by all staff members. This has happened with a child who is at the nursery at the moment she has a learning disability and so needs some special attention when doing certain tasks, and staff are able to give the child special attention to encourage her learning to improve as much as possible during her time spent at the nursery. This will 'improve quality of life' and 'provide independence' for the child and will help her in every stage of her education and life in general.

Another example of the care value base being implemented in Sunny Time's is the ability of staff, parents and children's ability to 'express and understand needs, fears and wishes.' All three groups of people are important in keeping the nursery running affectively and efficiently. Therefore communication between all three groups is paramount; parents at any time are able to ask for meetings with staff to get regular updates on their child, and are also able to look at Ofsted reports of the nursery when looking for childcare to see how the nursery is performing and express any of their wishes, concerns and fears about their child or the nursery and staff themselves. Staff members are always able to express their views etc... whenever they feel it necessary, if they think it will be in the interests of a child or/ and their parents. This will all be documented by staff and kept on the premises in secured cupboards to assure confidentiality at all times. Staff may speak to higher ranked members of staff or sometimes if very serious social services could get involved. The nursery can only hope that communication between parents and children is good, but they can work on communication between themselves and the children. This happens at all times and children are encouraged to speak out while at nursery and are always given respect. This will then allow the children to have their fears, wishes and needs to be expressed and so make the child happier and more comfortable when in education and at home. Sunny Time's nursery also implements other areas of the care value base i.e. 'acknowledging individuals personal beliefs and identity.' Sunny Time's plans for the activities etc... which they are going to carry out in the next weeks and months includes topics such as 'people around the world.' This will help educate mainly the older children to different cultures, traditions, religions and countries around the world and so help broaden their minds to people different from themselves. Small things such as having white, black and Indian dolls in the nursery help to educate the children about other races when playing. This will teach the children at an early age that different races are normal and should be treated with respect as everyone has the right to be different. Staff at Sunny Time's are also trained to accept peoples choice of their appearance, religion etc...in their lives and should always show respect. This should be practised at all times.

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If the care value base is not applied at all times at Sunny Time's nursery's its client's physical, intellectual, emotional and social health could be affected dramatically, and their chance to thrive, grow and develop could be stopped at one of the child's most important stages of its life. For example if a child is being abused at home by a parent or at nursery by a staff member then every part of the child's health could be affected. The child could become withdrawn from other children and people which would affect the child's social health and well-being, because communication and interaction with others could break down. The child's physical health would also obviously be affected if they were being abused. This could be in the form of bruises, scratches etc...which are visible on the child's body or the child could be very quiet and sensitive to people touching him or her. This could also involve the child's emotional health as abuse would also affect this. They may be more emotional for example crying a lot more and being sensitive to raised voices or loud noises. Perhaps the least affected would be the child's intellectual health, but it still could cause problems with the child's development in its education at the nursery. This may cause problems for the child later on in life, as it could struggle in school with out a good start. Abuse is not the only problem if not addressed that could cause a child problems in all types of its health and well-being, there are many some of them may include; discrimination, bullying, not having individualised needs catered for, not being given respect, not being given the right to speak out and not being able to maintain your identity. These are just some of them and all could affect a child's health in many ways which I explained in the case of abuse of a child. Therefore it is in the staff's main interest to help the child in every part of his or her health to encourage their development and help the nursery to achieve good status in the community, and be well known for it's expertise in child care and helping children in everyway possible.

All care workers in all types of care settings whether they are caring for the elderly or caring for children, it is still extremely important that the entire care value base principles are applied at all times during care. Although the two types of people differ tremendously in age and needs the basic care value base principles have to be implemented in both nursery's and in nursing homes, to achieve everyone's individualised needs to be catered for, and to protect the vulnerability in both groups of people. Although it is important that they all need to be applied different ones are have more importance in the two care settings. For children secure recording systems and CRB checks I think are some of the most important care value base principle's to be applied, because of the innocence and vulnerability of children. If these checks are not performed and children's safety is breached the consequences that follow can be blamed on the care settings or board who did not carry out the checks properly. It is important to look after our children's safety as problems because of abuse etc... can affect them greatly in children's futures. Whereas in my opinion for elderly people their dignity, independence and ability to make choices is more important to them, and so care workers would focus on this aspect of the care value base more in depth.

An example of a possible conflict that a care worker at Sunny Time's Nursery could come across in everyday circumstances could be if a child who is a vegan. Even though a care worker may not agree with the parent's choice to enforce the lifestyle on the child, they must still not give that child milk or any other products to do with animals i.e. abiding by the rules of vegans lifestyles. If they did do this they would not be respecting the client and their family's beliefs and wishes so not allowing them to be different. This would not fit in with the care value base of promoting individuals values and so the care workers would not be doing their jobs properly and efficiently.

### Part C

For any parent who wants to obtain child care at Sunny Time Nursery, on admission have to complete an admission form. This allows the nursery to receive relevant information on each child and their needs, so that the nursery is able to care and cater for each child's individual needs. These are all needs including physical, intellectual, emotional and social needs, and also address the basic needs of each child i.e. food and drink, warmth, rest and sleep, keeping clean and staying safe.

Each child at home will have a routine the form will ask the parent/carer about this so that the child's routine will not be disturbed dramatically and so won't cause the child and family, large changes and problems

The basic physical needs of a child i.e. Toilet facilities, exercise (gross motor skills), food and drink, keeping warm, staying safe, keeping clean and rest/sleep, are expected and always achieved. In the nurseries routine there is a period of time in the afternoon which is for sleep or rest. The period of time changes throughout the different age groups with not all children having a nap, but quiet time is had by all between 12:30pm and 2:00pm. If children are not tired they are asked to sit quietly maybe with a book or looked after by staff doing a quiet activity. The nursery temperature is always kept at a comfortable level which is relevant for the time of year and weather on each day, this is controlled by staff in the building in which Sunny Time is situated. With the obesity epidemic which seems to be gripping our country exercise is usually a top priority for parents of each child that attends Sunny Time. The nursery is lucky as it has an adequate garden area that is enclosed which makes it very safe, and the area has also been made very child friendly.

The nursery has toilet facilities which are available to all children at all times, the nursery have put in place small toilets and hand basins which enable children to be self sufficient giving them further self esteem and confidence. These hand basins are also used before and after food consumption or messy activities allowing the children to stay clean at all times, children are also watched over to make sure this occurs by staff members at the nursery. Cleaning is a very important part of routine in Sunny Time to stop the spread of illness and infection which could occur within the nursery. Toys are wiped down using antiseptic wet wipes after every play time. The cleaning during changing a child is obviously very strict the changing mat is sprayed and wiped between every child and nappies and wipes are disposed of properly. When children have accidents a spare set of clothes are always kept at the setting and the nursery has other clothes which are available to use if needed. Although these basic needs are met efficiently by the nursery some children have specific physical needs i.e. a child may need an inhaler the nursery will need supplies at the setting and will need to know when, how etc... the inhaler should be used. This is to ensure the staff are able to give help when needed and the child's safety will not be jeopardised at any time. The admission form also asks about all details of the families culture e.g. vegan or vegetarian. It will ask about each child's likes and dislikes in foods and whether they suffer from any food allergies. The physical need for food and drink is met by Sunny Time very well the children between 3 and 5 years have a 'milk and fruit time' at 10:15am and a 'Tea time' at 03:00pm, where milk, sandwiches and fruit. Lunch time for all children attending the nursery takes place between 11:45am and 12:45pm. Every child's lunch and usually one drink are provided by parents. But snacks i.e. for 'milk and fruit time' and 'Teatime' are provided by the nursery and prepared in the nurseries kitchen by staff members. Drinks are available whenever children require from the nursery.

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It is also important that each child's individual intellectual needs are met this can be done by activities which include; cooking, reading, threading, puzzles (fine motor skills), and manipulative play i.e. playdough. As well as learning how to do each skill they also have other advantages for example; if a child is in a group singing 'old Macdonald had a farm' as well as learning the song itself the children will learn a variety of animals on a farm and the sounds in which they communicate by. They are also learning group work and how to socialise with others. Another example of this is when children cook they are not only learning how to make and cook things, but how things are used and what they do, to work as a group, helping each other, maths for weighing ingredients and cleaning up after themselves. All the activities listed enable the children to learn and thrive, and give them a good start in their time in education. Children's emotional needs are also a large part of their development and learning how to deal with their emotions will give them self esteem and confidence which is very important. In the nursery this is achieved using many activities some of these include; circle time and story time etc... But also a very important part of their emotional care involves the staff teaching the children to talk to their parents and/or staff members at the nursery about their feelings and emotions, and how they feel when things happen to them. Also learning to relate to others gives the children emotional stabilisation and makes them feel safe and secure within the environments which they spend most of their time at their age. Having their names on pegs at the nursery also makes the each child feel secure and makes them feel a part of the environment which they are in, achieving greater self esteem.

Social needs of children at Sunny Time Nursery are also well catered for. They are achieved by using mealtimes and play to allow and encourage children to interact and socialise with each other. At mealtimes children sit around tables in groups with a staff member at each table, they are taught to share, about cleanliness and how to interact with others while eating. During play children are also taught to share toys etc... with others and all the time are learning how to interact with each other. This all helps their communication and socialising skills, giving them confidence when interacting with familiar people and how to deal and treat new people when they are brought into the nursery. By the nursery knowing all this information and more it will enable the staff and nursery itself to be able to cater for each child and will allow the nursery to give out individualised care. The form allows all the needs of each child to be identified and planned for, enabling the nursery to cater for each child individually and to meet all their needs. When the needs are brought up Sunny Time Nursery will do everything in their power to achieve and meet all the individual needs of each child who attends the setting. From all the needs of the children the most important factor which links all of them is the child's need for a safe environment for them to learn and thrive in. All the activities which the nursery puts into place to care for each child individually links with the care value base, which each nursery and all staff members have to follow when working with children. As one part of the care value base is for the staff to 'provide individualised care.' By knowing each child's individual needs it will enable the staff to achieve this. Another part of the care value base is to 'promote anti-discriminatory practise' This gives each child the right to be different but not to be discriminated against because of it. Staff must give clients respect at all times and 'acknowledge the individuals personal beliefs and identity' they must put their personal feelings aside and not let anything stand in the way of a parents wishes for their child. They should support and promote the parent and child's wishes at all times. On both my questionnaires which I gave out to parents of clients at the nursery. I asked 'Does Sunny Time's meet your wishes?' they both answered 'yes' and this proves that Sunny Time's is achieving the care value base expectations well. All this should help to achieve a better quality of life for each child attending the nursery. At Sunny Time's Nursery the admission forms which parents complete to obtain child care at the setting

## Exemplar materials for Unit 1 – mark band 3

are kept in a locked cupboard at the nursery itself. Only staff members at the setting are able to get into this cupboard and so the nursery is 'maintaining the client's confidentiality' at all times, again contributing to the care value base expectations.

I have investigated two children who have specific physical needs that attend Sunny Time's Nursery.

### Child A

Child A achieved receiving care from Sunny Time's Nursery by a professional referral. Child A's GP was interested in helping Child A's parents to receive efficient but 'normal' individual care. After researching many local nurseries on the internet and with phone calls to the settings, he found that Sunny Time would be the most efficient and convenient setting for Child A's condition and individual needs. After doing his research he then made an appointment to inform the parents of the nursery and its services. The parents were given the nurseries phone number and continued the research process by ringing and asking for an appointment with the staff at the setting to reassure the of the quality of the setting and the care given there. They were impressed by both and decided to take an application form away with them. After filling in all details for Child A they posted the form and a doctors letter given to them by their GP describing the child's condition and course of treatment which he uses; they then waited for a reply. The setting rang them to say that Child A had been accepted and to make a second interview with the parents. After discussing the child's condition and all other individual needs, the parents and staff were happy and child A started attending the nursery soon after as a place was available. The parents and their GP had no problems in finding out information they needed about Sunny Time, and meetings were made at the setting quickly and easily. Access to the setting was also very easy for the parents as they had a quick reply and their child did not have to be placed onto a waiting list because a place was available straight away. Child A suffers from severe eczema on his hands, he has suffered from the condition since birth. When his Eczema is very bad he has to wear cotton gloves, to stop him from scratching it. The cotton gloves stop him from scratching the eczema and so therefore stops the skin from becoming open, if the eczema is allowed to become open wounds Child A would become prone to infection this may cause him further physical health problems. The consequences of this could also be a lethal for other children at the setting as well as Child A himself. For his condition Child A also needs a special cream for his hands. His parents supply Sunny Time Nursery with the cream and gloves for their child and give the staff at the setting instructions for application of the cream and how to change the gloves. This is important to ensure the child is comfortable at all times and his safety is not jeopardised at any time. The cotton gloves and cream for Child A's condition is supplied by the families GP and a constant supply as well as being kept at the child's home is passed on through the parent to the nursery. This allows the child's individual physical need to be met at all times. It is essential that the statutory health care service i.e. the GP, the parent of Child A and the early years care service i.e. Sunny Time Nursery; work together at all times to make Child A's condition manageable and his care need to be met efficiently in all areas of his everyday life. If all people in every area of the child's care carry out their jobs properly and communicate well to work as a team his care will persist in being very successful it is at the moment.



## Exemplar materials for Unit 1 – mark band 3

As well as the Eczema on his hands Child A also has extremely fair skin which in the summer when taking part in outside play has to be covered as much as possible with clothes i.e. a t-shirt and shorts and a hat must be worn at all times. A high factor sun cream also has to be applied all over any unprotected skin and this will be supplied by the child's parents.

Child A also has an allergy to nuts; this would have been highlighted on his application form, to make the nursery aware. It is very important that all staff are aware of this allergy for lunch times and when giving biscuits in the afternoon snack. Apart from nuts Child A has no other dislikes when it comes to food.

Child A's parents allow him to take part in religious activities. He has no other individual needs which would affect his intellectual, emotional or social health and affect the individual care he requires from the setting.

Child A's condition is not a real danger to him or other children while he attends nursery if proper and considerate care is given by all staff. In the future Child A will still need to wear the cotton gloves and apply cream during the rest of his time spent at Sunny Time, and this should be carried out efficiently.

The only change which needed to take place for the setting to accommodate Child A was the need for a constant supply of the suitable gloves and cream to cater for Child A's condition from his parents. No other changes at the setting needed to take place for the child's arrival at the nursery and no changes should be needed to manage his condition during his future at the nursery. Therefore there is no reason why Child A's individualised care should not be given during his time spent at Sunny Time without fail.

I believe Sunny Time's Nursery is doing everything in their capabilities to cater and achieve appropriate individualised care for Child A. My only suggestion for the future is to carry on this efficiently while catering for him and to make sure that any new staff brought into Sunny Time and all current staff are fully trained in the individual care which he needs i.e. changing his cotton gloves and applying the cream. This would limit the inconvenience which Child A could suffer from if a staff member was not fully aware of his condition and the appropriate care which he needed.

### Child B

Child B achieved receiving care from Sunny Time Nursery by self referral. Child B's parents went in search of a nursery which was convenient and catered for all of Child B's individual needs. Her parents found out about the nursery and its services from word of mouth from friends, and other parents. After hearing about it they decided to ring up the nursery after finding the telephone number in a local phone book. When they rang the nursery they spoke to the manger, and decided on a date for a meeting at the setting where a tour and an interview would take place. After this meeting had taken place the parents decided that the setting was right for their child and that her individual needs would be successfully catered for. They decided they would want her to attend so took away with them an application form. They filled this in and sent it straight back to the setting, after another interview with staff at the setting the application was accepted and Child B started at the nursery the following term. Child B is very happy at the setting and all her individual needs are being catered for efficiently.

Child B's parents found it very easy to find out about the nursery, with a wide range of information available for them to research in, and so they were able to make decisive action quickly and easily from information they found. They were also able to access the service easily with meetings being made quickly and efficiently by the manager and a placement found for the child when it was required. Overall it was a good experience for the child and the parents.

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Child B is an only child from a local middle class family. From her time spent at Sunny Time Nursery staff members have noticed Child B has particular problems with socialising with other children at the nursery, when playing etc... As soon as this problem was picked up on and highlighted by a staff member to the others through communication, the nursery has tried in conjunction with Child B's parents to sort the problem out. This is important so that Child B's individual social health is not harmed seriously, and she will not have to deal with the consequences from being unsociable and unable to communicate and interact with others properly; which would be a serious disadvantage in her educational and later life. To make sure Child B develops her social skills efficiently the staff are working as a team and doing everything in their powers to help her, remembering all the time the boundaries and rules of the care value base of which they must follow; they do this in many ways to cater for her individual needs. For example staff have been introducing Child B to children who they believe will become a good friend to her. Making sure she takes part in all group activities and the sharing of toys has become paramount; all this has encouraged Child B to interact with other children. As a consequence she has made new friends. Her social development is gradually improving with her self confidence and independence increasing dramatically. If this carries on hopefully her social health will not be damaged for the long term, and she will be able to thrive and develop as any other child would attending the nursery.

As well as the socialising problem in which Child B suffers from she also has a nut allergy. This was highlighted on her application form which her parents filled in previously to the start of the child's first term. Staff must be very careful at snack times when they supply food, but it is her parents who make up her main lunchbox and they will be aware of the allergy. If a staff member neglects the child's allergy and the child becomes ill as a consequence the nursery are at fault because the issue was brought up on Child B's application form. Apart from this the child has no other allergies or particular dislikes in food.

Child B's parents allow her to take part in religious activities and she has no other individual needs that would affect her physical, emotional or intellectual health that involves her individual care at the setting.

In the future the individual care in which Child B needs should not change dramatically to the care she receives now. Her encouragement to socialise should still be pushed for improvement, until it is at a satisfactory level. This should be carried out efficiently by all staff until her individual need is met and her goals are achieved. Staff obviously should also keep preventing the child from eating nuts or anything containing traces. This will determine her safety at all times and meet her individual needs.

No changes needed to be made for the arrival of Child B to the setting to accommodate her individual needs. The only change needed to be made is in the staffs approach to the child, and the special care she needs to encourage her to socialise and interact with others. The setting should also not have to make any changes in the future to accommodate Child B's individual needs as I can only see her improving and needing less individual care.

I again believe that everything in the nurseries capabilities is being done at the setting to look after Child B's best interests and individual needs. The staff should carry on in the future with their thorough and efficient care of all children at the nursery and it should not be jeopardised in any circumstance.

## Part D

I took the following information from Collins 'Health and Social Care for GCSE' by Mark Walsh and from my own background knowledge.

### Referrals to Services.

#### Self Referral

Self Referral is where a client goes in search of a care service for themselves. In childcare this is the most common referral as parents usually spend a lot of time choosing a nursery for their child. It is obviously very important for all parents to get a nursery that is of good quality, in a convenient location and has all the facilities which their child needs. This is the most common referral for parents of children at Sunny Time.

Below is a list of steps that a parent would take to make a self referral to a nursery in your local area i.e. Sunny Time.

- Many sources can be used to find information about nurseries in your area some of these include, the internet, local newspapers, National Press, Dorset County Council, Direct marketing (leaflets mail shots) and by word of mouth.
- After receiving a list and relevant information about each child care setting parents will usually whittle the list down discarding settings which are; not convenient due to location, or do not have facilities which their child will need. From the nurseries which are left parents could ring or visit the nursery to get a prospectus, policies and procedures and possibly a copy of the nurseries most up to date ofsted report.
- After reading through these documents parents will probably have a short list of nurseries in which they would like to visit. They would then ring the nursery to arrange a meeting to speak with the manager of the nursery to ask questions and queries and to have a tour of the nursery itself.
- After doing this parents will probably have one, two or maybe even three nurseries in which they would possibly want to send their child to. The parents would then go to the relevant nurseries to pick up an application form for their child.
- After sending in the form to their first choice nursery, where the child will either be accepted or not. They are then usually placed on a waiting list times vary due to availability of nurseries in the area, and demand at the time. It could be anything from straight away to a year. If this wait is not convenient parents will then have to fill in an application form for their second or third choice nursery and go through the same process again.
- When a child is accepted for a place in a nursery parents will be expected to have a meeting with the manager and possibly other relevant members of staff at the nursery. In this meeting the child's routine, needs and any medical problems, will be explained by the parents. All the information will be written into the child's personal file and kept safely at the nursery. Also staff at the nursery will go through rules, policy's, procedures, early learning goals, care value base, facilities, code of practise and other information which parents need to know will be explained in full.
- The nursery will also need to know if the family has problems with low incomes, or they live on benefits. If this is the case they could be eligible for the voucher scheme which is now available in all child care settings. Parents will need to fill in forms to apply for the vouchers which will then be sent to Dorset County Council for processing.

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- If everyone is happy i.e. parents, staff and the child. The child will start at the setting and then from their move on to primary school at the age of 4.

An example of this in Bournemouth is Sunny Time's Nursery; they offer full and part time day care for children in the area. It was set up initially for employees of Bournemouth Community College who could then return back to work quicker from having a child, as the nursery is located on the campus so is very convenient.

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### Professional Referral

A professional referral is when a professional refers a client to a care setting. This could be a doctor, social worker and other professionals. This sometimes occurs in child care but is more common when care is needed for the elderly or disabled patients who are unable to look after themselves.

Below is a list of steps that a professional would take when referring a patient to a care setting.

- A patient makes a self referral to a doctor (GP) or other professional, if they have a problem usually medical or other. Usually making an appointment by telephone or booking an appointment in person at the hospital, clinic etc...
- The patient attends his/her appointment with the professional i.e. doctor, and explains his/her symptoms or problem.
- The professional either prescribes a prescription for the patient or refers them to another professional who is a specialist with the patient's problem.
- The doctor writes to the specialist at the hospital for an appointment on the patient's behalf.
- The patient then gets notified of their appointment with the specialist by the original doctor, usually by post or telephone.
- The patient attends the appointment with the specialist.
- The specialist sends results of appointment to the patient's original doctor.
- The patient may then carry on seeing the specialist until the problem is resolved with their original doctor being notified of progress or further problems etc...

An example of this in Bournemouth is if a patient goes to Claremont Medical practise with a problem with their heart that their GP could not deal with, they would be referred to Bournemouth Hospital (nearest biggest hospital) to attend an appointment with a specialist in hearts.

### Third Party referral

A third party referral is where a third party is involved in searching for care for a relative or friend. This usually occurs when an elderly client needs to be placed in a nursing home, but they are not able to organise it for themselves. This referral is very uncommon in child care.

Below is a list of steps that a relative would take if they were making a third party referral to a nursing home, or other care settings for the elderly or disabled.

- Again as in a self referral there are many sources which can be used when looking for information on and searching for care settings in an area. Some of these as before include, National Press, local newspapers, the internet, word of mouth, Dorset County Council and Direct Marketing (i.e. leaflets, magazines or mail shots.)
- From all this information the relative would then make a shortlist of settings which are able to cater for their relative or friends needs, are affordable and are convenient in location for them.

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- After finding settings which are conveniently located, appropriate, affordable and available. Prospectus, ' up to date Ofsted reports and other relevant information could be given to the relative or friend upon making a quick visit to the setting; or by phoning up to order a copy of the documents needed.
- After reading through all this information, settings which meet all needs of the client and are affordable would be short listed, and then rung up and asked to arrange a meeting with between the relative, staff and client if possible. During the meeting all types of things will be discussed including medical problems and all the needs of the client, facilities at the setting, policies, procedures, care value base, staff etc... A tour of the care setting may also occur at this time.
- After all the possible care settings have been visited the most appropriate and best choice for the client will be applied for using an application form, supplied by the setting.
- After a client is accepted into a care setting, the financial situation is sorted out and the client moves in. Some clients are able to have their own room allowing them some independence (care value base), but some have to share with others, this will be suitable for some but not others.
- Client then usually pay annually throughout the whole time they stay at the setting. Clients usually live in the setting being cared for by staff until they pass away, or some will move on to another setting or into a house with a family member who will care for them full time.

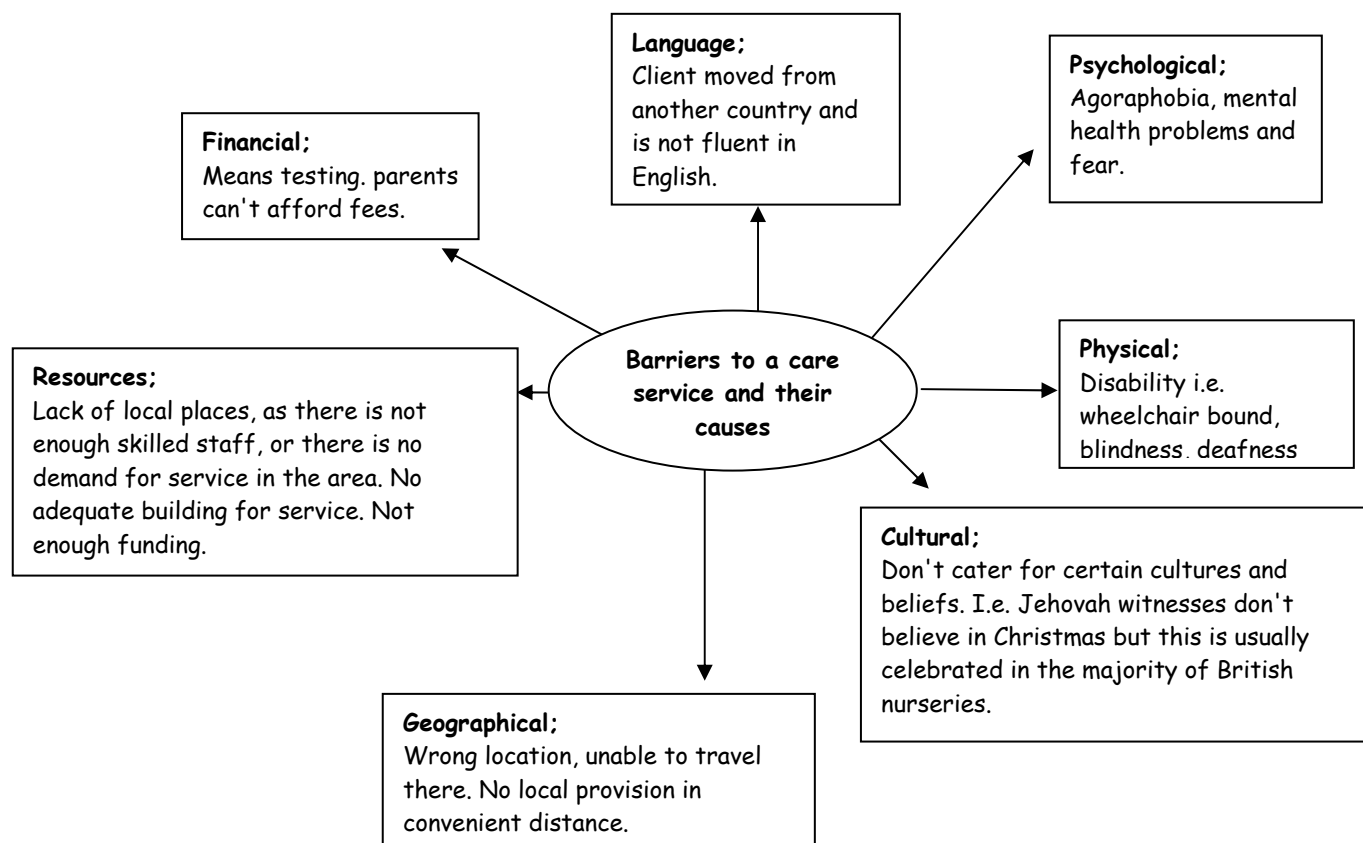
An example of this in Bournemouth is Heart's Cross Nursing Home they offer full time care for elderly people for a fee who are unable to look after themselves, and don't have family members who can look after them full time.

I took all the following information on Barriers to Early Years Care Services from, Collins 'Health and Social Care for GCSE' by Mark Walsh, and from my own background knowledge.

### **Barriers to Early years care services**

In some cases people need a care service but are unable to get it. All the barriers which parents face when looking for an early years care service and what they are caused by, are shown in the diagram below.

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All these barriers could stop many people from obtaining services, but it is the settings responsibility and in their best interests to make sure as many of the barriers as possible are over come. This then restricts less possible clients, which will help keep the service open, providing jobs for locals and a very valuable service for parents in the local area. Sunny Time's nursery does try to overcome many of these barriers some of the ways in which they do this are shown in the examples below.

### 1. Financial.

Sunny Time's are able to overcome this barrier as the government have introduced a scheme which gives parents vouchers so that they can receive five free sessions per week at a child care setting in their local area. (Explained in full in my introduction) This is particularly beneficial for people on very low incomes and single parents, who would otherwise be unable to pay fees for child care and so could not send their child to nursery.

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### 2. Geographical.

Sunny Time's was initially set up to be in a convenient location for employees of Bournemouth Community College in which campus the nursery is located. So a geographical barrier was not a problem for clients, but now the nursery is open to the public this could be an issue for other clients. The nursery is located on Gypsy lane which is a main bus route in and out of Bournemouth, and to and from the town centre to other areas of Bournemouth, including Brixington and Littleham. It is also a short walk from Bournemouth train station, so is all together in quite a good location for most people who live in Bournemouth.

### 3. Psychological

Sunny Time's nursery has the right ratio between staff and children, and many times having more staff than needed. As the nursery is comparatively small compared to inner city nurseries and is on one level it has many advantages for the clients. It allows the staff to communicate at any time, and share problems or queries with each other about individual children which can then be sorted out straight away. Being small the nursery has a very comfortable and nice feel to it with parent's children and staff having very close relationships, allowing any problems etc... to be shared. This allows the children to thrive and enjoy their time spent at the nursery.

Also parents and children are always greeted at the front door by the same person each day. This gives the child a friendly recognisable face to encourage them into the nursery and their parents will always feel much happier to leave their child each day. This gets the child into a good routine and I was told by the deputy supervisor at the setting that it helps dramatically to settle the children who attend the nursery.

All the information below is taken from my interview with the deputy supervisor to Sunny Time's nursery, and my own background knowledge on the subject.

### Communication

I believe communication for Early Years care workers is the most important skill that they must have to carry out their job efficiently. It involves being understood when trying to contact others, and being able to send and receive messages.

Care workers need to be able to communicate when they:

- Give and receive information about the care they provide.
- Provide support or discuss problems etc... with a client or staff or family member.
- Interact generally with family of the client or the client themselves; this usually occurs on a day-to-day basis.

Care workers use many communication skills during their work these include; talking and listening which are verbal, and also touch and body Language which are non-verbal.



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Verbal communication skills are used when a care worker.

1. Respond to Clients questions
2. Finds out about a clients problems
3. Contributes to team meetings
4. Contact parents or guardians of problems which may arise
5. Provide support to others
6. Deals with problems and complaints.

Non-verbal communication skills include using the following to communicate with others.

1. Facial expressions
2. Eye contact
3. Gesture
4. Posture
5. Proximity and touch

Care workers have to be able to carry out all the skills above when interacting with the following people.

- Children that they look after at the nursery
- Parents of the children at the nursery.
- Other staff members at the nursery.

It is paramount that early years care workers have all these communication skills and can put them into practise effectively during their working day. This allows children in their care to learn social skills quickly and thrive when interacting with others. This will help them when attending nursery in the near future and throughout the rest of their lives. It will give them independence and give them confidence to express themselves as people and also their views on things as they get older and become more opinionated. By the care worker using his/her observation skills they will learn about their client and may pick up problems which they may be having. This will then allow them to resolve the problems and encourage the child in play. Early years care workers also need excellent communication skills to make strong, effective relationships to encourage a child's development in everyway. Including their physical, intellectual, emotional and social development. These relationships should be between the care worker and the client, the care worker and the clients parents and the care worker with other staff members who work within the setting. All these relationships are needed so that the child's development is encouraged and helped to thrive to it's full potential. The relationships allow any problems or queries by each person to be shared and then worked at to be resolved.

If the communication skills were not implemented by care workers and relationships were not built the child's development in each way would suffer dramatically. This would have many implications throughout the child's future and could cause him/her many problems throughout their life. This is why communication skills are very important.

### Communication Barriers

There are two main barriers to communication which I think are most likely to occur; these are language and deafness.

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For example if a family has moved to this country from another and is not fluent in English, they could have problems when looking for and obtaining an adequate care service for their child. This is usually more common in inner city areas where the population is made up of a wider range of nationalities and ethnic communities. This usually means people speak another language other than English as their first. A communication barrier may then arise as staff at the care setting are not always bilingual. This would consequently cause huge problems with the obtaining and attending of the care service which the clients need. This is not a common occurrence at Sunny Time's.

A child who suffers from deafness may also come across barriers when trying to obtain an early years care service, or at the best they would have fewer possibilities when choosing a nursery to attend. The main restriction is that find only an extremely small percentage of the population know sign language, which is crucial for the development of self confidence and independence of young children. Although these barriers can be overcome they are a very real restriction for many families across the UK. There is hope for these families though as the barriers can be overcome in many ways. For example in areas of the country where there are large numbers of people from ethnic communities, and different nationalities, settings try to provide multi-language signs, they may introduce interpreters or bilingual staff. This would then break the language barrier and allow a wider range of potential clients to use the care service. Similar things could be introduced to allow deaf children to also attend normal nurseries, if it was the only care service in their local area. They would probably need to employ a specific care worker who can look after the child on one to one basis to give him/her the care he needs to allow him/her to develop in every way to his/her full potential, and give him/her the best start in life. The setting may also furnish and use toys etc... around the nursery which encourage the child to use his other senses i.e. sight, smell, touch. For examples toys that are brightly coloured and that have different textures. This will encourage the child to develop these senses dramatically and help them to learn and do things without the use of his/her hearing, making the child independent and developing their self confidence quicker and more efficiently.

It is important that these barriers to communication are overcome so that the care services have the maximum number of possible clients and are able to stay open for future generations to come. Giving children across the country a good start in life by giving them a good start in their education and letting them develop in everyway to their full potential.

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**The following information was taken from the questionnaire which I gave out to two parents whose children attend Sunny Time's nursery and my own ideas.**

There are many ways in which possible clients can access appropriate care services in their local area for their needs examples of these are; the internet, local newspapers, National Press, Dorset County Council, Direct marketing (leaflets mail shots) and by word of mouth. In the questionnaire which I sent out for parents of two children that attend Sunny Time's Nursery, I asked three questions which were relevant to access to the care service, the first question being, 'How did you find out about Sunny Time's?' One parent said they found out about it 'through a friend', and the other found out because they 'teach at the school so have seen children attending and the building' Then when I asked why they chose Sunny Time's nursery they answered 'Nearest to my place of work, good range of activities, took children from 3months' and 'Facilities, safety, cost and area.' My third question was 'Was there a waiting list and how long was the waiting list?' The parents answered 'no' and '2 months' which is relatively short for child care services. (The questionnaires can be seen on pages 39 -45.)

Most of the reasons that were given were for their choices were related to convenience. From these answers you can see the nursery has overcome geographical, financial, psychological, physical and resource barriers which could have effected these particular parent's decision. I believe this proves that care services implicate everything they can to broaden the number of clients that will be able to use their service, as it is in their best interests to do so for sustainability of the setting. I feel from the results I collected I can conclude that obtaining Sunny Time's' care service was a reasonably convenient and effective process for each of the parents, whom I asked about their experiences with the access process in my questionnaire.

**All the following information is from my background knowledge and my own ideas.**

There are many realistic options for care services such as Sunny Time's nursery to allow them to overcome barriers for people trying to access the care service which they provide. I have explained examples of how this can be achieved below.

To overcome a language barrier that clients may come up against when trying to obtain a care service. The setting could introduce various things and people such as;

1. Multi-language signs
2. The prospectus could be published in a variety of languages other than English
3. A bilingual staff member who would consequently be able to translate letters, planning for children's activities and Ofsted reports etc... Which could then be handed out to possible clients

All these things would allow them to come to a fair and valid conclusion as to which care service setting they want to send their child to.

Physical barriers that a client may have when trying to obtain a care service can be overcome; this can be done in many ways depending on the client's condition. For example if a client is in a wheelchair, ramps can be put in place for easy access into and around the care setting. A disabled toilet can be installed for easy use of a compulsory provision for the client the toilet may include; hand rails, a larger floor space and a lowered sink unit. Doors for all areas of the setting would also have to be widened so the client is able to move in and out and from room to room easily, without needing constant help and attention from a care worker.

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A financial barrier to early years care would be if parents or guardians are on low incomes, they may be unable to pay for full time child care and so may be unable to work. This would consequently take their independence away as they would not be earning their own money and they would have to stay at home and look after their child. This has been overcome by most settings because the government fund five free sessions of 2 ½ hours per week per child. (See full details in introduction) This allows parents on low incomes to receive full time child care and will give them more time to focus on work in the day, allowing them to focus on working towards promotion to receive a higher income to support their family, making them more independent and contributing to the community in which they live. Cultural barriers can also be overcome by settings so that they increase their number of possible clients dramatically, especially in inner city areas, where this barrier is more common. An example of this which I know about in my local area is a child who attends Harper's Cross nursery, they have been very successful in overcoming the cultural barrier which could have made receiving the care hard for the client. They changed some of their usual activities for slightly different one such as at Christmas, they didn't just focus on a Christian Christmas they celebrated Christmas's and festivals from around the world. By doing this the child who followed the alternate religion that attends the setting did not feel left out. Another advantage of this was that all the other children learnt about other cultures and traditions broadening their minds and making them more aware of people who look different and/or have different beliefs other than their own. The child's father also visited the nursery on one or more occasion. Each time he discussed his culture, religion, and showed the children the outfits he wears and other important things that are needed and used in his particular religion. The children found the presentation very interesting and enjoyed the experience. All the other parents of children at the setting were asked permission before the man performed his presentation.

Widening the access to their service at Sunny Time's nursery would allow them to attract more clients to their service. The expansion that would need to happen at the nursery would allow the nursery to employ more staff to look after the children in the right staff to children ratios. This would be beneficial for the local area and the community, as jobs would be made and the community would have a larger care service with more child places. If the nursery was expanded it may be able to receive more funding at local and national levels. If this funding was given to the nursery, by government (national) or Dorset County Council (local) it would help the nursery out with running cost etc...substantially. This would then leave the nursery more money to spend on things such as toys, equipment and any extra things which the nursery could use to their advantage to help children in their care develop and achieve their potential in every aspect of their learning. Widening access to their service could have good but also adverse affects on the nursery. It could get more funding as I explained above allowing it to expand and have better facilities but the nursery may not want to expand anyway. The nursery in its current state is quite small and has the right children to staff ratios, sometimes having more staff for the children attending. This is the best environment for children to learn and thrive in, and so parents and staff may not want the nursery to expand as this security and special care that they provide may be lost.

People can find out about care services in many ways, by being able to do this by themselves empowers people.

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One example of this is if parents are on a low income they may not be able to afford to pay for childcare. Because of this they would feel disappointed in themselves for not being able to give their child the same start and chance in their education as everyone else's children have, and their self confidence would be severely knocked. By giving these parents the opportunity to talk to social services or Dorset County Council, it would allow them to find out how to claim money and which schemes are available to help them pay for the child care. If they were able to claim it would leave the parents with more money to help pay for a better lifestyle i.e. home improvements, new clothes and better quality food. These would all lead to improved health and well being for the parents and their child and consequently empowering them, to lead a better life.

My second example of this would especially apply to single parent families. If the parent knows how to and is able to access a child care service (e.g. going to citizens advice bureau) they would have more free time to get a part or maybe even full time job. The job would allow the parent to be self sufficient and would mean they would not be 'scrounging' i.e. getting income support etc... Giving them more self esteem and allowing them to contribute to their community, empowering them.

Some parents also rely on family members to look after children while they attend work. Years ago this was easier because families in many cases used to live very near or with each other (i.e. the extended family). But nowadays this is not usually the case and so is not always geographically convenient for both the parent and the relative. These days the usual relative i.e. a grandparent is also still in full or part time work so doesn't have time to look after the child. By being able to access child care and having financial support this would not be a barrier, and so allow each family member to lead their own life, and support themselves. This empowers the parents.

### Questionnaire

1st

**How did you find out about Sunny Time?** I teach at the school so have seen the children and stay using the building

**Was there a waiting list and how long was the waiting list?** No - because I wanted full time and booked in advance

**Did you visit any other nurseries before deciding Sunny Time was right for your child?** No - but did use a childminder

**Why did you choose Sunny Time?** example area, cost, safety and facilities)  
Nearness to my place of work, took children from 3 months, good range of activities

**How does Sunny Time meet your child's physical need?** (Sleep exercise, warmth, toilet use, food, drink, clothes, nappies) Good - the outdoor play area is great, visits to the park extend this - plenty of exercise. All other physical needs met well

**How does Sunny Time meet your child's intellectual needs?** Is there a routine e.g. books, quiet time, early learning goals) My son learned letters, numbers, colours etc pre-reading skills, good selection/activity tables. Varied activity tables. Varied activities - intellectual activities made fun

**How does Sunny Time meet your child's emotional needs?** How does your child react when you leave your child or collect them) He has made friends, developed special relationships with other adults and feels very secure

**If your child was unhappy and distressed would Sunny Time contact you and how?**  
Not if they thought he would feel better soon - just upset at my leaving  
Phone me or send message to classroom.

**Is it always the same person greeting you and your child?**  
One of three regular faces.

**Does Sunny Time meet your wishes?**  
Yes - about food preferences, outdoor play and range of activities

**How does Sunny Time meet your child's social needs?** (How your child was introduced to other children)  
He has mixed with other children from the age of 3 months-learned to share, to tolerate others and to form special friendships

**In the summer does your child need to take hat and sunscreen with them or do Sunny Time provide these?**  
Take with them.

**When you collect your child are you informed on the activities your child has taken part in?**  
Not unless I ask - more concerned with happy/sad day or individual achievements.

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**Do you feel that it is a safe environment that you feel comfortable sending/leaving your child in?**

Yes - very much so

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## Exemplar materials for Unit 1 – mark band 3

2nd

**How did you find out about Sunny Time?**

Through a friend

**Was there a waiting list and how long was the waiting list?**

Yes 2 months.

**Did you visit any other nurseries before deciding Sunny Time was right for your child?**

Yes

**Why did you choose Sunny Time? (example area, cost, safety and facilities)**

Facilities, safety, cost and area.

**How does Sunny Time meet your child's physical need? (Sleep exercise, warmth, toilet use, food, drink, clothes, nappies)**

Well cared for all her needs met when she requires not by nursery rules

**How does Sunny Time meet your child's intellectual needs? (Is there a routine eg books, quiet time, early learning goals)** Lots of activities to help you learn

**How does Sunny Time meet your child's emotional needs? (How does your child react when you leave your child or collect them)** She is happy to be left. The staff are very kind and caring

**If your child was unhappy and distressed would Sunny Time days contact you and how?**

Yes - by mobile

**Is it always the same person greeting you and your child?**

Janet or Kathryn

**Does Sunny Time meet your wishes?**

Yes

**How does Sunny Time meet your child's social needs? (How your child was introduced to other children)**

She was introduced to other children. She was introduced by Nursery Nurse to a group doing an activity she chose. I feel she does very well socially at this nursery

**In the summer does your child need to take hat and suncream with them or do happy day provide these?**

She takes them.

**When you collect your child are you informed on the activities your child has taken part in?**

Yes always

**Do you feel that it is a safe environment that you feel comfortable sending/leaving your child in?**

Yes I feel very comfortable about my daughter's safety



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- Health & Social Care for GCSE, ISBN 0 00 713814 8
- GCSE Health and Social Care for edexcel, ISBN 0 435471414
- Full day care -National Standards 51040257

### Websites

- [www.dorset.gov.uk/dris](http://www.dorset.gov.uk/dris)
- [www.NHS.com](http://www.NHS.com)
- [www.statistics.gov.uk](http://www.statistics.gov.uk)
- [www.ohn.gov.uk](http://www.ohn.gov.uk)

### Leaflets

- Sunny Time Nursery -Staff and Candidate Handbook

### Visits

I made several visits to Sunny Time Nursery I spoke to the manager and other staff members; I also spoke to two sets of parents of the children I have investigated.



## **Commentaries – mark band 3**



## Unit 1 – mark band 3

### Assessment evidence – Unit 1: Health, Social Care and Early Years Provision

<p>You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:</p>	
a	<p>what services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.</p>

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 13 marks	<ul style="list-style-type: none"> <li>a basic description, using a limited range of information sources, which identifies the type of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; the main sources of funding; their geographical location.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a clear description, using primary and secondary information sources, of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; a range of relevant sources of funding; their geographical location.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive description of the type and range of services provided and how they are delivered; the sector (private, public, voluntary, not-for-profit) in which the chosen provider operates; an explanation of the relevant sources of funding; their geographical location. The candidate should use appropriate information from a wide range of sources, comparing and contrasting where appropriate.</li> </ul>	10-13	13

#### **Moderator comments**

The report is based on a nursery which is in the statutory sector. The candidate has identified a range of services offered by the nursery which includes a breakfast club, an after-school club, a baby unit, a toddler unit and a pre-school. With the exception of the after-school club, these services are all described in detail. The sector in which the nursery operates has been explained and a diagram with supporting information has been used to illustrate how it fits into the national provision. There is clear and relevant information on funding both at local and national level and this is appropriately related to the nursery. The geographical location is represented by a map. The candidate has produced a chart which makes comparisons between the chosen nursery and a charity-run nursery in the local area. There is evidence that the candidate has used a wide range of information sources, both primary and secondary.

This is a very thorough piece of work which fully meets the requirements of mark band 3.

**This part of the work is in mark band 3 and has been awarded 13 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

b your understanding of the skills and values required for care or early years work and the jobs which workers do.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>using limited information sources, a basic description of two main job roles within the chosen organisation, showing how the basic skills are acquired and giving an example of how the values necessary for care or early years work are implemented.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>using primary and secondary sources of information, an accurate description of two main job roles within the chosen organisation, explaining how the basic skills are acquired, describing the importance of the values necessary for care or early years work and giving at least one example of how these are implemented by either a worker or the organisation.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>using wide-ranging and relevant sources of information, comprehensive description of two job roles within the chosen organisation, explaining clearly how appropriate skills can be acquired, describing the importance of the values necessary for care or early years work and giving relevant examples of how they are implemented by both workers and the organisation.</li> </ul>	10-13	13

#### Moderator comments

The candidate has looked at two job roles – a deputy supervisor at the nursery and a nursery assistant. They have produced a detailed account of the training which each person has undertaken and included alternative training options. They have described each person’s job role in detail and have identified the specific skills and qualities needed. Comprehensive information on the care value base linked to the underlying principles of the early years sector has been included and the candidate has provided excellent examples of how this is implemented within the nursery. These relate both to the workers and to the nursery. Both primary and secondary information sources have been used. A very comprehensive approach to all aspects of this section is evident.

**This part of the work is in mark band 3 and has been awarded 13 marks.**

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:

- c how well these services meet the different needs of two people who use them.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) AO2 12 marks	<ul style="list-style-type: none"> <li>the candidate can, with guidance, identify and describe the main needs of two different people who use the services offered, stating how the provision is organised and delivered in order to meet their requirements.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>the candidate can identify and fully explain the needs of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>the candidate can comprehensively identify and explain the current needs and predict any likely future requirements of two different people who use the services offered, explaining how the provision is organised and delivered in order to meet their requirements, identifying any gaps and making suggestions for improvement.</li> </ul>	9-12	10

#### Moderator comments

The candidate has provided some general information on how children's needs are met in the nursery and the work then concentrates on two different children with specific needs. It would have been better had the candidate focused on all of the needs in relation to the two children rather than presenting it in this way. There is some excellent information on how the children's needs are met by the nursery and the candidate has attempted to predict future needs. Areas such as future developmental needs could have been included had the ages of the children been identified. The candidate has not identified any specific gaps in the provision offered but the overall quality of the work means that it is in mark band 3.

**This part of the work is in mark band 3 and has been awarded 10 marks.**



**You need to produce a report of your investigation into one provider of health, social care or early years services in your local area. Your report must show:**

d how these two people access the variety of services they need and the things which may prevent them from obtaining services.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) A02, 3 12 marks	<ul style="list-style-type: none"> <li>using limited information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing the main obstacles that may prevent them from obtaining services. The candidate makes a simple evaluation of access to the services.</li> </ul>	1-4	<ul style="list-style-type: none"> <li>using a variety of information sources, that the candidate can clearly explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate evaluation of access to the services.</li> </ul>	5-8	<ul style="list-style-type: none"> <li>using a wide range of information sources, that the candidate can explain the different ways in which people can be referred to the services they need, describing in detail the range of obstacles that may prevent them from obtaining services. The candidate makes an accurate and thorough evaluation of the effectiveness of access procedures, suggesting some solutions to improve effectiveness.</li> </ul>	9-12	11

**Moderator comments**

The candidate has produced a great deal of generic information on referral and in the previous section has described how the two children were referred to the nursery. There is detailed information on barriers to access and the candidate has also considered barriers in relation to the chosen nursery. There are suggestions of ways in which the nursery could overcome the language barrier in relation to access. Questionnaires have been used to gain information from parents regarding access to the nursery and the candidate has used the information gained in her evaluation. There is evidence of the use of a wide range of information sources.

**This part of the work is at the top of mark band 3 and has been awarded 11 marks.**

Candidate Unit Mark	47
Total Unit Mark	50



## **Unit 2: Promoting Health and Well-being**

**Guidance to what should be shown  
across the three bands**



## Assessment evidence – Unit 2: Promoting Health and Well-being

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must: a explain what is meant by health and well-being.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 7 marks	<ul style="list-style-type: none"> <li>a basic description of health and well-being. Some examples should be given to support definitions given.</li> </ul>	1-3	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the differences between positive, negative and holistic definitions and how these differ over time and between cultures. A variety of examples is used in support of these.</li> </ul>	4-5	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the difference between positive, negative and holistic definitions, how these differ over time and between cultures, illustrating the complex nature of such definitions. Well-chosen examples are used to make these differences clear.</li> </ul>	6-7	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>a basic explanation of health and well-being that includes the difference between positive and negative descriptions</li> <li>examples to support each definition.</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark band 1 have been met in greater detail and to include a holistic definition</li> <li>a range of examples to support the definitions and should include examples of time (for example, birth to old age) and culture (for example, background, lifestyle and religious beliefs).</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark bands 1 and 2 have been met and that the work has been extended to show an in-depth approach to all aspects.</li> </ul>		

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

- b identify factors affecting the individual's health and well-being and explain the effect these factors have.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO1, 2 13 marks	<ul style="list-style-type: none"> <li>a statement of a range of factors having both positive and negative effects on health and well-being together with basic explanations of the effect of these factors. Information is derived from a limited range of sources and some support and guidance is provided.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>an explanation of a varied range of factors having both positive and negative effects on the health and well-being of the individual. Information is selected from a wide range of sources and only limited assistance is required.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive explanation of a varied range of factors having both positive and negative effects on the individual's health and well-being. The candidate has worked independently to select appropriate information from a wide range of sources.</li> </ul>	10-13	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>• five/six factors, both positive and negative. Basic explanations/reasons need to be given for all factors to achieve full marks in this band</li> <li>• information gained from at least two sources and evidenced through a book/resource list</li> <li>• support and guidance provided.</li> </ul>		<ul style="list-style-type: none"> <li>• five/six factors both positive and negative which are specific and relevant to the client. Explanations and reasons need to be given for all factors</li> <li>• information gained from at least three sources</li> <li>• limited support required.</li> </ul>		<ul style="list-style-type: none"> <li>• that the requirements of mark bands 1 and 2 have been met and that the work has been extended to show an in-depth approach to all aspects</li> <li>• detailed explanations and reasons for all factors</li> <li>• the candidate has worked independently.</li> </ul>		



**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

c identify information to set targets and measures of the health of the individual.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) <b>AO2, 3</b> <b>17</b> <b>marks</b>	<ul style="list-style-type: none"> <li>a simple plan which demonstrates that the candidate can identify and apply a limited range of appropriate health related information to include physical measures of health in order to set some targets for the individual.</li> </ul>	1-7	<ul style="list-style-type: none"> <li>a realistic plan which demonstrates that the candidate can identify and apply a range of appropriate health related information, to include physical measures of health in order to set appropriate targets for the individual.</li> </ul>	8-12	<ul style="list-style-type: none"> <li>a detailed plan which demonstrates that the candidate can identify and apply a wide range of appropriate health-related information, to include physical measures of health in order to set appropriate and realistic targets for the individual.</li> </ul>	13-17	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>a basic plan to demonstrate that the candidate can identify and apply measures of health to set targets</li> <li>two physical measures of health</li> <li>at least two sources of health-related information</li> <li>advice on how some of the targets can be achieved.</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark band 1 have been met in greater detail</li> <li>the plan is realistic</li> <li>that candidates can identify and apply health-related information in order to set targets</li> <li>realistic/helpful advice on how targets can be achieved.</li> </ul>		<ul style="list-style-type: none"> <li>that the requirements of mark bands 1 and 2 have been met and that the work has been extended to show an in-depth approach to all aspects</li> <li>three physical measures should be included</li> <li>that the candidate may offer alternatives/options to meet the targets or justify the targets and strategies chosen.</li> </ul>		

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

- d include an assessment of how it may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) <b>A02, 3</b> <b>13</b> <b>marks</b>	<ul style="list-style-type: none"> <li>basic statements indicating how the plan may affect the individual, together with an indication of the difficulties which may be encountered by the individual following and/or achieving the plan. Some suggestions should be offered for overcoming the difficulties.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a review of some of the ways in which the individual may be affected by the plan, an evaluation of some difficulties that may be encountered by the individual and an explanation of how these may be overcome. Supporting arguments are presented clearly.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a well-structured review of the ways in which the individual may be affected by the plan and a critical evaluation of the difficulties that may be encountered by the individual, together with appropriate strategies for overcoming those difficulties. Supporting arguments are clear, accurate and precise.</li> </ul>	10-13	

Assessor's marking grid							
	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
	<ul style="list-style-type: none"> <li>three/four simple statements to show how the plan might affect the individual</li> <li>two/three difficulties that might occur</li> <li>suggestions to overcome difficulties.</li> </ul>		<ul style="list-style-type: none"> <li>a review of how the plan may affect the individual</li> <li>at least three difficulties which have been evaluated</li> <li>a clear explanation of how to overcome these.</li> </ul>		<ul style="list-style-type: none"> <li>the most significant ways the individual will be affected and a clear understanding of them</li> <li>difficulties that have been anticipated and alternatives given.</li> </ul>		

# Exemplar materials – mark band 1



## **Health and Social Care**

### **Promoting Health and Well-being**

## Introduction

### *Person*

*Name=Anne Bennett*

*Height= 5.3*

*Weight= 9 stone*

*Age= 41*

*Occupation= computer' assistant*

*Working hour 8:30 till 5:00*

*Spare time she socialises with her friends*

*Description= very cheerful bubbly person*

*Any other= Busy work days*

### Introduction

The person I have chosen for my case study is Anne Bennett, my mum. My mum's height is 5.3 inches and she weighs 9 stone. She has a healthy diet although she does not have enough time for exercise, as she is a very busy person. My mum works for Newport Borough Council. The hours she works are from 8am until 5pm. In her spare time she socialises with her friends.

### What is Health and Well-being?

There are several different ways of thinking about health and well being.

The negative definition of health and well being is the absence of physical illness, disease and mental distress.

Different people have different views on health and well being.

My view is the achievement and maintenance of physical fitness and mental stability. This is a positive definition of health and well being. But other people might think it is a holistic definition of health and well being, which is a combination of physical, social, intellectual and emotional factors.



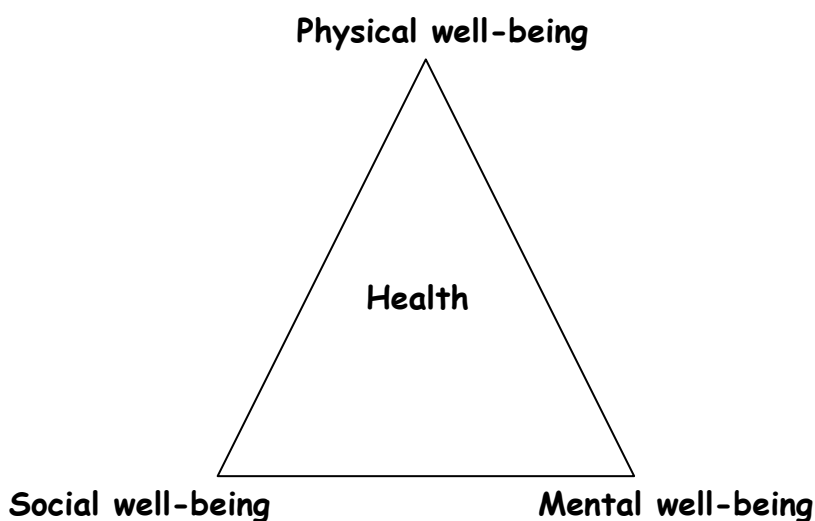
## Understanding Health and well being

You should know that there are three main ways of defining health and well being.

- Health and well being can be described as the absence of physical illness, disease and mental distress. This is a negative definition of health and well being.
- Health and well being can be described as the achievement and maintenance of physical fitness and mental-stability. This is a positive definition of health and well-being.
- Health and well-being can be described as being the result of a combination of physical, social, intellectual and emotional factors. This is a holistic definition of health and well-being.

### World Health Organisation

Definition of Health (1948)



A more recent Definition of health is:

The extent to which an individual or group is able on the one hand to change or cope with the environment, health is a positive concept emphasising Social and personal resources as well as physical capabilities.

### **Negative factors**

For her breakfast she has a cup of coffee and toast she has a salad for her dinner and a healthy meal for tea. She has regular evenings out with her friends on a Saturday and looks after the family in the evenings. She goes to work 5 days a week and gets paid at the end of month, she works on the computer in work while dealing with other people's problems. She is very busy, she has no diseases also she has no conditions after any accidents. She drinks on Saturdays and on special occasions. She lives on a housing estate in a quiet area. She's always cleaning and showers twice a day she is sometimes stressed over children. She is also back a fore the doctors for health check ups.

### **Positive Factors**

She has a balanced diet, which includes eating salads pasta and not just fried foods. She has supportive relationships with husband and children. Both my parents work full time so my mum is not always the one to be running around. She has regular check ups, she walks the dog around the park. She cleans everyday showers regular cleans her teeth twice a day, she has time to relax in the evenings from 7 till 9 0 clock. She lives in a clean safe house not much pollution.

## unemployment

ILL HEALTH CAN RESULT FROM THE STRESS AND/OR POVERTY CAUSED BY:

- ∴ UNEMPLOYMENT
- ∴ JOB INSECURITY (THE THREAT OF BEING MADE UNEMPLOYED)
- ∴ LOW WAGES.

THERE IS A LOT OF EVIDENCE TO SHOW THAT PEOPLE IN EMPLOYMENT HAVE BETTER HEALTH AND WELL-BEING THAN THOSE WHO ARE UNEMPLOYED. THE FOLLOWING HAVE ALL BEEN FOUND TO BE HIGHER AMONGST THE UNEMPLOYED:

- ∴ DEATH RATES
- ∴ AMOUNT OF LONG-TERM ILLNESS
- ∴ DISABILITY
- ∴ PSYCHOLOGICAL ILLNESS
- ∴ RISK OF SUICIDE
- ∴ STOMACH ULCERS.

## Vaccination

WHEN BACTERIA OR VIRUSES ENTER THE BODY, THE IMMUNE SYSTEM MAKES ANTIBODIES TO DESTROY THEM. THE IMMUNE RESPONSE CAN BE ARTIFICIALLY INDUCED BY VACCINATION. WHEN VACCINE IS GIVEN IT STIMULATES THE PRODUCTION OF ANTIBODIES WITHOUT ACTUALLY CAUSING THE DISEASE. THIS MEANS THAT LATER WHEN AN INDIVIDUAL COMES INTO CONTACT WITH THE DISEASE, THESE WILL BE A RAPID RESPONSE AND THE BACTERIA AND VIRUSES WILL QUICKLY BE KILLED

### Vaccination is available against

- ∴ DIPHTHERIA
- ∴ WHOOPING COUGH
- ∴ TETNUS
- ∴ POLIOMYELITIS
- ∴ MEASLES (ETC)

### Blood Pressure

The pressure at which blood flows through the circulatory system can be used as an indicator of health.

It is measured using a sphygmometer. A cuff is inflated around the upper arm. The high pressure compresses the brachial artery, which has the effect of stopping the blood flow to the lower arm.

It is used so that you can detect if a person's blood pressure is high or low.

A person who suffers from hypotension has a low blood pressure. A person who suffers from hypertension has a high blood pressure of more than 140 systolic and 90 diastolic is considered abnormal.

## Exemplar materials for Unit 2 – mark band 1

### **Body mass index**

Body mass is a measure that takes into account both height and weight. It can therefore be used to indicate whether a person's weight is healthy for their height. A person's weight can be an important guide to their physical health. If someone is overweight or underweight it is obviously cause for concern about his or her physical health.

### **Resting pulse rate and recovery after exercise**

The pumping action of the heart causes a regular pulsation in the blood flow.

Resting pulse rate is pulse taken after a period of relaxation. A low resting pulse rate generally indicates a better physical fitness level than a person with a high resting pulse. Another way of using pulse rate as an indicator of the level of a person's physical fitness is to see how quickly after a period of exercise a person recovers and gets back to their own pulse rate.

### **peak flow**

Peak Flow is a measure of how fast you can blow air out of your lungs. It can be measured with a PEAK FLOW MEASURE. When you blow into a peak flow meter it measures the speed of air passing through the meter. This figure is given in litres per minute. Peak flow readings vary according to size, age, height and even time of day. Peak flow readings are usually higher in men than women. The higher peak flow usually occurs between the ages of 30-40. The higher the peak flow is likely to be. Peak flow is often higher in the morning than the evening.

### **Appropriate measures of health**

The two measures of health I have chosen for my mum is peak flow and blood pressure the reason I have chosen these two is because she smokes. When you smoke your lung capacity reduces which is then detected by the peak flow meter. Blood pressure reflects how well your heart is working and smoking is connected to heart disease this is a good method to find this information out.

## Exemplar materials for Unit 2 – mark band 1

### Measures of health

*A graph was included here of the body mass/height indicator*

My mum is 5 foot 3 inches and 9 stone on the weight chart she is on the okay line which means that she is overweight or underweight she is fine

*Diagrams of an electric sphygmomanometer, a peak flow meter, how to locate the pulse at the wrist, the fitness index step test and measuring were included here.*

Targets			
Targets	2 weeks	6 months	1 year
Smoking	From 6-7 cigarettes to 3-4 cigarettes a day	7-10 a week	Stop smoking altogether
Drinking alcohol	To only drink on weekends	Only drink once a month	Special occasions, avoid binge drinking
Exercise	Increase the time when walking to work by walking a different way	Try different exercises like going to the gym or aerobics	Exercise 3-5 times a week for a minimum of 30 minutes

## Targets

### **Short term:**

If my mum cuts down on smoking in the short term, she smokes 6-7 cigarettes a day so she could start to smoke 3-4 cigarettes a day. The difficulties is you get very stressful and the first thing in a short term if your stressed you would light up a cigarette.

### **Long term:**

If she keeps smoking 3-4 cigarettes a day then she could start to smoke 1 or 2 then in a couple of months she could of give up completely. She would feel much more healthier and she would find it easier to exercise for longer with out feeling out of breath.

### **Analysis of my plan**

The plan will make my mum feel healthier by helping her to cut down on smoking or give up altogether.

The plan will give my mum more physical health - this is concerned with the physical functioning of the body. Physical is the easiest aspect of health to measure also so her - lungs will improve straight away and she will get rid of her smokers cough, and in the long term life expectancy improve also less likely to get diseases associated with smoking.

Intellectual health or mental health this is concerned with the ability to think clearly and rationally. It is closely linked to emotional and social health.

Emotional health this is concerned with the ability to recognise emotions such as fear, joy, grief, frustration and anger and to express such emotions appropriately. Emotional health also includes the ability to cope with anxiety, stress and depression you still feel stressed and in long-term use a different method coping with stress.

Social health this is concerned with the ability to relate to others and to form relationships with other people.

## Exemplar materials for Unit 2 – mark band 1

The reason why my mum should stick to the plan is because she will be saving her money or spend it on more social things, feel better, her taste buds will improve and her chest and lungs will feel better. She will also be fitter and healthier and she will be finding her self-doing more exercise but the longer you smoke the more at risk you are from getting smoking diseases. The difficulties my mum might have with this plan is a problem sticking to it as she might forget get or cant be bothered and the easy option of getting out of it is going back to cigarettes.

How to overcome the difficulties!

To overcome these difficulties you should always have an alternative to a cigarette like chewing gum or patches. I think these changes will have an effect after 2 weeks then 6 months then you will give up smoking altogether after 1 year.



# Commentaries — mark band 1



## Assessment evidence – Unit 2: Promoting Health and Well-being

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must: a explain what is meant by health and well-being.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 7 marks	<ul style="list-style-type: none"> <li>a basic description of health and well-being. Some examples should be given to support definitions given</li> </ul>	1-3	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the differences between positive, negative and holistic definitions and how these differ over time and between cultures. A variety of examples is used in support of these.</li> </ul>	4-5	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the difference between positive, negative and holistic definitions, how these differ over time and between cultures, illustrating the complex nature of such definitions. Well chosen examples are used to make these differences clear.</li> </ul>	6-7	2

### Moderator comments

The candidate gives very basic explanations of health and well-being such as the ‘absence of disease’ and the ‘achievement and maintenance of physical fitness and mental stability’ and ‘intellectual and emotional factors’. No examples are given to support these definitions and therefore they have been awarded two marks. For higher marks in this mark band the candidate would need to demonstrate some of the differences between each of the definitions and give a variety of examples.

**This part of the work is in mark band 1 and has been awarded 2 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

- b identify factors affecting the individual's health and well-being and explain the effect these factors have.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO1,2 13 marks	<ul style="list-style-type: none"> <li>a statement of a range of factors having both positive and negative effects on health and well-being together with basic explanations of the effect of these factors. Information is derived from a limited range of sources and some support and guidance is provided.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>an explanation of a varied range of factors having both positive and negative effects on the health and well-being of the individual. Information is selected from a wide range of sources and only limited assistance is required.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive explanation of a varied range of factors having both positive and negative effects on the individuals health and well-being. The candidate has worked independently to select appropriate information from a wide range of sources.</li> </ul>	10-13	5

**Moderator comments**

The candidate gives a short profile of their client. They give simple statements of positive and negative factors and relates these to their client such as 'she lives in a quiet area' and 'she eats a balanced diet, which includes eating salads and pasta and not just fried foods'. The candidate also includes information on employment and vaccinations but does not relate these to their client.

**This part of the work is at the top of mark band 1 and has been awarded 5 marks.**

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:

c identify information to set targets and measures of the health of the individual.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) <b>AO2, 3</b> <b>17</b> <b>marks</b>	<ul style="list-style-type: none"> <li>a simple plan which shows that the candidate can identify and apply a limited range of appropriate health-related information, which includes physical measures of health, in order to set some targets for the individual.</li> </ul>	1-7	<ul style="list-style-type: none"> <li>a realistic plan which shows that the candidate can identify and apply a range of appropriate health-related information, which includes physical measures of health, in order to set appropriate targets for the individual.</li> </ul>	8-12	<ul style="list-style-type: none"> <li>a detailed plan which shows that the candidate can identify and apply a wide range of appropriate health-related information, which includes physical measures of health, in order to set appropriate and realistic targets for the individual.</li> </ul>	13-17	<b>6</b>

#### Moderator comments

The candidate provides information on blood pressure, BMI, resting pulse rate and recovery after exercise and peak flow. They choose peak flow and blood pressure to apply to their client because their client smokes. However there is no information in the work that these measures have been taken. The candidate includes a height/weight chart and concludes that their client's weight is fine. The candidate provides a simple plan for smoking, drinking alcohol and exercise and sets targets to be achieved over a period of time. They have been awarded six marks. To achieve full marks the candidate should have identified clearer advice on how the targets could be achieved together with health related information to support the plan.

**This part of the work is at the top of mark band 1 and has been awarded 6 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

d include in your plan an assessment of how it may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>basic statements indicating how the plan may affect the individual, together with an indication of the difficulties which may be encountered by the individual following and/or achieving the plan. Some suggestions should be offered for overcoming the difficulties.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a review of some of the ways in which the individual may be affected by the plan and an evaluation of some difficulties that may be encountered by the individual and an explanation of how these may be overcome. Supporting arguments are presented clearly.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a well-structured review of the ways in which the individual may be affected by the plan and a critical evaluation of the difficulties that may be encountered by the individual, together with appropriate strategies for overcoming those difficulties. Supporting arguments are clear, accurate and precise.</li> </ul>	13-17	4

**Moderator comments**

The candidate gives the benefits of following the plan such as their client ‘will save money, her taste buds will improve and her client’s chest and lungs will feel better’. The client will also be fitter since ‘she will be doing more exercise’. The candidate says that their client may have difficulty with the plan because ‘she might forget or can’t be bothered and will start smoking again’. The candidate suggests that the difficulty could be overcome by chewing gum or wearing patches. Four marks have been awarded. To achieve full marks the candidate needs to cover the difficulties their client may have with exercise and alcohol and gives suggestions.

**This part of the work is in mark band 1 and has been awarded 4 marks.**

<b>Candidate Unit Mark</b>	<b>17</b>
<b>Total Unit Mark</b>	<b>50</b>

# Exemplar materials – mark band 2





**Promoting Health and Well-Being**

**GCSE**

**Unit 2**

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# Task 1

## HEALTH AND WELL-BEING

Health comes from an old English word meaning 'whole'. Physical, intellectual, emotional and social well-being are the terms included. A person feels positively well and is not just free of diseases or illness. This should mean health and well-being. It is difficult to define and collect information about well-being as it often relates to how individual people feel about themselves and their own personal experience.

Well-being is harder to define than illness as it is often taken for granted.

There are three ways of looking at health and well-being:

A negative way of looking at health and well-being can be to look at it as the absence of any physical illness, disease or mental distress. This definition is saying that a person has done nothing to contribute to this healthy state, for example people like dot cotton who don't eat healthy, hardly exercises, smokes and are under weighted but they still think they are healthy.

A more positive way of looking at health and well-being is to say that a person achieves a healthy state through becoming and staying physically fit and mentally healthy. This means that the person contributes to their own health and well-being through keeping fit and healthy. For example like the footballer David Beckham who eats healthy and exercises a lot so he contributes to his health.

The 'Holistic way' of looking at health and well-being is when physical, social, intellectual and emotional factors are all seen to contribute to the health of the individual. For example Victoria Beckham who thinks it's important to look good and to eat healthy to stay in shape.

## Exemplar materials for Unit 2 – mark band 2

### Culture

Different people live in different cultures because different people live differently for example some people might live in a house, flat or card board box so their cultures are different. If u live in a house that could be better for your health, if you live with more than 1 person a house would be better because its bigger and not as small as most flats so you won't be in each others pockets but if you live in a cardboard box, your health is most likely to be bad because you haven't got a warm, safe place, your more likely to catch diseases and be ill all the time and all these isn't good for your health. Your religion can also affect your health because if your beliefs say not to eat meat you would be losing out on the vitamins your body needs from the meats so your not really healthy. Your culture would also affect the way you dress (religion),

Act and the way you think. People in the 3rd world countries might feel bad because they cant afford the foods they need due to the lack education or limited resources. Their lives are a lot different from ours because as we have a nice house they live in slums, we have nice clean water to drink and wash from but they only have dirty water to live from and they don't have all the food we can have because they don't have only super-markets.

### Risks to Health

I think that there are many risks that could affect someone's health. There are many risks that could affect your health like eating too much food or not eating enough food, not doing enough exercise, smoking or misuse of drugs, where you live (your environment), your income, being unemployed, sometimes people's housing could be a risk to people's health because if you're unemployed or have a low income your house might not be in a good standard or it might be overcrowded which can be unhealthy for your health, drinking alcohol and sometimes people's social class can affect their health. People have a choice whether they want the risks to damage their health or not for example whether they smoke, drink, take drugs, which would damage their health and could cause heart problems. Some people though decide not to do things that are important to their health like not wearing the correct uniform at or not doing enough exercise. Even if you're not getting enough sleep that's still a risk to your health and even if you don't smoke and people around you do you're still at risk of getting the same diseases as smokers do.

Positive risks to health are eating a balanced diet, doing exercise, not smoking or only taking drugs that your doctor has prescribed to you when you need them, living in a nice environment, getting enough sleep/rest, in employment and have a steady income, living in a nice environment and their house is in a good standard and is not overcrowded.

## Exemplar materials for Unit 2 – mark band 2

### HOW HEALTH DIFFERS OVERTIME

From about 1900s to this present day people's health has changed. By changed I mean their living standards have got much better, we're more aware of diseases and have more cures to disease than in the 1900s when they didn't know hardly anything about diseases and didn't have the medicine to cure the diseases. Most people these days are in good health due to having better housing, medical treatment when they need it, better food to eat, easier to keep your bodies in shape for example going to the gym and doing exercises. About 100 years ago people couldn't do most of the things we can do for good health as they didn't have a lot of medical treatment around and they had to pay for it so if they were poor they couldn't afford the treatment so they would have bad health and mostly die but today most medical treatment is free, living standards was very unhealthy in the 1900s and cause diseases, they couldn't eat properly especially if they were poor and they didn't have gyms they could go to, to stay fit.

**0-2YEARS-** when you are at this age, it is your parent's responsibility to provide you with food, water, shelter and warmth. In your first year of life you would eat non-solid foods but about a year and upwards you would start to eat the foods your parent's would eat. Intellectually you would learn from playing from toys, situations and would copy speech and actions that you see other people do. So if you see people misbehaving your more likely to misbehave. At this age you would be very reliant on your parents or careers and will need them for support. If they don't get their parents support it will have a big affect of their life. Children at this age rely on their parents/careers and any brothers or sisters for a social role. If the parents bully or don't share with other people then the child would pick this up and think that it is the correct thing to act and do but if the parents/carers or brothers/sisters are good natured around people and share things then the child are most likely to be the same.

**2-10YEARS-**at this stage you can walk and this gives you access to a range of areas such as food, warmth and protection. This means that you will be able to access these without the help of our parents. Intellectually you would be still learning things through play but you would also be learning through formal education, like going to nursery or primary school. Emotionally you would still be reliant on careers/parents but it would be for things such as support. Socially you would now be developing a circle of friends, going to greater range of areas and learning how to share.

## Exemplar materials for Unit 2 – mark band 2

**10-18YEARS-** At this stage of your life you would of rapid growth of puberty and this is linked to taking more control. Intellectually you are still in formal education but you are learning a wider variety of subjects and new skills. You are also learning more now through experiences in new situations. Now you will be getting older and going through puberty, you will be getting mixed feelings, start to move away from your parents and being more independence but you may still need support from your parents at times. Socially peer groups will become very important. This is the people of the same interest such as friends. You will care more about them and be aware of their feelings.

**18-65-** this is the stage where you go through most of your life experiences. At these ages you can experience births of family members, deaths of family members and close loved ones. You go through many physical and intellectual changes as you have more experiences in your lifetime. At this age you are still learning new skills. At some point during these life stages you will develop and loose friendships and you will begin to realise how much good friendships and family mean to you.

**65+-** at this stage of your life, you will start to loose loved ones maybe due to illness or old age. Older people may feel alone at certain times as family members may put you in a home and you feel they are not there to support you as much as they used to. Older people can suddenly become ill and carers may not realise how serious it is. They may not be able to care for themselves as much as they used to be able to and may start to feel lonely. You may need a carer or to move into an home or with close family as it maybe better for your health.

### RISKS TO HEALTH AND WELL-BEING

- @Genetically inherited diseases/ conditions
- @Social isolation
- @Substance misuse (legal/illegal, drugs etc)
- @Unemployment
- @Too much stress
- @Inadequate housing
- @Unprotected sex
- @Lack of regular exercise
- @Poverty
- @Unbalanced poor/inadequate diet
- @Environment



## Exemplar materials for Unit 2 – mark band 2

Life Stage	Basic Health Needs	How the need is expressed and met
Child 0-2	Physical	Food warmth and water from parents medical support/ vaccination for long term protection
Child 0-2	Social	Very solitary, relying on carers, brothers and sisters for social rules
Child 0-2	Emotional	Very reliant on primary carers for emotional support
Child 0-2	Intellectual	Learning to play and learn from new situations

Child 2-10	Physical	Walking gives access to a range of areas, food, warmth and protection from carers
Child 2-10	Social	Developing circle of friends. Greater range of social contacts
Child 2-10	Emotional	Very reliant on primary carers for emotional support and as models for beliefs
Child 2-10	Intellectual	Learning through play formal education

## Exemplar materials for Unit 2 – mark band 2

Adolescent 10-18	Physical	Rapid growth at puberty linked to taking more personal control of supplying physical needs
Adolescent 10-18	Social	Peer group (people of same age and interests) becomes very important. Group membership provides support beyond the family
Adolescent 10-18	Emotional	A time of mixed emotions needing careful support starts to move away from parents to peer for support
Adolescent 10-18	Intellectual	Formal education, more learning from experience as new situation are met in peer group

Adult 18-65	Physical	Becoming self-reliant and a provider of physical support for others (becoming a parent)
Adult 18-65	Social	Develops through a variety of stages including marriage, starting a family and children leaving home
Adult 18-65	Emotional	Developing strong attachments to a partner. Being a model for and supplying support for others in family
Adult 18-65	Intellectual	Formal education reduces. Challenges come from work and family roles

## Exemplar materials for Unit 2 – mark band 2

Older adult 65+	Physical	Senses become less efficient. General wear and tear means support from others artificial aids (e.g spectacles)
Older adult 65+	Social	Family will have left home. One partner may die before the other. Movement difficulties increase isolation. Organised activities support social well-being
Older adult 65+	Emotional	Friends and relatives get older and die. Children become independent, so emotional support needs to come from other people often a time reduced ability means self-esteem and self-worth are low
Older adult 65+	Intellectual	Mental activity often outstrips physical ability, leading to some frustration. Intellectual stimuli are very important

## Research on Health and Well-Being

When we meet people we have not seen for some time, we usually ask how they are, and we would be quite surprised if they replied with full information about the state of their health-most of the responses we get are usually fairly simple and often inaccurate, such as 'fine' or 'not so bad'. People rarely tell us about details of their health and well-being.

Health and well-being are difficult things to understand or explain. To adolescents and young adults, being healthy might mean taking regular exercise by joining aerobics groups or playing football. However, this would not be a feature of the healthy lifestyle of an average 80-year-old person. To such a person, being healthy would more likely involve being able to do the tasks associated with independent daily living, such as shopping.

All people are unique and everyone has different health needs, but there are some things that affect everyone's health, such as what we eat and drink, where we live and the different incomes we have.

Some people choose to do things that can be harmful to their health, such as smoking or taking too many legal or illegal drugs. Others choose not to do the things that are important to health, such as not wearing the correct protective clothing at work or not taking the right amount of exercise.

# TASK 2

QUESTIONNAIRE ON MY CLIENT

1. How old are you?
2. What is your height?
3. What is your hair colour?
4. What colour is your skin tone?
5. What is your shoe size?
6. What colour are your eyes?
7. What is your hairstyle?
8. What is your favourite food?
9. What is your favourite colour?
10. Where was you born?
11. Area where you live?
12. What size are your clothes
13. Do you smoke?
14. Do you drink?
15. Do you take drugs?
16. Do you exercise?
17. What foods do you eat?
18. Do you work?
19. How often do you brush your teeth?
20. How often do you have a bath/shower?
21. Have you ever dyed your hair?
22. If so what colour is it?
23. Do you live with your parents?
24. Do you have any siblings?
25. Are in a relationship?
26. Do you wear make-up?
27. Do you think you're healthy?
28. Do you like school?
29. Do you want to go to college?
30. What do you want to do when you leave school?

## Exemplar materials for Unit 2 – mark band 2

31. Do you want any children?
32. Do you want to get married?
33. How much do you weigh?
34. Do you get any money during the week?
35. Do you have any close friends?
36. Do you have a mobile phone?
37. Are you popular at school?
38. How do you feel about yourself?
39. Do you collect anything?
40. Are you into music?
41. If so what music are you into?
42. Do you have any body piercing?
43. What is your favourite shop?
44. Do you go out with your friends?
45. Do you get on with your family?
46. Do you shave your legs?
47. Do you wear jewellery?
48. Do you watch TV?
49. How often do you wash your hair?
50. Do you read?

ANSWERS TO  
QUESTIONNAIRE ON MY CLIENT

1. 15
2. 5FT
3. BROWN
4. WHITE
5. 6-7
6. HAZEL
7. STRAIGHT LONG HAIR
8. CURRY-MEXICAN
9. PINK
10. xxxxxxxx
11. xxxxxxxx
12. TROUSERS-8, TOPS-10
13. SOMETIMES TRYING TO GIVE UP
14. YES
15. SOMETIMES
16. SOMETIMES
17. A BIT OF EVERYTHING
18. YES
19. 3 TIMES A DAY
20. EVERY DAY
21. YES
22. BROWN AND BLONDSTREAKS
23. YES
24. YES 2 BROTHERS AND 2 SISTERS
25. NO
26. YES
27. NO
28. ITS OK
29. YES



## Exemplar materials for Unit 2 – mark band 2

30.BE A SYCOLOGISTS

31. YES

32. YES

33.8 STONE

34.YES

35. YES

36. YES

37.NOT SURE

38.IM OK

39.BAGS AND SHOES

40. YES

4I.DRUM'N'BASE AND R'N'B

42. YES-EARS

43.LOGO

44. YES

45.SOMETIMES

46. YES

47.YES

48. YES

49.EVERYDAY

50. YESoSOMETIMES

## Exemplar materials for Unit 2 – mark band 2

### MY CLIENT

My client is fifteen, her birthday is in December. She was born in xxxxxxxx, in the year 1988. She has straight long brown hair with blond streaks. Her height is 5ft, weighs 8 stone and her shoe size is 6-7. She has hazel eye colour. Her favourite food is curry-Mexican, she eats abit of everything. My client lives in xxxxxxxx with her mum, step-dad, 2 brothers, 2 sisters and her pets a parrot and a dog. Her clothes sizes are trousers 8 and tops 10. My client smokes but sometimes tries to give up, she likes to drink and sometimes takes drugs. She also sometimes does some exercises. My client has a Saturday job and oftens goes out with her friends. She brushes her teeth 3 times a day and has a bath/shower everyday, washes her hair everyday and she shaves her legs everyday. My client isn't in a relationship at the moment but has been in a serious relationship. She likes to wear make-up and doesn't think she is healthy. My client thinks that school is ok and she doesn't know if she is popular or not and that she wants to go to college after she has lefted school and maybe become a sycologist and have children, get married. My client gets money during the week to spend on what she wants. She has some close friends. She likes to listen to drum'n'base and r'n'b and she collects bags and shoes and has had her ears pierced. My client's favourite clothes shop is logo at bluewater. She doesn't always get's on with her family. My client also likes to wear jewellery, watch TV and sometimes reads.

## Exemplar materials for Unit 2 – mark band 2

### POSITIVE THINGS ABOUT MY CLIENT

- She regularly exercises
- Trustworthy (most of the time)
- Always there for you
- Gives good advice when you need it
- Wants to have children
- Good listener
- She is in a good relationship
- Kind
- She wants to go to college
- Mostly eats healthy
- Has a bubbly personality
- Has loads of friends
- Funny
- She wants to get married
- She is caring

All these things would have a positive affect on my client because she would feel good about herself. She would have a high self-esteem due to having loads of friends that care for her, do anything for her, which is good because that's how she treats her friends, caring for them, being there when we need her, giving out advice when you need it, listening to you. My client also knows what she wants to do when she leaves school, which is to go to college. My client also wants to get married and have children. These things are good for her because they are all good affects on her so she should be positive about herself.

**NEGATIVE THINGS  
ABOUT MY CLIENT**

- She drinks
- She smokes
- She doesn't always get on with her family
- She sometimes takes drugs
- She is sometimes late (e.g for school or meeting up with friends)
- She doesn't always concentrate at school

There are a few negative things that affect my client. My client drinks, she could affect her if she keeps on going because she could become addicted to the drink which could damage her health. My client also smokes which she is already addicted to and gets angry when she hasn't got a cigarette this could lead to her having problems if she carries on smoking. My client doesn't always get on with her family this could affect her because she might become depressed or something like that because she thinks no one wants to talk to her. My client doesn't always concentrate on her school which would affect her exam results and she then might not be able to get into college and she could feel low and feel a failure.

# TASK 3

## Exemplar materials for Unit 2 – mark band 2

### TARGETS FOR MY CLIENT

#### Target1: Smoking

@Smokes 10-15 cigarettes a day

@The types of cigarettes she smokes are Mayfair, Superking, Sovereign and B+H (gold and silver)

@She has been smoking for 5 years

I think my client should give up smoking because she is starting to get a smokers cough, her teeth are turning yellow and her breath is starting to smell of smoke. She also spends a lot of money on buying cigarettes, she spends about £20-£30pounds a week on buying cigarettes. If she hasn't got any money she would beg other people to buy some cigarettes. I want my client to slowly cut down on smoking as it is damaging her health. I will set her small targets that she could reach everyday. I would try and make her smoke 1 less cigarette a day and hopefully it would make it easily for her to give up smoking. I have given my client some options to help her give up smoking which were nicotine patches or nicotine chewing gums. My client choose the nicotine chewing gums as she thinks she would do better having chewing gum then wearing patches when she wants a cigarette.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
10 cigarettes	9 cigarettes	8 cigarettes	7 cigarettes	6 cigarettes	5 cigarettes	4 cigarettes

Day 8	Day 9	Day 10
3 cigarettes	2 cigarettes	1 cigarettes

## Exemplar materials for Unit 2 – mark band 2

### **Target2: Drinking**

@She drinks loads of vodka, Stella's, wine

@; She drinks whenever she goes out with friends or when she's at parties

My client should give up drinking as much as she does now as it damaging her health. If she keeps on drinking it would cause serious health problems and could end up killing her. My client has been in hospital due to drinking and that's another reason I want her to cut down on the drinking. I would set her targets off only drinking for special occasions and not drinking as much if she does drink with her friends. She also spends most of her money on buying alcohol. She spends about £15-£20 pounds every two weeks on alcohol. I gave my client two options to chose from, which were: my client to write down what she had to drink and how much she spent on buying the alcohol or telling her how much she can spend on alcohol a month and what alcohol she can drink. My client chose the second option as she also thinks that would help her cut down on the alcohol as she would any have about £20 pounds to spend on alcohol a month.

### **Target3: unhealthy eating**

@Mostly eats take aways when she has the money

@Hardly eats a balanced diet

@eats more fatty foods than anything else

I think my client has an unbalanced diet because she doesn't eat healthy meals as its mostly fatty foods and when she has the money she would eat take-aways. If my client carries on eating set my client targets to get her eating more of a balanced diet and less of the fatty food. I would give her a diet to follow, which would be more balanced than her diet now. My client spends a lot of money on takeaways, which aren't healthy for her. I gave my client two options to chose from which would make her diet more healthy, they were: to only have a takeaway once a week and have healthy meals everyday or to have a takeaway once a month and eat healthy meals which I plan. My client chose the second option because she said it would save her money and she would become healthier.

## Exemplar materials for Unit 2 – mark band 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast= Toast or cereal	Breakfast= Toast or cereal	Breakfast= Toast or cereal	Breakfast= Toast or cereal	Breakfast= Toast or cereal	Breakfast= Toast or cereal	Toast or cereal
Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich, crisps and a piece of fruit	Lunch= Sandwich crisps and a piece of fruit
Dinner= Potatoes and fish fingers	Dinner= Jacket potato	Dinner= Chicken pasta	Dinner= Soup	A piece of fish and potatoes	Takeaway	Dinner= A roast dinner

### Target 4: drugs

- Takes any drug which she can get hold of
- Takes them when with friends and at parties

My client doesn't take a lot of drugs, only when she feels like taking them or if they're going around at parties. I'm setting a target for my client to try to stop taking drugs as she could become addicted to drugs, which can cause serious health problems to her. My client doesn't spend a lot of money on drugs at the moment as she only takes them very rarely but if I don't set her a target to give up taking drugs she could become addictive to them and she could start to spend more money on buying drugs. I gave my client two options, which could help her to give up, which were: getting her to write down what drugs she had taken and how much she had spent on them and the other option was: not to be with people who took drugs then she could not be tempted to take any. My client chose the first option because she said that she knows too many people who takes them and she would prefer to write down what she took and hopefully reduce it every time she took drugs.



## Exemplar materials for Unit 2 – mark band 2

### TASK 4

#### REST, PULSE, RECOVERY, HEIGHT, WEIGHT AND BMI

1. Rest, Pulse and Recovery
2. Height and Weight
3. BMI (Body Mass Index)

#### Rest, Pulse And Recovery

Each time the heart beats to pump blood a wave passes along the walls of the arteries. This wave is the pulse and can be felt at any point in the body where a large artery crosses a bone just beneath the skin.

The pulse is usually counted at the radial artery in the wrist or the carotid artery in the neck.

To take the pulse, the fingertips are placed over the site where the pulse is being taken. The beats are counted for a full minute and then recorded. Normally the rhythm is regular and the volume is sufficient to make the pulse easily felt. The three main observations, which are made on the pulse, are rate, rhythm and strength.

The average adult pulse rate varies 60 and 80 beats per minute, while a young baby has a heart rate of about 140 beats.

An increased pulse rate may indicate recent exercise, emotion, infection, blood or fluid loss, shock and heart disease.

My client's normal pulse rate is 64 bpm

My client's pulse rate after some exercise is 96

#### Height and Weight

Height

The average length of a new baby is 50cm. By the second birthday, children are likely to have reached half their eventual adult height.

Parents or carers must not become preoccupied with a child's size. If a child is happy contented, growing and energetic there is nothing to worry about.

My client's height is 171cm

## Exemplar materials for Unit 2 – mark band 2

### Weight

The average weight for a newborn baby is 3.5kg (7lb 11oz). The heaviest recorded live-born weighted in at 9.3kg (20lb 8oz), babies should be weighted regularly as weight gain and contentment are signs that they are being fed adequately. A baby can be expected to double his or her birth weight in the six months and treble it by the end of their first year. Children (and adults) will become fat if they overeat and do not have enough exercise.

My client's weight is: 12 stone 72.1kg

### Client data

#### Heart Rate: 64

My client's resting Pulse rate:  $16 \times 4 = 64$

After exercise= 96

After 1 min= 96

After 2 mins= 76

After 3 mins= 61

#### Chart included

#### My client's Weight, Height, Body mass and Peak Flow

Weight= 12stone 72.1kg

Height = 171

Peak Flow= 300

Body mass= 24

From my client's health profile I have concluded that she has a good cardiovascular system. My client's Peak Flow is a little below average. This could be because she is a smoker. However, her Body Mass Index is average for her body shape.

## Research

I am getting all of my research of [www.google.com](http://www.google.com).

### Smoking

#### What goes on inside a smoker?

22% of all male deaths and 11% of all female deaths are due to smoking.

Giving up smoking can reduce the risk of developing many smoking related illnesses. Within 10-15 years of giving up, an ex-smokers' risk of developing lung cancer is only slightly greater than someone who has never smoked.

#### Pictures of a cancerous lung and healthy lung included

#### The costs of smoking

##### Physical

- Wheezing, shortness of breath
- Lack of energy, poor concentration
- Dull skin, nicotine-stained fingers. Premature wrinkling
- Reduced fertility, risky pregnancy, baby at risk
- Damaged taste buds, stained teeth
- Lung cancer, emphysema, stroke, heart attack ...the list goes on
- Damaged circulation, gangrene, amputation

##### Social

- Polluting the air with carcinogens
- Children at higher risk of asthma, cot-death, bronchitis and glue ear
- Smoke gets in your eyes
- Dusty, stuffy home. Nicotine stains your walls as well as your fingers
- Spoilt clothes and furniture
- Increased risk of fire in the home

##### Financial

At today's rates, a 20-a-day smoker will spend £31,025 over the next 20 years. Holidays you could have enjoyed; savings you could have built up; a home, car or important possessions you could have owned; toys and experiences you could have brought for your children.

## Exemplar materials for Unit 2 – mark band 2

### Emotional

- Being a turn off to the opposite sex and the possibility of missing out on relationships
- Feeling a slave to cigarettes
- Ever present, nagging sense of guilt that you should give up
- Disapproval and dislike, increasing pressure from a society that doesn't want to be subjected to smoke

### How much could you save

#### The Pavlovian reaction

In the same way that you might associate certain times of day with specific activities - such as a shower when you get up in the morning - certain situations and events become very strongly associated with smoking in your subconscious. Pavlov showed that if he rang a bell when he fed his dogs, after a while purely ringing the bell was enough for the dogs to salivate. In the same way, even though you have made a conscious decision to stop smoking the association with certain situations will take time to disappear.

Before you stop, try and become aware of when you smoke and why. Once you have identified your reasons for smoking and your triggers, they will become much easier to break.

#### Emotional triggers

Whilst breaking the physical addiction to nicotine is hard, for many smokers breaking the habit -the psychological addiction -is much harder. This is mainly because smoking is likely to have become deeply ingrained over many years and has therefore become an integral part of many emotional occasions. Sad or unhappy, bored or having to concentrate hard, happy and relaxed with friends - cigarettes are likely to have played a part in almost all of these situations.

#### Sometimes, a cigarette is just a cigarette...

It helps to remember that sometimes we ascribe too much power to cigarettes. They don't have the power to change anything or to make things better. As Freud once said, 'Sometimes, a cigarette is just a cigarette'.

## Exemplar materials for Unit 2 – mark band 2

However, to stop and stay stopped you do need to keep a strong and focused mind. The associations you have established with smoking are likely to outlast your physical addiction to nicotine. Reminding yourself that you are in control, together with a positive mental attitude will help you to stay stopped - and enjoy life as a non-smoker!

all this information I have got on giving up smoking will help my client understand how badly smoking is damaging her health and about how much smoking costs and not by money.

## Exemplar materials for Unit 2 – mark band 2

### Drinking

Alcohol abuse and alcohol dependence are not only adult problems -they also affect a significant number of adolescents and young adults between the ages of 12 and 20, even though drinking under the age of 21 is illegal.

**The average age when youth first try alcohol is 11 years for boys and 13 years for girls. The average age at which Americans begin drinking regularly is 15.9 years old.**

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.

An early age of drinking onset is also associated with alcohol-related violence not only among persons under age 21 but among adults as well.

It has been estimated that over three million teenagers are out-and-out alcoholics. Several million more have a serious drinking problem that they cannot manage on their own. The three leading causes of death for 15- to 24-year-olds are automobile crashes, homicides and suicides -alcohol is a leading factor in all three.

While drinking may be a singular problem behaviour for some, research suggests that for others it may be an expression of general adolescent turmoil that includes other problem behaviours and that these behaviours are linked to unconventionality, impulsiveness, and sensation seeking.

Binge drinking, often beginning around age 13, tends to increase during adolescence, peak in young adulthood (ages 18-22), then gradually decrease. Individuals who increase their binge drinking from age 18 to 24 and those who consistently binge drink at least once a week during this period may have problems attaining the goals typical of the transition from adolescence to young adulthood (e.g., marriage, educational attainment, employment, and financial independence).

## Exemplar materials for Unit 2 – mark band 2

Dependence on alcohol and other drugs is also associated with several psychiatric problems, such as:

- depression
- anxiety
- oppositional defiant disorder (ODD)
- antisocial personality disorder

Whether anxiety and depression lead to or are consequences of alcohol abuse is not known.

Alcohol use among adolescents has also been associated with considering, planning, attempting, and completing suicide. Research does not indicate whether drinking causes suicidal behaviour, only that the two behaviours are correlated.

Parents' drinking behaviour and favourable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking. Children who were warned about alcohol by their parents and children who reported being closer to their parents were less likely to start drinking.

Lack of parental support, monitoring, and communication have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents. Harsh, inconsistent discipline and hostility or rejection toward children has also been found to significantly predict adolescent drinking and alcohol-related problems.

Peer drinking and peer acceptance of drinking have also been associated with adolescent drinking.

The most common and effective way for an individual to combat his or her addictive behaviours is through a self-help support group, with advice and support from a health care professional. Treatment should also involve family members because family history may play a role in the origins of the problem and successful treatment cannot take place in isolation.

**This information will help my client because it gives you information about teen drinking and what drinking causes etc and what things cause teens to drink.**

## Exemplar materials for Unit 2 – mark band 2

### Unhealthy Eating

Are you eating the foods you shouldn't because of your behavioral eating patterns? We seem to form a way of eating that is actually harmful to our bodies even without our trying to lose weight. It is so quick and easy while out riding around to stop at a fast food establishment and order a burger and fries, and easy also to super size this fattening, artery, clogging meal. We just don't stop to think about what we are doing to ourselves eating all these saturated fat foods. It becomes a behavioral eating problem when it is done on a regular basis. We drive automatically to these saturated fat places and order without even thinking, its quick, fast and easy. Once we do this a few times it becomes a habit and then becomes a behavioural eating problem.

There are people who eat just for the satisfaction of eating the high calorie, fat foods and they tend to crave these items. We have to break this behavioural eating pattern to be healthy, to maintain or to lose weight and we can.

The pattern can be broken by even stopping at the same fast food establishment and ordering a fresh salad with low fat dressing, and after a few times of ordering the salad and low fat dressing then that becomes a behavioural eating pattern that isn't a problem.

In order to change your food habits permanently, you must reach a critical turning point where you feel the benefits of being thinner overshadow the costs and the effort involved. In other words you have to first change your mind set then your palate will follow.

Food sometimes will bring happiness to some people, such as the pure enjoyment of eating that burger and fries. Yes this food tastes good while we are eating it and we don't think about the behavioural eating pattern we are forming; just think about the pure enjoyment of having this favourite food combination.

To break these eating patterns we need to determine the importance of the 'bad' foods for us, and the results of eating those foods. Then we have to determine the 'good' foods for us and then determine the difference between the 'bad' and the 'good'. It is possible to do this, it won't happen all in one day, one week or perhaps even one month but it can happen. We have to change our way of thinking, think about our health and what we are willing to do to achieve this elusive good health.



## Exemplar materials for Unit 2 – mark band 2

It is like we have to flip a switch from eating in the 'bad' foods and flip that switch to 'good'. How do we give up foods that give us pleasure, being able to eat what we want when we want, anytime we want? We have to do a complete turn around and think first about how important the 'bad' foods are and are they important enough to keep us in that same behavioural eating pattern.

Once we turn our minds around to a healthy way of thinking and also a healthy way of eating we will be breaking the behavioural eating patterns we have formed and before we know it we will have new behavioural eating patterns.

i think this information about unhealthy eating will help my client because its all about eating the wrong foods and your eating patterns and what causes your unhealthy eating patterns and I think this is relevant to my client because she doesn't have a set healthy eating pattern

## Exemplar materials for Unit 2 – mark band 2

### Drugs

#### **The Reason Behind the Drug Problem**

People have used drugs for as long as they have tried to ease pain and avoid problems. Since the early 1960s, however, drugs have been in very widespread use. Before that time they were rare. A worldwide spread of drugs occurred during that decade, and a large percentage of people became drug-takers.

By drugs (to mention a few) are meant tranquilizers, opium, cocaine, marijuana, peyote, amphetamines and the psychiatrist's gifts to man, LSD and angel dust, which are the worst. Any medical drugs are included. Drugs are drugs. There are thousands of trade names and slang terms for these drugs. Alcohol is also classified as a drug.

Drugs are supposed to do wonderful things but all they really do is ruin the person.

Drug problems do not end when a person stops taking drugs. The accumulated effects of drug-taking can leave one severely impaired, both physically and mentally. Even someone off drugs for years still has 'blank periods.' Drugs can injure a person's ability to concentrate, to work, to learn-in short, they can shatter a life.

Yet though the dangers and liabilities of drugs are blatantly obvious and increasingly well documented, people continue to take them.

#### **Why?**

When a person is depressed or in pain, and where he finds no physical relief from treatment, he will eventually discover for himself that drugs remove his symptoms.

This is also true for pains which are 'psychosomatic.' The term 'psychosomatic' means the mind making the body ill or illnesses caused through the mind. 'Psycho' refers to 'mind' and 'soma' refers to 'body.'

In almost all cases of psychosomatic pain, illness or discomfort the person has sought some cure for the upset.

## Exemplar materials for Unit 2 – mark band 2

When he at last finds that only drugs give him relief, he will surrender to them and become dependent upon them, often to the point of addiction.

Years before, had there been any other way out, most people would have taken it. But when they are told there is no cure, that their pains are 'imaginary,' life tends to become insupportable. They then can become chronic drug-takers and are in danger of addiction.

The time required to make an addict varies, of course. The complaint itself may only be 'sadness' or 'weariness.' The ability to face life, in any case, is reduced.

Any substance that brings relief or makes life less a burden physically or mentally will then be welcome.

In an unsettled and insecure environment, psychosomatic illness is very widespread.

So before any government strikes too heavily at spreading drug use, it should recognize that it is a symptom of failed psychotherapy. The social scientist, the psychologist and psychiatrist and health ministers have failed to handle spreading psychosomatic illness.

It is too easy to blame the drug problem on 'social unrest' or the 'pace of modern society.'

The hard, solid fact is that until now there has been no effective psychotherapy in broad practice. The result is a drug-dependent population.

Drug users have been found to have begun taking drugs because of physical suffering or hopelessness.

The user, driven by pain and environmental hopelessness, continues to take drugs. Though he doesn't want to be an addict, he doesn't feel that there is any other way out.

However, with proper treatment, drug dependency *can* be fully handled.

As soon as he can feel healthier and more competent mentally and physically without drugs than he does on drugs, a person ceases to require drugs.

## **Exemplar materials for Unit 2 – mark band 2**

Drug addiction has been shrugged off by psychiatry as unimportant and the social problem of drug-taking has received no attention from psychiatrists -rather the contrary, since they themselves introduced and popularized LSD. And many of them are pushers.

Government agencies have failed markedly to halt the increase in drug-taking and there has been no real or widespread cure.

The liability of the drug user, even after he has ceased to use drugs, is that he 'goes blank' at unexpected times, has periods of irresponsibility and tends to sicken easily.

**This information tells you all about drugs and gives you information about why people take drugs and how they became addicted to them. I got this information because I want my client to read it and learn all about drugs and how they can damaged her body and hopefully she will want to stop taking drugs fully.**

## Exemplar materials for Unit 2 – mark band 2

### Task 4

#### How will your plan affect your client?

My plan and targets will affect my client because the targets I have set my client are her negative effects in her health. I want to improve her health and reduce some of the negative factors that are affecting her health. The targets that are going to affect her health are: giving up smoking. This is going to affect her because she has been smoking for about 5-6 years so she is slowly being addictive to smoking and her body is also becoming addictive to the nicotine intake which is starting to damage her organs, liver, kidneys, breathing etc and my client is also starting to get a cough due to smoking and her teeth are turning a yellow colour due to the smoke. Giving up smoking is going to be a hard task for my client because she is used to smoking and her body is starting to want the nicotine. To start off it will be hard as she is now not smoking as many cigarettes and she might feel that she needs more cigarettes but if she sticks to my target it should start to get easier for her and her body will start not needing nicotine and become healthier in time.

Not drinking as much as my client does now is going to affect her because she likes to drink a lot at parties and with friends. My client's is going to damage her health and become addictive to drinking and her body will want alcohol if she carries on drinking the way she is. This is going to be hard as she enjoys drinking and I set her a task to cut down so she doesn't damage her health and she doesn't become an alcoholic. My client is eating unhealthy, which could start to damage her lifestyle and her body. So I have done a table of set meals for my client to each everyday as my client doesn't have a balanced diet and she doesn't eat set meals each day. My client also loves to eat junk food and takeaways especially when she's drinking and out with friends. This could start to damage my client's body and health and could give her problems like breathing, not being able to do anything and putting on weight if she doesn't start to eat a more balanced diet with less fat and more proteins, carbohydrates, fibre etc. this could be hard for my client because she loves her junk food and doesn't really like eating healthy food like salads but if my client sticks to the diet I have set for her she will become and feel more healthy and will also feel good inside.

## Exemplar materials for Unit 2 – mark band 2

My client doesn't really take drugs at the moment but she does sometimes takes them when she at a party and they are going around or if she can get hold of them and she feels like she wants to take some. I'm setting her a target to give up because she could become addictive to them, seriously damage her body and could end up killing her if she carries on taking them. She would be improving her health even more if she stops taking drugs. I know this target is going to hard for my client to do because it temping to take drugs if they are going around at parties and it will need a lot of will power for my client to stop taking them that's why I gave her a choice and she picked to give up slowly as she doesn't want to become addictive to them and damaged her health by taking them.

## Difficulties

For my client to complete the tasks I have set her, she will have some difficulties. The tasks will be hard for my client to complete as she is used to smoking and drinking etc and she now has to stop doing what she normally does and not do them no more. If she over comes the difficulties it will make a big difference and she will be proud of what she has achieved. The difficulties she might face when giving up smoking is that she could get feelings that she needs a cigarette and it will be hard for her to resist the feeling but we might be able to overcome this difficulty by when she gets these feelings to have a chewing gum that helps you give up smoking or have a lollypop or something like that so you are still putting something in your mouth but it isn't a cigarette. She will also find cutting down drinking difficult because she loves to drink and people around her drink so she will find it hard to resist if people are drinking and she's not but we can overcome this difficulty by her either hanging around with people who don't drink or her getting one drink and try and make it last for most of the night and her learning to have good will power to not drink which will be very hard. Starting to eat more healthy I think will be the hardest task for my client because for her that's were she has to make most changes to complete the task as she has eaten unhealthy for years and she will find it hard to eat different foods then what she eats now. We can overcome this by trying to keep her away from fatty foods and getting her to writes what she has eaten. For my client this is going to be hard because she does it when she feels down because it makes her feel better and she does it when she out with friend so she will find it difficult to find something else to cheer herself up when she feels down but we could overcome this differculity by when she feels down taking her out with her friends and do things to cheer her up or her not hanging around with people who don't take drugs and when she thinks she has enough will power she can hang around with people who do.

## **Bibliography**

For my unit I used a range of resources to get the information I needed. I used the Internet and went on [www.google.com](http://www.google.com) and then used links to go on give up smoking website to get information about giving up smoking [www.giveupsmoking.com](http://www.giveupsmoking.com), a link to go on teen drinking [www.teendrinking.co.uk](http://www.teendrinking.co.uk), unhealthy eating [www.healthyeating.com](http://www.healthyeating.com) and taking drugs [www.drugs.co.uk](http://www.drugs.co.uk). I also used a questionnaire to find more information about my client.



## **Commentaries – mark band 2**



## Assessment evidence – Unit 2: Promoting Health and Well-being

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:  
 a explain what is meant by health and well-being.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 7 marks	<ul style="list-style-type: none"> <li>a basic description of health and well-being. Some examples should be given to support definitions given.</li> </ul>	1-3	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the differences between positive, negative and holistic definitions and how these differ over time and between cultures. A variety of examples is used in support of these.</li> </ul>	4-5	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the difference between positive, negative and holistic definitions, how these differ over time and between cultures, illustrating the complex nature of such definitions. Well chosen examples are used to make these differences clear.</li> </ul>	6-7	5

### Moderator comments

The candidate has recognised the difference between positive, negative and holistic definitions and these are supported by relevant examples such as Dot Cotton from East Enders and David Beckham. They describe how health and well-being change over time and give example such as much better housing, better food and medical treatment. They also state that different age groups have different needs, for example babies rely on people more and need a carer, and that if parents don't support their children this could affect their lives. The candidate also realises that different cultures have different views on what is classed as healthy and that lifestyles can affect our health and well-being, for example if you live in a cardboard box 'your health is likely to be bad because you haven't got a warm, safe place and you are more likely to catch diseases and be ill all the time'. The candidate realises that people have choices and depending on what they choose this could affect their health and well-being.

**This part of the work is just in mark band 3 and has been awarded 5 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

- b identify factors affecting the individual's health and well-being and explain the effect these factors have.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO1, 2 13 marks	<ul style="list-style-type: none"> <li>a statement of a range of factors having both positive and negative effects on health and well-being together with basic explanations of the effect of these factors. Information is derived from a limited range of sources and some support and guidance is provided.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>an explanation of a varied range of factors having both positive and negative effects on the health and well-being of the individual. Information is selected from a wide range of sources and only limited assistance is required.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive explanation of a varied range of factors having both positive and negative effects on the individual's health and well-being. The candidate has worked independently to select appropriate information from a wide range of sources.</li> </ul>	10-13	6

**Moderator comments**

The candidate interviews their client and covers a range of positive and negative factors. They relate these factors to their client such as 'she would have a high self-esteem due to having loads of friends that all care for her' and 'my client doesn't always concentrate on her school which would affect her exam results' and 'my client always smokes and gets angry when she hasn't a cigarette and this could lead to problems if she carries on smoking'. To gain higher marks they would need to explain the factors in greater detail.

**This part of the work is at the lower end of mark band 2 and has been awarded 6 marks.**

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:

c identify information to set targets and measures of the health of the individual.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) <b>A02, 3</b> <b>17</b> <b>marks</b>	<ul style="list-style-type: none"> <li>a simple plan which demonstrates shows that the candidate can identify and apply a limited range of appropriate health-related information, which includes physical measures of health in order to set some targets for the individual.</li> </ul>	1-7	<ul style="list-style-type: none"> <li>a realistic plan which demonstrates that the candidate can identify and apply a range of appropriate health-related information, which includes physical measures of health in order to set appropriate targets for the individual.</li> </ul>	8-12	<ul style="list-style-type: none"> <li>a detailed plan which shows that the candidate can identify and apply a wide range of appropriate health-related information, which includes physical measures of health in order to set appropriate and realistic targets for the individual.</li> </ul>	13-17	<b>9</b>

#### Moderator comments

Appropriate measures of health are applied to the client, such as resting pulse rate and recovery after exercise, height and weight and BMI. The candidate compares the results to standard norms. However, they don't specifically relate these measures to their plans. The candidate conducts research into smoking, drinking, unhealthy eating and drugs and says how they think the information will help and support their client. The candidate produces plans with options for each target and discusses these options with her client. They give reasons as to why they have chosen these areas to focus on. The plans are more specific for smoking and unhealthy eating. To achieve higher marks the candidate would need to relate the physical measures of health to the plans and show more awareness of the support the individual may need.

**This part of the work is at the lower end of mark band 2 and has been awarded 9 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

d include an assessment of how it may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>basic statements indicating how the plan may affect the individual, together with an indication of the difficulties which may be encountered by the individual following and/or achieving the plan. Some suggestions should be offered for overcoming the difficulties.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a review of some of the ways in which the individual may be affected by the plan and an evaluation of some difficulties that may be encountered by the individual and an explanation of how these may be overcome. Supporting arguments are presented clearly.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a well-structured review of the ways in which the individual may be affected by the plan and a critical evaluation of the difficulties that may be encountered by the individual, together with appropriate strategies for overcoming those difficulties. Supporting arguments are clear, accurate and precise.</li> </ul>	10-13	6

**Moderator comments**

The candidate explains how the plans will affect their clients, for example for smoking there will be less damage to organs, less coughing, and for unhealthy eating, less fat and more proteins, carbohydrates and fibre. Potential difficulties and suggestions for overcoming them are simple – if the client craves a cigarette then chew gum, don't hang around people who drink and getting the client to write down what they eat since they love junk food and this could mean that they put on weight which could affect their breathing. The candidate has produced a simple bibliography.

**This part of the work is at the lower end of mark band 2 and has been awarded 6 marks.**

Candidate Unit Mark	27
Total Unit Mark	50

# Exemplar materials – mark band 3





**Unit 2 mark band 3**

**Promoting Health and Well-being**

**Unit 2**

**Health Plan for Suzi**

## Exemplar materials for Unit 2 – mark band 3

### Contents Page:

**Section A**

**Section B**

**Section C**

**Section D**

## Health and Social Care

### Unit 2

#### Section A

### Health

#### Definition of Health

'Health is a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity.' (Achterberg, 1986)

#### The Meaning of Health

According to the World Health Organization, Health is more than the absence of disease. Health is a state of optimal well-being. Optimal well-being is a concept of health that goes beyond the curing of illness to one of achieving wellness. Many of us have been brought up to believe that our health depends mainly on the quality of the healthcare we receive. The truth however is your health is your responsibility. You are the only person who can make the lifestyle decision that contributes to your well-being. You are the one who must take the steps to preserve your health and promote your wellness. Only you have the power to create wellness for yourself. Your power lies in the choices you make everyday on your own behalf. Your own behaviour and the choices you make in your life affect your health. You can choose to do more of what is good for you and the whole world around you and to do less that is harmful. You can choose to learn more about your health and the healthcare options available. We all have the inner wisdom.

#### What is wellness?

Personal Health and well-being is in large part our own individual responsibility. Optimal health doesn't just happen; it takes time commitment and a lot of hard work. Wellness means practicing healthy lifestyles that will improve your well-being while decreasing your risk of disease. A wellness lifestyle includes Physical, Intellectual, Social and Emotional needs.

## Holistic Health

**Holistic Health** is actually an approach to life, rather than focusing on illness or specific parts of the body, this approach to health considers the whole person and the way he or she interacts with his or her environment. It brings the connection of mind, body and spirit. The goal is to achieve maximum well-being where everything is functioning the best way that it can. Holistic Health makes people accept responsibility for their own level of well-being and everyday choices are used to take charge of one's own health. As human beings we may think of ourselves as made up of separate parts such as physical, mental, emotional and social, yet our parts do not all function alone they are always interacting. What happens to one of the aspects will have an effect on all the other aspects of who we are as an individual. E.g. An individual is anxious about a school exam, his or her nervousness may result in a physical reaction such as a headache or stomach ache. Below is an explanation of each aspect.

**The holistic view says-80% of our modern health complaints are:**

- Lifestyle
- Stress
- Behavioural Disorders

**Physical** - The physical aspect includes exercise and proper nutrition in addition to developing responsible decisions themselves E.g. Drugs, sex, alcohol and tobacco. Development of the physical aspect can affect other areas in more positive ways. Taking part in a range of physical activities can develop flexibility, strength and can also keep you more alert and awake throughout the day.

**Intellectual Well-being** - this means ongoing education and increasing your awareness of the world around you. It means learning new things such as an exercise routine or something that will intellectually stimulate you. Looking at the ideas with people from different cultures and backgrounds help advance us in all aspects of our life.

**Emotional Wellness** -This can be explained as awareness and individual acceptance of a wide range of feelings in one's self and others. An emotionally well person understands personal limits and knows how and where to seek support and assistance, they also know how to deal with stress to the best way they can and also are able to say no to drugs without feeling guilty. They should be able to enjoy relaxation and have the ability to form satisfying relationships.

**Social** - Someone with social awareness is one who has and maintains good communications skills, can hold satisfying relationships, can support a group of caring friends and family members and also enjoys the friendship of people from different backgrounds and origins, they should be able to demonstrate concern for others and can appreciate lifestyle and opinions that may be different to their own. They should also be able to handle conflict well.

' Perhaps loving something is the only starting place  
there is for making your life your own. '

Albert Schweitzer

## Exemplar materials for Unit 2 – mark band 3

### How Holistic Health is practised

While preventing illness is important Holistic Health aims to reach a higher level of wellness. It tries to get people to explore everyday actions work for them and discover what will help them move forward to gain maximum well-being. Holistic Self-care methods are an alternative to drug- dependence, side effects and also expensive hi-tech intervention. The good thing is your body knows how to be well, given the proper support. When disease occurs the holistic health principles can also be applied the term usually changes to holistic medicine and additional factors will be needed. The healthcare professionals use the holistic approach to work in partnership with their patients. They recommend treatments that support the body natural healing system and consider the whole person and the whole situation. In Holistic Medicine a symptom is considered a message that something needs attention, so the symptom is used as a guide to look below the surface for the root cause.

### Here are just some Holistic Health Treatments:

- Acupuncture
- Aromatherapy
- Astrology
- Body Harmony
- Chinese Medicine
- Counselling
- Feng Shui
- Hypnotherapy
- Massage
- Osteopathy
- Reflexology
- Yoga
- Psychotherapy

### The Benefits of Holistic Health

Holistic Health supports reaching a higher level of wellness as well as preventing illness. Many people enjoy the well-being tat results from their positive lifestyle changes and are motivated to continue this process throughout their lives.

## Aromatherapy

The word Aromatherapy is a combination of two words - 'Aroma' which is a fragrance or sweet smell and 'Therapy' which is a treatment. Aromatherapy combines a gentle massage with the use of essential oils obtained from plants. These essential oils give the plants its fragrance. Some plants contain a great deal of oil, others as little as 0.1 per cent. 'Aromatherapy' is a modern word but plant oils have been used for thousands of years. They are known to have been used by the Egyptians as cosmetics and for embalming the dead in order to delay decomposition.

Aromatherapy treatments are effective in dealing with minor ailments, skin problems and in particular stress or emotional difficulties. Aromatherapy is a valuable preventative therapy which keeps clients well balanced emotionally and physically, reducing the chances of a serious illness occurring. Home treatments consist of inhalation, baths, compresses and vaporising in special oil burners. Aromatherapy oils should never be taken internally or used straight from the bottle. All instructions and precautions should be strictly followed as some oils should not be use if you are pregnant or have high blood pressure.

When you go for an aromatherapy treatment the aroma therapist first of all takes detailed notes about your health, eventually building up a case history. You will then have to explain about any specific condition you have then the aroma therapist will ask about your past medical history. It is important that the aroma therapist know if you have ever suffered from epilepsy, to know about allergies, diabetes or heart conditions. The aroma therapists will also ask about any digestive, respiratory or menstrual symptoms - do you suffer from high blood pressure, headaches, colds and for your sleeping pattern. All these questions are important in building up a picture of your current state of health. The oils to treat your condition are chosen and blended together and mixed into a carrier oil such as almond or grape seed- about 3 drops of essential oil to 5ml of base oil is all that is needed. The addition of wheat germ oil preserves the life of the blend and avocado, apricot kernel and jojoba may be used in small quantities. The blended oils are applied to the skin using an aromatherapy massage. This is a combination of techniques from other massage styles, adapted to help the absorption of the essential oils and to promote a feeling of well-being for the client. It is smooth and flowing, without harsh or jarring movements. Aromatherapy is suitable for everyone from babies to people in their nineties and both men and women can benefit from the treatment. Aromatherapy is wonderful as a preventative treatment as it proves circulation helps clear he body toxins and increases the body's own potential to fight off infection. It is particularly helpful for those suffering from stress. Treatments vary in length but are usually about 1 1/2 hours for the initial session and an hour for subsequent sessions.

### *Illustrations included*

## Exemplar materials for Unit 2 – mark band 3

### Life Expectancy

A baby girl born in Japan can expect to live to 85 years of age, have enough food, vaccinations and a good education. On average she will have approximately £350 spent on medication per year for her needs with more available if she needs it.

If she was born in Sierra Leone (in the west coast on Africa) she would have a life expectancy of just 36 years, not immunised, be undernourished and if she survived childhood would marry as a teenager and give birth to six children. Childbirth would represent a high risk to her. One or more of her children would die in infancy. She could expect only approximately £1.90 a year to spend on medication.

Life Expectancy has increased globally by almost 20 years over the last half century. In 1950-1955 it was 46.5 years and in 2002 it was 62.5 years. But overall rise masks a terrible drop in life expectancy in the poorest countries. In parts of Sub-Saharan Africa adult mortality rates are now higher than they were 30 years ago.

In Botswana and Zimbabwe the life expectancy for men and women has been reduced by 20 years. Men in Zimbabwe can now be expected to live to 38 years of age. It is not only Africa which has suffered a decline in life expectancy. In Eastern Europe and the former Soviet Union a man can expect to live to 58 years. However even the countries that had seen an improvement in life expectancy now face a sharp decline. China rates as a low mortality developing country with less than 10 per cent of deaths currently occurring below the age of 5 years.

Worldwide an estimated 10 million children are dying unnecessarily every year. Most of these preventable child deaths occur in developing countries-half in Africa. Of the 20 countries with the highest mortality rates, 19 are in Africa, the only exception is Afghanistan. Rates of child mortality in some countries are also increasing.

A non-communicable disease amongst adults such as cardiovascular disease and lung cancer is also becoming more important in developing countries. Tobacco companies, faced with a more restrictive marketing climate combined with a certain level of health education on the harmful effects of smoking in the developed world are targeting developing countries. Here is an overview of the report the WHO states 'The consumption of cigarettes and other tobacco products and exposure to tobacco smoke are the world's leading preventable cause of death, responsible for about 5 million deaths in 2003, mostly likely in poor countries and poor population. The toll will double in 20 years unless known and effective interventions are urgently and widely adopted.'

## Exemplar materials for Unit 2 – mark band 3

### Immunisation

#### Definition

'Immunisation protects children and adults against harmful infections before they come in contact with them in the community. Immunisation uses the body's natural defence mechanism -the Immune response -to build resistance to specific infections.'

(Commonwealth Department of Human Services and Health)

It was first introduced into the UK routinely in 1992 however trials in Finland and the United States have demonstrated that it is safe and a very effective immunisation. In Finland before the immunisation was introduced there were 203 reports of cases of Hib in 1986 and which then was reduced to 12 in 1991 after they introduced a national Hib immunisation programme. When first introduced in the UK it had to be given in a different part of the body from the other routine childhood immunisation (DTP). These two vaccines can now be combined into a single injection.

#### Who should be immunised?

It is recommended that all children under the age of 4 years be immunised against Hib. For all new babies the usual schedule is for 3 injections at aged 2, 3 and 4 months. These injections are usually done at the same time as the DTP 'triple' immunisation by combining the vaccines. It is unwise to have the 2nd and 3rd doses earlier than the 4week intervals but if for some reason an immunisation dose is delayed the vaccine is still as effective if given later. It is better to be late than not to be given it at all.

### The Black Death

The Black Death came in two forms the Bubonic and the Pneumonic. Each different form of plague killed people in a very nasty way. Both forms were caused by a bacterium called *Yersinia Pestis*. The Bubonic plague was the most commonly seen form of Black Death. The mortality rate was 30-75%. Bubonic plague made people suddenly feel very cold and tired. Painful swellings appeared in their armpits and groin and small blisters all over their bodies. This was followed by high fever reaching between 101-105 degrees and severe headaches. Symptoms took from 1-7 days to appear. This form of Black Death was spread by fleas.

The second most common form of black death was the Pneumonic it's mortality rates was 90-95% (if treated today the mortality rate would be (5-10%). This form attacked the victim's lungs causing breathing problems. Victims began to cough up blood and died more rapidly than those who had Bubonic plague. This form of Black Death was spread by people breathing or coughing germs onto one another. Symptoms again took 1-7 days to appear.

**Black Death killed the rich and poor alike and it killed quickly and painfully!**

**It's a fact that 25 million people died in just under 5 years between 1347- 1352 because of Black Death.**

**The Black Death was one of the world's worst natural disasters in History !!!!!**



## Inuits Health

A Fact is there is no other group of people in the world who are as healthy as the Inuit's. No cardio-vascular illness. No cholesterol problems. No ulcers and nearly no cancer. Round bodied with massive fat tissue deposits over their whole body but they still are remarkably healthy. They live in a different world compared to ours in the northern hemisphere. Now focusing mainly on the Inuit's of Greenland whose population is around 55,000, 85 percent and who have lived for around 1 thousand years, these people have adopted many risks for them to be able to survive in such a harsh arctic environment. Their well-being is managed by the control of population growth like the most present day societies have been influenced by some western ideas in some ways this has been better for them but in other ways it has threatened their tradition way of life.

Climate change has a great impact for human ability in Greenland Global warming issues threaten their way of life. Greenland's fragile climate could suffer terrible impacts only with the smallest temperatures changes. As of the Arctic climate no vegetation is able to grow on the land most of the year. The land however does thaw for a very short time which can allow some plants to grow such as Cotton grass, Flora and even trees such as Willows and Ferns. Since environmental circumstances occur that change the ability to survive daily, the Inuit's must be flexible and able to adapt easy. One way in which they are adaptable is their living conditions. Traditionally they live in igloos which are heated and lighted by mammal blubber. An igloo can hold a whole family. However in summer they tend to live in cloth tents sometimes made from animal skins and furs. The Inuit people of Greenland must wear warm protective clothing that must be able to breathe and allowing freedom to move. There are various styles of clothing but a typical winter outfit would be

- An outer parka made of sealskin
- An inner parka made of bird-skin
- Trousers made of caribou skin or sealskin
- Kamiks ( boots) made of waterproof skin

Due to the climatic conditions, poor health and nutritional reasons and also social problems this then helps explain the result of why Inuit's have short life expectancy. Although Inuit's life expectancy in Greenland has risen between 1954 and 1990, the 1990 life expectancy for men was only 58.5 years and 66.0 years for women. Also another result the Inuit has limited access to hospitals, schools and other things; the life expectancy of the Inuit's has not risen because 1/3 of all deaths are considered to be 'violent deaths' which are accidents or suicides.

### Health Timeline

1951	Disease Detectives: The Korean War bring threat of biological warfare. As a result, CDC's Epidemic Intelligence Service (EIS) training program begins under The leadership of Alexander.D.Langmuir,M.D.,M.P.H.
1955	Polio Epidemic: During the frightening national polio epidemic, EIS officers lead efforts to trace 260 polio cases to unsafe vaccines made in California's Cutter Laboratories by setting up a national surveillance system. By 1956 half as many polio are reported as the year before.
1957	Asian Flu: The Asian flu emerges I Hong Kong with millions of cases and thousands of deaths.
1980	Toxic Shock Syndrome: EIS quickly find an association between Toxic shock syndrome (TSS) and menstruating women. In less than a year tampons are revealed as a major cause, leading to one's removal from the market.
1981	Toxic-oil syndrome: In may, an outbreak of severe lung disease occurs in Spain. As a connection to the use of illegally marketed industrial oil sold door to door as cooking oil. By December more than 246 died from Toxic oil Syndrome (TOS).
1984	Food Poisoning: The EIS investigate an outbreak of salmonella food poisoning in a small Oregon town caused by intentional contamination of restaurant salad bars by members of a religious commune. Two commune members served time in prison for their role in the event.

## **Factors Influencing Health and Well-being** **(Section B)**

In life there are many ways in which health can be affected. A person's health and well-being is affected by a number of different factors. These factors can be positive or negative.

Examples of Factors that contribute positively to health;

- A Balanced Diet
- Exercise
- Rest and Sleep
- Work and Education
- A Healthy lifestyle
- Supported relationships
- Economic Money
- Leisure Activity
- Health monitoring and illness prevention

Examples of Factors that contribute negatively to health;

- Substance Misuse
- Unbalanced poor quality diet
- Stress
- Unprotected sex
- Lack of personal Hygiene
- Poor Exercise
- Unemployment
- Social Isolation
- Environmental pollution

## Unemployment

Unemployment is often something which is out of the individual's control. Unemployment may occur when a consumer demands change or when the government programs are cut back. Unemployment can affect any individual in many ways, most of these are very unpleasant and it also can have a nasty impact on one's health. E.g. An otherwise healthy person may become ill, depressed, lack energy or have increased family problems or suffer from mental health due to being unemployed.

Money is the biggest obvious effect; it means there is less to go around and less to pay bills with. One's health can be affected as anxiety, depression and cause conflict between the individual and their family this can be triggered by money problems.

Work isn't the only important source of money. It is also a helpful source of self-esteem. Most people are very proud when they have completed a good job, so the lack of work affects the person's image on themselves. Work gives you the chance to socialize and meet new people, so it has very important social meaning. This important social meaning dies when you become unemployed and you go on and lose contact with others.

Working gives you a chance to organise your time well. Not working for a long time can slow down your motivation to get things done. This results in people fighting back, always putting themselves down or upsetting the ones closest to them.

Unemployment carries a stigma, as you don't have a job others see you as lazy etc... Being treated like a second hand citizen when you feel badly enough about it yourself only adds further damage to your self-esteem which adds further damage to your health. When someone is unemployed they hardly meet up with others due to their lack of money and self-esteem so they often are isolated from others.

Support groups have been made in order for people to seek help and share feelings with people who are experiencing the same difficulties. You should seek medical help if you find yourself unable to cope. As surveys have shown that the impact of losing a job goes far beyond just mental health. Extreme Stress can occur and many may suffer from breakdowns, headaches, heart attacks, heart disease or strokes. All these problems are due to unemployment and may result in death.

## Unprotected sex

Unprotected sex (intercourse without a condom) increases your risk of developing a sexually transmitted disease (STD). Several STDs, including gonorrhoea and Chlamydia often produce no symptoms, especially in men, so you may not know you are infected. Untreated STDs can cause scarring in the sperm-carrying tubes, which reduces the number of sperm in ejaculate and increases the risk of fertility problems. Use of lubricants during intercourse, however may contribute to fertility problems since many of these products contain spermicides that are toxic to sperm.

### Gonorrhoea

Gonorrhoea is a venereal disease caused by the bacteria *Neisseria gonorrhoeae*. The disease most frequently affects 15-25 years olds, although the number of cases has fallen in recent years.

Gonorrhoeae is mainly transmitted through sexual contact. However mothers infected can also transfer the disease to their children during delivery. If untreated such children may develop a serious inflammation of the eyes, which can result in blindness.

There are often no symptoms but if there are boys are far more likely to notice symptoms than girls:

### Girl Symptoms

- A change in normal vaginal discharge. This may increase, change colour ie. yellowish or greenish and may develop a strong smell
- A pain or burning sensation when going for a pee
- Irritation and/or discharge from the anus

### Boys Symptoms

- A yellow or white discharge from the penis
- Irritation and/or discharge from the anus
- Inflammation of the testicles and prostate gland.

The good news is it is easily treated with antibiotics

### Who is at risk?

- People with multiple partners
- People who do not practise safe sex

You can be tested for gonorrhoea and other sexually transmitted infections (STDs) at your local sexual health (GUM) Clinic.

## Exemplar materials for Unit 2 – mark band 3

- A doctor or nurse carries out an examination of your genital area
- Samples are taken, using cotton wool or swab from any places which may be infected -the cervix, urethra, anus or throat
- Girls are given an internal pelvic examination
- A sample of your urine may be taken
- A course of antibiotics can be taken to treat gonorrhoea

**If left untreated in girls, gonorrhoea can lead to pelvic inflammatory disease. In boys it can mean a serious infection in the testicles. In rare cases it can get on the bloodstream and cause heart, skin and joint infections.**

### **HIV and Aids**

Many people think HIV and AIDS is nothing to worry about and that it is something that affects other people, but whoever you are you need to take the danger very seriously. To be sure you don't become infected with HIV; you have to know all the facts. HIV and AIDS can affect everybody men, women, adults and children and it have been estimated that half of those are under the age of 25.

HIV stands for Human Immunodeficiency Virus and is the virus that causes AIDS. HIV attacks the cells in the body's immune system which stops the ability to fight against infections. AIDS stands for Acquired Immune Deficiency Syndrome and it's the name used to describe the number of diseases people can be affected by. People with AIDS can get many different types of diseases which a normal healthy person's body would easily fight off and this means two people can have different symptoms. People with AIDS have a very weak immune system which can lead to serious illness or death.

**There are four main ways in which HIV can be passed on;**

- By having vaginal, anal or oral sex without a condom with someone who has HIV
- By using needles, syringes or other drug-injecting equipment that is infected with HIV
- From a women with HIV to her baby (before or during birth) and by breastfeeding
- By receiving infected blood, blood products or donated organs as part of medical treatment. In the UK all blood, blood products and donated organs are screened for HIV and infected materials are destroyed. This may not be the case in some developing countries an in Eastern Europe.

## Exemplar materials for Unit 2 – mark band 3

It's important to remember you can't catch it from everyday social contact such as:

- Coughing or sneezing
- Hugging and kissing
- Sharing toilets or bathrooms
- Giving blood
- Using same cutlery or drinking glasses
- Using swimming pools
- Insect bites
- Saliva, urine or sweat as it doesn't contain enough of the virus to infect someone.

You can't tell if someone has the HIV virus as they look and feel fit and healthy and it can take up to 15 years for the virus to destroy the body's immune system. The only way of knowing is to complete a blood test.

If you have HIV or AIDS you aren't required to tell your teacher or employer. If you choose to tell them or they find out they have to keep it confidential and are not allowed to sack you for having HIV unless your work is affected. If you apply for a job the employer can ask you to take a HIV test and if they find out you have HIV they are entitled to turn you down. If you lie and they find out you're HIV positive afterwards, they might sack you.

### Is there a cure for HIV or AIDS?

At the moment there are treatments for HIV which help stop the virus reproducing in the body. But there is no vaccine against HIV and no cure for AIDS. However, due to positive developments in medicine people with HIV can be healthy for a lot longer than when the disease was first diagnosed.

## Stress

We are all familiar to the word 'stress'. Stress is when we are worried about losing our job, or not having enough money, or falling out with friends. Stress is linked with worry. If it is something that makes you worry, then it is stress. Your body however has a much broader definition of stress. To your body stress is linked to change. Anything that may cause change in your life causes stress. This may be a good change or a bad change but either way they both cause stress, E.g. When you buy a new house though this is a good change but when getting ready to move causes stress. If you break a leg this is a bad change which causes stress. Whether good or bad if it is a change in your life it is a stress as far as your body and mind is concerned. Even imagined change causes stress (Imagined stress is something which hasn't happened but you worry over) this causes stress as again whether it's a good change or a bad change e.g. getting a promotion at work or getting tired at work leads to you worrying and worrying causes stress. An imagined change is just as stressful as real change. There are many types of stress, some are so common you may not even realise they are stressful;

### Emotional Stress

When arguments, conflicts or disagreements happen that cause changes in your personal life -that is stress.

### Pushing your body to hard

This is a major stress. E.g. if you are working or partying 16 hours a day, you will then have reduced your time for rest. Sooner or later the energy drain on your system will make your body fall behind in it's repair work. There will then not be enough time or energy for you body to fix broken cells. Changes will happen in your body; you will eventually 'run out of gas'. If you continue to behave this way permanent damage will be done to your body.

### Illness

Catching a cold, a skin infection, breaking a leg etc... are all changes in your body condition that can result in stress.

### Environmental Factors

Either very cold or very hot climates can be stressful. Toxins or poisons are a stress. All of these threat to cause changes in your inner body. This is very stressful



## Exemplar materials for Unit 2 – mark band 3

### Allergic Stress

Allergic reactions are a part of your body's natural defense mechanism. When your body is confronted with a substance which your body considers toxic, your body will try to get rid of it, attack it or even may try to neutralise it. E.g. if it's something which lands on your skin, your skin may blister. If it's something which you inhale, your lungs become wheezy. If it's something you eat you may break out in a rash all over your body. Allergy is a definite stress. It causes big changes to your body's defense system to fight off what the body thinks as a danger toxin.

## Exemplar materials for Unit 2 – mark band 3

### Hormonal Factors

**Puberty** -The hormonal changes of puberty are stressful. A person's body actually changes shape, sexual organs begin to function, new hormones are released. This causes stress.

**Pre- Menstrual Syndrome** - Once women have gone through puberty, their body is then meant to be able to function with the presence of female hormones. Once a month just prior to menstruation, women's hormone levels drop quickly. To many women the stress of the quickly falling hormones is enough to create overstress. This overstress is known as the Pre- Menstrual Syndrome (PMS).

**Menopause** -This again is another time in a women's life when her hormone level drop. This is the menopause. The drop in hormones during menopause is steady and slow. Therefore the menopause causes stress on the body.

Everyone experiences stress, whether its everyday hassles or more powerful stress such as pain or traumatic experiences. Either way stress can cause great damage to oneself and their body and can have a horrible affect on one's health.

### Rest and Sleep

If a person doesn't get enough sleep nightly it can lead to health problems and it can also be dangerous. E.g. If you are driving a car and just blank out from lack of sleep you could may of well caused a serious accident from not being in control of your vehicle. There are sleep disorder centres around the country where you night stay overnight and be monitored with the aid of electrodes attached to different parts of your body. This will determine if you have a physical problem as the cause of your sleep disturbance. By going to a sleep disorder centre you will usually be told to change your habits and to set a regular getting up time for each morning and the same for going to bed. There are a lot of factors that can cause lack of sleep an one is if you go to bed after eating too much and you are just too full or the reverse by going to bed hungry . There are many foods that contain caffeine such as tea, chocolate, fizzy drinks and coffee which can act as a stimulant on your body. Alcohol can also be a fact as you might go to sleep very easily after one or two drinks but you will not have a refreshed sleep. Try to de-stress your life as much as possible, tension is a major factor in having sleeping problems. Try to close your eyes, breathe deeply and think about something relaxing. Most of all get as comfortable as possible and try to block light out of the room. Relax your mid before going to bed don't do a lot of heavy exercise then expect to sleep. You might take a relaxing long bath. Most experts have done a research on the effect of a person's health and have decided that, when a good sleeping pattern is continued health problems improve. Having lack of sleep lowers your resistance to germs that you might be exposed to from not having enough sleep, e.g. cold or flu. Your immune system is affected by lack of sleep. With proper nightly sleep you can speed up recovery from infections, prevents accidents can even help guard future heart attacks. Experts are still trying to determine whether there is a link between immune function and the quality of a person's sleep. When you have a rested sleep you will be more rested in the morning. You will have less nightmares.

## Exemplar materials for Unit 2 – mark band 3

### Substance Misuse

Definition - Substance Misuse refers to a drug or mood affecting substance it can be legal or illegal when the consumption by an individual changes work performance. It also is defined as the non medical use of drugs that are only intended for use in medical treatment and the use of drugs that have no accepted medical purpose.

Examples;

Legal - Alcohol, Prescription drugs, Tranquillizers.

Illegal - Cannabis, Ecstasy, LSD, Heroin, Cocaine

#### Drug Abuse:

Drugs may be obtained in three main ways:

- Doctor, via prescription made up from a chemist. These are called Prescribed Drugs and are a treatment given to fight illness.
- Bought from supermarkets or chemists. These are called Over-the-counter drugs.
- Illegally. These are called Controlled drugs and can be the drugs that lead to addiction or have dangerous side effects if misused. Some drugs such as Cocaine is referred to as a recreational drugs because they are taken by some people at parties for fun, despite having an awful risk.

#### Solvent Abuse:

Solvents are substances used in the manufacture of glue, paint, petrol, aerosols and Lighter fuel etc... Solvent abuse is when people sniff or inhale any of those substances to get 'High' on the solvents they contain. It is against the law in the UK for children under the age of 18 to buy certain substances that may be misused. Developing a liking to any drug can mean that more is needed each time to get the same effect again so this means that more money will be needed and increased risks. Remembering that most drugs misused nowadays are not made under a safe laboratory conditions. Some of the drugs may well be contaminated with other different dangerous substances so side effects can not be predicted. Also other drugs could be deliberately mixed with other substances and therefore be much weaker or stronger than experienced before.

#### Smoking

Smoking is the drawing into the mouth and inhalation of the smoke from burning tobacco, tobacco which is a plant. The smoking of tobacco as cigarettes is legal and is more acceptable than other drugs however a large number of social and work places contain either non-smoking or smoking areas located in a certain designed place. The reason is because smoking is a major cause of ill health, disease and death. Nowadays all smoking material package carry a government health warning but people however still continue to smoke showing great difficulty to overcome the addiction of nicotine.

## Exemplar materials for Unit 2 – mark band 3

### Passive Smoking:

Passive Smoking is when a non-smoker inhales unfiltered smoke from the smokers around them. The smoke has large amounts of tar, nicotine and other irritants. It is a fact that half the children in England live in a household where at least one member of that family smoke and they have no choice whether or not they inhale the unfiltered smoke, unlike the adult who is smoking it. A recent study by Cancer Research shows that passive smoking is far more a risk in the home than anywhere else. It showed that someone living with a person who smoked 15 cigarettes a day suffered four times more due to expose of tobacco smoke, young people were the most heavily exposed in the household.

Smokers should **Stop** smoking as when you stop smoking your body begins to repair the damage that has been done due to smoking. When the body is no longer taking in Nicotine, Tar, Carbon Dioxide and other poisonous substances, your body's system then begins to return to normal quite quickly. Stopping Smoking leads to:

- Improved Breathing
- A reduction in the risk of smoke related diseases
- Hair, Breath and skin not smelling of smoke
- A sense of Achievement
- More money available for other uses
- Loss of smoker's cough

## A healthy lifestyle

A healthy lifestyle is one which is balanced on a healthy diet and on getting the right balance of physical activity and rest. Every person is different and each one requires different amounts activity and rest. A quick way to check that a meal is balanced is to look at the nutrient table below which divides the main nutrients into three groups.

Eat least	<ul style="list-style-type: none"><li>• Sugar</li><li>• Oil</li><li>• Butter</li><li>• Margarine</li></ul>
Eat Moderately	<ul style="list-style-type: none"><li>• Fish</li><li>• Milk</li><li>• Cheese</li><li>• Yogurt</li><li>• Lean Meat</li></ul>
Eat Most	<ul style="list-style-type: none"><li>• Fruit</li><li>• Vegetables</li><li>• Bread</li><li>• Cereals</li></ul>

**Physical Activity** -Physical inactivity is the most common risk factor for Heart Disease 7/10 adults in the UK today do not take enough regular physical activity. Taking exercise is important in keeping healthy. A person can become fit by exercising about three times a week for 20 minutes. Most Exercise is combined into two groups:

**Aerobics** -This exercises the heart and lungs an example is Walking or swimming or running.

**Anaerobic** -Which strengths muscles, an example is yoga.

### How the factors affect my volunteer

I have written about seven factors which either affect health in a positive way or a negative way. The factors I wrote about were:

- Unemployment
- Unprotected Sex
- Stress
- Rest and Sleep
- Substance Misuse
- Smoking
- A healthy Lifestyle

Unemployment doesn't affect my volunteer's health at all because my volunteer works in a full time job and went on after school to both college and University and has a degree. Therefore there is no problem in my volunteer being unable to find a job due to the fact she has good qualifications.

Unprotected Sex - I can't state whether this factor affects my volunteer's health in a positive or negative way. I'm predicting however that this factor doesn't affect my volunteer at all because she said she is in a long-term stable relationship and gets on well with her partner and feels she can talk to him about any issues that may bother her.

Stress - I think Stress affects my volunteer negatively sometimes, the reason I feel this is because she tends to feel stressed at times but not all the times and she also suffers from headaches a lot and finds herself tired a lot. It was also mentioned that she has been through a life crisis which no doubt will add more stress in her life.

Rest and Sleep- I think that Rest and sleep affects my volunteer's health in a negative way due to the fact that she finds herself tired a lot and suffers from headaches but however she says her sleep patterns are ok, however there are not great. She approximately gets around 6-8 hours sleep a night. She also exercises a lot which can make you more tired and watches a lot of TV and she finds herself lacking in energy often.

Substance Misuse - I cannot say whether this affects my volunteer's health due to the fact that I have not asked her any questions relating to the factor. However she seems happy in her life and considering the fact she has a full-time job and a stable long-term relationship with her partner and a 15 year old daughter I'm sure this factor would not affect her health.

Smoking -Smoking affects my volunteer's health in a negative way because she does smoke. She on average smokes 15 day therefore this could be the reason she suffers from headaches and finds herself lacking in energy and tired even though she does exercise.

## Exemplar materials for Unit 2 – mark band 3

A Healthy Lifestyle -My Volunteer has a good and bad healthy lifestyle, she eats quite a good diet and she does exercise very often. She does not have any illnesses and is not using prescription drugs. However she finds herself tired a lot and lacking in energy and she sometimes finds herself stresses and cries sometimes. She is also a quite heavy smoker so that affects her health negatively.

## Section C

### Physical, Intellectual, Emotional and Social Questionnaire

This Questionnaire is confidential so please change name and address. Could you please answer all questions fully and give as much detail as possible

**Name:** Mrs Suzi Bloggs

**Address:** 1 Green Street, GreenTown, Greenland

#### Physical Questions:

1. Do you Smoke? *YES*
2. On Average how often do you smoke a day? *15*
3. Do you get headaches a lot? *YES*
4. How often do you exercise? *1-5 x per week*
5. Do you find yourself tired a lot? *YES*
6. How are your sleeping patterns? *MOSTLY OK*
7. Do you have any illnesses? *NO*
8. Do you use Prescription drugs regularly? *NO*
9. Do you work? *YES*
10. Do you walk to work? *NO*
11. Do you watch a lot of t.v.? *YES*
12. Do you feel your lacking in energy? *YES*
13. Do you have any children? *YES*
14. How Many? *ONE*
15. How Old? *15*
16. On Average how many hours sleep do you get a night? *6-8 HOURS*
18. Do you enjoy crosswords? *YES*
19. Do you have a degree in anything? *YES*

Can you now please complete your weekly Exercise and Eating Grid



## Exemplar materials for Unit 2 – mark band 3

### Eating Grid

	Breakfast	Lunch	Dinner	Snacks
Monday	None	Ryvita & Cheese spread	Chicken breast salad & new potatoes	Plums tangerine Crisps x 1
Tuesday	2 x toast	Ham sandwich	Fish, new potatoes & veg	Banana, choc. biscuit
Wednesday	None	2 x toast	Chilli con carne and rice	Yoghurt popcorn
Thursday	None	Ryvita & Cheese spread	Home made curry and rice	yoghurt
Friday	2 x toast	2 x toast	BBQ Burger, Sausage, Ribs and salad	4 x glasses wine, olives
Saturday	None	Bacon Roll	Chinese take away	3 x glasses wine olives, crisps
Sunday	None	Toasted Sandwich	Sunday Dinner	Yoghurt ice lolly

	Type of exercise	Time spent doing that exercise
Monday	Gym	1½ hours
Tuesday	Walking dog	45 mins
Wednesday	Walking dog	45 mins
Thursday	Gym	1½ hours
Friday	Walking dog	45 mins
Saturday	Gym	1½ hours
Sunday	None	None

## Exemplar materials for Unit 2 – mark band 3

### Intellectual Questions:

1. Are you bored with your life? *SOMETIMES*
2. Are you good at solving problems? *YES*
3. Are you open- minded? *YES*
4. Can you see other people's points of view? *YES*
5. Do you regret any big decisions you have made in your life? *NO*
6. Have you ever had any mental problems? *NO*
7. Are you a confident person? *NO*
8. Were you a successful person at school? *NO*
9. Did you go to College or University?

### Emotional Questions:

1. Do you like the way you look? *NO*
2. Are you happy with your weight? *NO*
3. Do you talk about your feelings or bottle them up? *TALK*
4. Do you feel in control on your life? *MOST OF THE TIME*
5. Do you feel confident about your life? *MOST OF THE TIME*
6. Do you find yourself always stressed? *NOT ALWAYS, BUT AT TIMES*
7. Have you gone through any life crisis? *YES*
8. Do you feel loved, wanted in your life? *SOMETIMES*
9. Do you cry a lot? *SOMETIMES*
10. Can you express your feelings easily? *YES*
11. Do you feel depressed? *NO*
12. Do you feel like your coping in life? *YES*
13. Have you ever lost a close person to you? *NO*
14. How would you emotionally describe yourself? *SENSITIVE*
15. On a scale to 1-10 how happy do you feel in life? *8*
16. Do you tend to look at things in a positive or negative way? *NEGATIVE WAY AT TIMES*

## Exemplar materials for Unit 2 – mark band 3

### Social Questions:

1. Are you in a long-term stable relationship with anyone? *YES*
2. Do you have separate time for your friends and your partner? *YES*
3. Do you work? *YES*
4. Do you work full-time or part-time? *FULL TIME*
5. Do you socialise with work colleges? *YES*
6. How Often? *ONCE EVERY 1-2 MONTHS*
7. Doing what? *CHATTING/EATING/WALKING*
8. Does your job involve dealing with people? *YES*
9. Do you have a lot of close friends? *YES*
10. Do you see your family regularly? *NO*
11. Do you stay at home a lot? *YES*
12. Do you have enough time to socialise? *YES*
13. Do you socialise to relax? *AT TIMES*
14. Do you find yourself with spare time? *NOW AND THEN*
15. How well do you get on with your partner? *WELL*
16. Do you feel you can talk to your partner about your problems? *YES, BUT DIFFICULT AT TIMES*
17. Do you spend most of your time arguing or talking? *TALKING*
18. Do you drink when you socialise? *SOMETIMES*
19. Do you smoke when you socialise? *YES*

Thank you very much for your time.

## Profile of Volunteer

The Questionnaire and information I gathered from my volunteer was made confidential so names and addresses were changed in order to provide the volunteer with personal confidentiality.

The Name of my Volunteer is Suzi Bloggs. She is a 32 year old woman who lives in a three bed roomed house in the outskirts of Exmouth which is in the south west of England She lives with her husband and they have a fifteen year old child who attends Exmouth Community College.

Suzi seems to have quite a good physical health;

Suzi has a good diet which consists of many fruit and vegetables and it's clear to see from her eating grid that she has a very low amount of fatty foods in a week. She tends to snack on healthy options like a yogurt or a piece of fruit however on the odd occasion she will have a packet of crisps or chocolate biscuit At the weekend she tends to relax a bit on what she eats and will have a take-away and a few glasses of wine in order to treat herself. Overall it's clear to see that Suzi has a good healthy diet but one main bad point in her diet is that she usually never eats breakfast. Looking at her Eating grid out of the seven days in the week she had breakfast twice. This is an area she should improve on because breakfast is the most important meal of the day, once you start the habit it's easy to continue. She will benefit from having a healthy diet because her diet is good enough to keep her body in a good condition. Also if she continues to eat a balanced diet the nutrients which are the natural occurring chemicals found in the different types of foods will help to keep her body working properly.

Suzi has a great regular Exercise pattern; she puts in a lot of effort to get herself motivated. The only day of the week she doesn't exercise is a Sunday. Each of the other days she is either spending an hour and a half at the local gym or she is spending around forty five minutes walking the dog. The reason she will benefit from this regular exercise is that it will improve her strength, stamina; Body Shape, Muscle tone; Relieves Stress and it will increase her personal satisfaction.

Suzi's sleep patterns seem to be alright, she on average gets around 6-8 hours sleep a night. She does however find herself tired and lacking in energy a lot and suffers from headaches quite a lot. The reason it is important that Suzi keeps getting enough sleep is because sleep is very important to her health and well-being. The body cannot keep going without recharging itself but through resting and sleeping it does this. Also during sleep it will benefit Suzi because it reduces stress, growth occurs, the body repairs itself and it gives time for muscles recover from that days activities.

However a bad point about Suzi physical health is that she smokes. On average she will smoke around 15 a day. Smoking is a major cause to ill health, preventable diseases and death. However people still smoke showing how difficult it is to overcome the nicotine addiction. There are many hazards of smoking consisting of:

## Exemplar materials for Unit 2 – mark band 3

- Heart Disease and poor circulation
- Bronchitis, Asthma and Smoker's Cough
- Cancers to the Nose, throat, tongue, lungs, stomach and bladder. Etc...

Suzi seems to have a balanced Intellectual Health because she has never suffered any mental problems neither has she had to make any big decisions in her life. However on the other hand she wasn't very successful at school but she did go on to college and university later on in her life. She sometimes finds herself bored with her life. She is very open-minded and good at solving problems and she can see other people's point of view, which I feel is a right quality in life to be able to do. One bad point though in her Intellectual Health is that she doesn't feel or see herself as a confident person.

Suzi appears to have a negative look on her Emotional Health. She seems to answer every question in a negative way she doesn't like the way in which she looks, and she doesn't like the weight she is either. She feels that she is confident and in control of her life most of the time which appears to be a more positive reply. She at times finds herself stressed out and it appears she has gone through a life crisis and bearing in mind she is only young (32 years). She says that sometimes yes she does cry and she only sometimes feels loved and wanted in her life which I think is a very negative reply. However she doesn't feel depressed and she says that she is able to talk about her feelings, she doesn't keep them bottled up inside her. She would emotionally describe herself as a sensitive person and on a scale of 1-10 she would place herself at 8. She tends to look at think in a negative way. Emotional needs in order to have a good health and well-being will benefit us in ways that make us feel happy and relaxed. You need to feel loved and respected and mostly importantly secure. We should be able to express and recognize different emotions in order to cope with different situations that happen in your life.

Suzi again seems to have an equal amount of good and bad Social Health. She is in long-term relationship with her husband who she gets on well with she feels she can talk to her partner about problems but finds it difficult at times. She is able to have separate time for her friends and her partner which some people find it difficult to do. She is working in a full-time job and socializes with work colleges every 1-2 times a month. Her job involves dealing with people so this gives her a great advantage in meeting new people. She has a great group of close friends but however she doesn't see her family on a regular basis and that can be very difficult. She finds herself home a lot and she watches a lot of TV even though she has time to socialize. She only sometimes drinks when socializing but smokes whenever she socializes.

I'm going to set three targets that Suzi has to meet and stick to in order to help improve her Health and Well-being. The three target's I chose were:

- Cutting down on smoking.
- Eating a Breakfast daily.
- Improve Social Needs.

## Exemplar materials for Unit 2 – mark band 3

### By Suzi smoking it affects her Health:

**Physically** -by increasing risks of heart disease and poor circulation. Increasing the risk of chronic chest conditions. Increasing the risk of cancers. It is an addiction.

**Intellectually** - as it is an addiction it is a difficult habit to break.

**Emotionally** -She may become irritable when her body is withdrawing from cigarettes. It can also make her crave the toxins in cigarettes.

**Socially** -Smoking is now considered very anti-social as many bars and restaurants are becoming non-smoking. It makes hair and clothes smell and is a very expensive habit.

### By Suzi not having Breakfast affects her health

**Physically:** Suzi's body is still fastening from the meal she had the night before so it's putting her at risk of low blood sugar.

**Intellectually:** Suzi's brain may become tired and sluggish without food in the morning for energy.

**Emotionally:** Suzi appears to be concerned about her weight but by missing breakfast I cutting out the wrong foods, as this is the foods that set you up for the day.

**Socially:** Suzi may become tired as the day goes on, this may be why she spends much of her evenings watching TV.

### By Suzi not improving her social needs affects her health:

**Physically** -Suzi spends long times in front of the TV in the evenings.

**Intellectually** -Although Suzi works with lots of people she needs to socialise with people on an equal basis.

**Emotionally** -Most of Suzi current socialising is spent alone, she is at risk of becoming isolated

**Socially** -Suzi may become lonely.

## Indicators of Health

The factors to measure an individual's Health is:

- Blood Pressure
- Peak Flow.
- BMI (Body Mass Index).
- Resting Pulse -Recovery Rate after exercise.
- Height and weight charts.

### Height and Weight Charts -

These show ideal height and weight ratios. That is they show whether a person is correct weight for his or her height. On the next page is an example of a height and weight graph. It is important to be realistic about these charts. They are only a guide. Someone who is small but does a lot of exercise might be heavier than someone who is fat because the muscle weighs more than fat.

If someone falls into the severely overweight range, he or she is at risk of cardiovascular diseases, high blood pressure, diabetes, arthritis and other conditions. They should be advised to seek help from their family doctor as should anyone who is overweight. However it is important that people don't become so obsessed with their weight that they develop serious eating disorders such as anorexia nervosa or bulimia nervosa.

Being slightly overweight is not really a problem but being underweight is. If someone starts losing weight for no reason they may well have an undiagnosed illness. You should seek medical help. Some people are very sensitive about people knowing their weight.

### *Height and Weight Charts included*

### Blood Pressure-

Your blood provides all the organs in your body the materials needed to stay healthy and alive. The network of blood vessels through which the blood flows and is pumped around the system by your heart is called the circulatory system. Blood pressure is the pressure blood puts against the walls of the arteries in which it is contained. The arteries are flexible, thick-walled vessels that carry blood away from your heart to the rest of your body.

Normal Blood pressure varies from each other but usually normal blood pressure at rest is anything up to 140/90. It is lower in children. Systolic pressure the top number represents the maximum pressure in the arteries as the heart contracts and ejects blood into the circulation. Diastolic pressure the bottom number represents the minimum blood pressure as the heart relaxes following a contraction. Together the diastolic and systolic pressure gives the measure known as blood pressure.

## Exemplar materials for Unit 2 – mark band 3

Blood pressure is measured using an instrument called a 'Sphygmomanometer'. It is made up of a rubber bag that is placed around the arm and inflated by means of a rubber tube from the inside of the rubber bag to a mercury pressure gauge or, increasingly more usual, a digital pressure gauge.

A single blood pressure reading, unless it is very high or very low, should not be considered abnormal. Usually several readings are taken on different days and the results are then compared. It is important to remember that blood pressure varies with age.

High blood pressure is called Hypertension and is a major problem that needs treatment as soon as possible. The heart pumps blood too forcefully around the body. It can damage the wall of the body's arteries. In the early stages the artery wall becomes thickened. Later fatty patches form in the wall and further reduce the flow of blood through the artery. If left untreated it can damage the kidneys and lead to conditions such as strokes and heart disease. It can also cause an artery to rupture and bleed. If this happens in the brain it may cause a haemorrhage. Haemorrhage being the technical name for bleeding.

### Resting Pulse and Recovery after Exercise -

Every time the heart beats it forces some blood under pressure into our circulatory system. These beats cause a pulse that travels along the walls of the arteries. This pulse can be felt in many places of the body consisting of placing the finger over an artery. The pulse can be felt easiest at either the neck or the wrist.

The pulse rate is usually measured by feeling the pulse using two fingers, however not the thumb, place the fingers the thumb side of the wrist. The number of pulse beats counted in 10 seconds is then multiplied by 6 to work out the rate in beats per minute. However the pulse is usually felt for longer to check for an irregular pulse rate. The pulse rate shows how fast the heart is beating.

In order to take someone's resting pulse, first make sure they are calm and has been sitting down for around 5-10 minutes. Then take at least 3 readings then calculate the average pulse rate (add all the readings together then divide by the number of readings you have taken).

#### **Example:**

Claire had the following counts for her resting pulse rate:

65, 68, 72, 74, 68, 65

The average =  $\frac{65 + 68 + 72 + 74 + 68 + 65}{6} = 69$  beats per minute.

The pulse rate in a healthy adult at rest is about 60-80 beats per minute. Athletes tend to have slower heart rates and babies and children have faster pulse rates. The pulse rates increases during exercise this is because it needs to increase the output of blood from the heart. The rate is also increased by excitement, infection, blood loss etc...



## Exemplar materials for Unit 2 – mark band 3

It is usually the lower the pulse rate the fitter the person is. The pulse rate tends to increase during exercise then it quickly returns to normal. The shorter the recovery time the fitter the person is. Measuring the pulse rate before and after exercise and seeing how long it takes to for the pulse rate to get back to normal is another good way of measuring the physical health f a person.

## Exemplar materials for Unit 2 – mark band 3

### Body Mass Index (BMI)

Body Mass Index is an indicator of good health that measures the amount of fat in a person's body in relation to their height. It is not the same as a height and weight chart though. The Body Mass Index uses weight in kilograms and height in metres to check a person's state of health. A person's weight should be in proportion to their height. So if a person is thought to be obese when their weight is more than 20% above the average weight for people of the same height.

Body Mass Index is worked out using the calculation below:

$$\frac{\text{Weight (kg)}}{\text{Height (m) squared}} = \text{Body Mass Index}$$

So example if your height is 1.82 m, you would divide your weight by  $1.82 \times 1.82$ . If your weight is 10.5 kg then:

$$\frac{70.5}{1.82 \times 1.82} = 21.3$$

People with Body Mass Index between 19 and 22 appear to live the longest. Death rates seem to be highest in people with Body Mass Index of 25 and over. However you have to remember Body Mass Index are different for male and female.

Below is an example of Body Mass Indexes:

Female	Significant	Male	Significant
Less than 18	Underweight	Less than 18	Underweight
18-20	Lean	18-20	Lean
21-22	Average	21-23	Average
23-28	Plump	24-32	Plump
29-36	Moderately Obese	32-40	Moderately Obese
37+	Severely Obese	40+	Severely Obese

## Exemplar materials for Unit 2 – mark band 3

### Body Mass Index of Suzi

I choose to measure Suzi's Body Mass Index because one of the targets I set her was to eat a breakfast daily. The purpose of choosing her Body Mass Index and the reason of measuring it is to show where she could improve on her health; it is an indicator for her.

The way in which I figured out Suzi's Body, Index was by using the formula I wrote about on the Body Mass Index. Below is Suzi's Body Mass Index.

Her Weight: 84kg

Her Height 1.73m

So I took her weight and divided it by her height in order to find out her Body Mass Index:

$$\frac{84}{1.73 \times 1.73} = 28.06$$

By Suzi having the Body Index of 28.06, looking back at the example of Body Mass Indexes it appears that Suzi's significance to plump.

*A FIND YOUR BODY MASS INDEX (BMI) chart was included which marked Suzi's BMI as 28*

It is clear to see that Suzi's Body Mass Index is 28 this therefore means she is in the overweight range.

### Peak Flow -

Another way of checking your health is by using a peak flow meter. A peak flow meter is an instrument that measures the breathing rate and the volume of air taken in by a person during each breath. These have many different uses but are mainly used to see how good a person's lungs are. A peak flow meter usually measures the maximum rate at which air is given out from the lungs when a person breathes out as hard as he or she can.

To use a peak flow meter the person has to blow as hard as they can into the tube. This then moves a pointer to a certain point at which you read off the number it has reached and stopped at. The best score out of three blows is the one that is usually used. Regular exercise can make a difference to the score you reach on a peak flow meter. This is because exercise makes the lungs more powerful and improves the way the lungs take in oxygen.

## Exemplar materials for Unit 2 – mark band 3

Readings on a peak flow meter are usually higher in males than females. Conditions that could cause shortness of breath are;

- Blood clots in lungs
- Lung Cancer
- Heart Failure
- Chronic Bronchitis etc....

On the next page are examples of a peak flow meter and some graphs showing height against peak flow and also showing age against peak flow for all different age groups.

## Exemplar materials for Unit 2 – mark band 3

### Peak Flow on Suzi

I choose to measure Suzi's Peak Flow because one of the targets I set her was to cut down on smoking. The purpose of chosen to measure her Peak flow is to show where she could improve on her health; it is an again another indicator for her. Due to the fact she is a smoker so therefore she will see how badly smoking is affecting her lungs and how stopping will make her health better.

I used a Peak Flow meter to measure Suzi's Health and the score readings I got were:

- 380
- 420
- 440

When measuring someone's peak flow you usually take the best score out of the three readings. Therefore Suzi's Peak Flow is **440**.

- *The Other target I set Suzi was to improve on her Social need but I can't however measure that using any indicators of health.*

## Section D

### Health Plans

For my Volunteer Suzi I choose her 3 targets that she has to stick to in order to improve her health. The 3 Targets in which I chose her were:

- Cut down and finally give up smoking
- Eat a breakfast daily
- To improve her social needs.

I'm now going to write up a health plan for each target so that Suzi knows how she can improve and stick to her targets. I will also state the problems and strategies that she may come across.

Below is a table to help showing when Suzi smokes her 20 cigarettes a day. This will be easier for her to see where she can cut then out and for her to see that she smokes far too much than she really needs to.

	Morning	Break	Lunch	Tea	Evening
Number of cigarettes to have within that time					
Monday	2	3	3	4	8
Tuesday	3	2	4	5	6
Wednesday	1	3	2	2	12
Thursday	3	2	4	3	8
Friday	1	1	2	2	14
Saturday	1	2	5	2	10
Sunday	0	3	5	3	9

#### Health Plan

My Health Plan for Suzi, The target I set Suzi was to cut down smoking and then finally to give up. This is the plan I have made to help her quit.

#### Short Term Plan:

Week	What to Do
1	To Cut down from 20 cigarettes a day to 15 a week.
2	Now cut down from 15 cigarettes a week to 10 a week.
3	Now again cut from 10 cigarettes a week to 5 a week.
4	Now cut smoking all together and start wearing a Nicotine patch to help you.

## Exemplar materials for Unit 2 – mark band 3

### Medium and Long Term Plans:

Medium Term Plans:	
Month	What to Do
2	Keep using the patches to help you. The pharmacists will recommend what strength you need.
3	Depending of how you feel the patch is helping you, stay on for one more month or reduce Strength of patch and reduce sitting around people who are smoking to help your cravings.
Long Term Plan	
4	Start wearing the patch every other day and try not to rely on it. Increase exercise or take up a hobby to help beat cravings
5	To come off the patches and other aids that are helping you, become independently in control.
6	You've come this far you just have to keep it up and don't give in to cravings

Quitting Smoking is a hard thing to be able to do and is a big change in your life. There are many difficulties when giving up smoking, the hardest is beating Temptation. If you're going to give up smoking you have to avoid these temptations and there are ways in which to do it. Read below:

#### Problems and strategies to overcome:

- Chew Gum.
- Eat Soft mints.
- Keep Busy, to keep your mind of it.
- Don't socialize as often with smokers.
- If going out sit in non-smoking area.
- Ring up the non-smoking helpline.
- Talk about your feelings.
- Save money in a jar for the money you would have spent n fags a week then at end of each week or month, treat yourself.
- Tell people around you and close ones that you're quitting for support.
- Check around your home/car anywhere you might find cigarettes, lighters, ashtrays and throw them all away.
- Clean your home/car everything to help get rid of the smell f smoke.
- Turn your Home/car into a smoke free environment.
- If you smoke after meals, get up from the table and tidy up, go for a walk. Keep Busy.
- Until you feel confident enough to stay off cigarettes completely limit your socializing unless its non-smokers.
- If you smoke while driving in your car, listen to a favourite CD of yours or use public transport if you can for a while.

## Exemplar materials for Unit 2 – mark band 3

When giving up smoking you may find in the first month of giving up you suffer from withdrawal symptoms. This is because your body still feels dependant on Nicotine. Be aware and understand that this will be your hardest time and use all your support and use it. Most successful ex-smokers quit for good only after many attempts, you may be someone who manages first time round. If you not don't give up, don't think that one won't hurt because it will, it's not worth all the hard work you have done so far.

Ways in which to help Withdrawal Symptoms:

- Drink plenty of water it will help flush the nicotine out your system.
- Do more exercise -this will help control your weight and give you more energy and keep your mind of smoking.
- Try to avoid places were you know a lot of people smoke.

### Benefits of Giving up Smoking:

Quitting Smoking does make a huge difference to your life and yourself as a person. Straight away you can taste and smell food better because nerve endings are re-growing. Your breath, hair clothes and environment smells much better. You will also find you cough less often than you did before because your lung function rises by up to 10%. There are many more benefits such as:

- You lower your risk of lung cancer and other cancers.
- Lower your risk of Heart disease.
- Lower your risk of having a stroke.
- You will find you lower days of illness.
- Lower risk of Bronchitis.
- Fewer health complaints.
- Carbon Monoxide level in blood drops to normal oxygen level in blood increases to normal.
- Blood Pressure decreases.

The key to living life as a non-smoker is to avoid letting your cravings for a cigarette go a step further. You will always at times be tempted but don't let that temptation win you over. You can use this as a learning experience. You should start up new hobby or interest that will keep you busy and that would affect your health in a negative way. Each day is a great day if you can go through a day without a cigarette and once you have got through the first couple of months you will have no problems at sticking to giving up. Congratulations are in order for effort and ability.



## Exemplar materials for Unit 2 – mark band 3

### Health Plan

My Health Plan for Suzi, The 2nd target I set Suzi was to eat a breakfast Daily. This is a plan I made to help her stick to eating breakfast.

#### Short Term Plan:

Week	What to Do
1	Set your morning alarm 25 minutes earlier so you have plenty time to make breakfast before you leave for work.
2	Still get up earlier and make breakfast round the table for the whole family to sit down and eat together that way you will eat better .
3	Don't eat last thing at night before going to bed because otherwise you won't be hungry when you get up to make breakfast in the morning.
4	Buy some fruit or morning snack bars in supermarket so if your running late or aren't very hungry snack on one on the way to work.

#### Medium and Long Term Plans:

Medium Term Plans:	
Month	What to Do
2	Change the variety of what you are eating for breakfast so that way you won't get bored or sick of eating the same things.
3	Try to get up and go straight to having breakfast before getting ready for work that way you will have time and won't be rushing your food down.
Long Term Plan	
4	Keep setting that alarm earlier and make sure what you eat for breakfast is something suitable for first thing in the morning.
5	Remember to still be having breakfast at the weekends not just weekdays or the whole routine will be ruined.
6	Have small amounts even when you're not hungry and a drink to wash it down with and keep it doing, when you have got the routine its simple.

Eating Breakfast in the mornings is an important meal in which shouldn't be missed. It is believed to be the most important meal of the day, as it's the first one and sets you off through the day without being hungry.

## Exemplar materials for Unit 2 – mark band 3

### **Problems and strategies to overcome:**

- Find something that you would like to eat in the morning, as some people don't like a bowl of cereal etc... So get some fruit or have toast.
- Buy some fruit and morning snack bars so that on an off day you can eat while on your way to work.
- Try to get up earlier, leaving you with plenty of time to sit down and eat breakfast
- Still have breakfast on weekends to keep you in the routine.
- Make breakfast for your partner, children as well in the mornings that will then encourage you to eat something as well.
- Keep changing the variety of what you eat every couple of weeks this saves you getting bored of what you are eating every morning.
- Have small amounts for breakfast to keep you going until your break, this way you will find you don't binge of as much on your break at work.

### **Benefits of Eating a Breakfast Daily:**

- You are more awake in the mornings.
- Because you will not have eaten anything since the night before your body will be empty so by having breakfast is refilling the body.
- You will find it easier to concentrate after having something to eat.
- You will not find yourself starving by your break and this means you wouldn't pick at things of junk food to fill yourself up.
- It's the most important meal of the day therefore you are eating a balanced diet.

Eating Breakfast Daily is an easier target to be able to meet. There are plenty of choices you can make in deciding what you want to eat. Remember they don't have to be huge portions but as long as you have something in your system. You will find yourself feeling better and being able to concentrate and function more easily.

## Exemplar materials for Unit 2 – mark band 3

### Health Plan

My Health Plan for Suzi, The 3rd and last target set for Suzi was to improve on her social needs. The reason is because she says in a lot and doesn't socialize with friends much.

#### Short Term Plan:

Week	What to Do
1	Start getting in contact with old friends or friends you have not seen in awhile. You can do this by writing, phoning, texting or emailing them.
2	Arrange for you and your partner to either go out with a meal with friends or invite friends around to your house for dinner.
3	Plan one night a week where you and your partner and/or child spent the evening out the house doing something together, either having a meal, going to cinema or shopping for the day.
4	Arrange to have a girl's night out one day this week. Ring all your girly friends and go out and have a good night.

#### Medium and Long Term Plans:

Medium Term Plans:	
Month	What to Do
2	You should arrange your weekend in advance so that you have plans to go out. This will therefore stop you being stuck in the house bored and have no-one to meet because of last minute arrangements.
3	Make a habit of offering people round to your house for drinks, dinner and that way you will then get invited around to there's.
Long Term Plan	
4	Join or start a new hobby or interest this way you will become in an environment which gives you opportunity to meet lots of new people, who also have same interests as you.
5	Keep in contact with all your friends and family on a regular basic this way you will be sure that your social needs don't collapse.
6	Try not to have to cancel your plans unless there is no way in which you can find a solution.

## Exemplar materials for Unit 2 – mark band 3

Improving your social needs is a very important target to meet. You will find yourself happier in life knowing you have people who you can meet up with and have a good laugh.

### Problems and Strategies to overcome

- Don't lose contact with friends and relatives who you see and know well.
- Invite people along with you when you have a day out, example if you're going shopping for the day, invite someone along with you or if your feeling tired and want to stay in, invite someone round for a few drinks etc... keep yourself with company.
- Change the places or things you do when socializing, this way you wouldn't become bored of the same things over and over again.
- Don't make excuses for not going out or meeting someone, make time for other people and they will make time for you.
- Have an equal balance of time you spent out without your partner and time you spent with your partner and friends and then just with your partner.

### Benefits of improving your social needs:

- You will find yourself spending less time being bored.
- You will find yourself knowing more people and this opens up chances of meeting even more people.
- You will find that your self esteem will be much higher.
- You will find yourself enjoying life more.
- You will begin to find yourself happier and laughing more.
- You will boast your emotional health due to the fact you know you have people you can talk to and trust and people who will be there to support you when you're feeling down.
- You will also boast your physical health because you will be out more instead of being sat in the house watching TV and you will also boast your intellectual health because you will find yourself in many conversations that will leave you thinking or trying to solve.

## Exemplar materials for Unit 2 – mark band 3

It's very important that you improve on your social needs and get out as often as you can. There will be difficulties stopping you, such as you don't have enough money, or you need someone to baby-sit or you're ill. However there are many solutions and ways in which to get around these problems. You don't have to go out every night but it's good to go out and see people who you know and like there company. Remember you only live once, make the most of it.

## Exemplar materials for Unit 2 – mark band 3

### Analysis of my Health Plans

I feel that the targets in which I set Suzi are targets I feel she will be able to meet. I tried to make them not too hard and I made very simple guidelines in order to help her if and when she struggles. Everyone has their bad days but she shouldn't give up however bad things get.

The target I feel she will find the hardest is giving up smoking. For a smoker to cut down and give up in the first month is going to be difficult but she has to remember why she is doing it and it's to improve her health.

However I think that if Suzi sticks to these targets and doesn't give up this will affect her positively in many ways:

**It will affect her physically by:** Giving up smoking will mean she will find herself with more energy and less tired. She will be able to do more things and find herself not short of breath. She will find doing exercise much easier and in the long run she will find herself much fitter.

**It will affect her intellectually by:** She has been able to stick to targets and complete them. This shows she has great will power and strong determination. This is a learning experience for her and has done a lot of hard work to get this far.

**It will affect her emotionally by:** She will be able to be in control of her own life and should feel happy in herself knowing that she has been able to do it. She will also feel great knowing there are people that she can turn to if she is having a bad day or struggles and needs a chat.

**It will affect her socially by:** She will be able to go out and meet people whenever she likes and she will be able to share and tell this experience to many others.

## Exemplar materials for Unit 2 – mark band 3

### Bibliography

- I interviewed two people whose children are using a nursery.
- I visited many websites to find information of Inuit's health.
- I also went on google and searched through all the websites.
- I used the Health and Social Care Foundation book.
- Leaflets giving information on giving up smoking and also leaflets to help have a healthy diet.





## **Commentaries – mark band 3**



## Assessment evidence – Unit 2: Promoting Health and Well-being

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must: a explain what is meant by health and well-being.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(a) AO1 7 marks	<ul style="list-style-type: none"> <li>a basic description of health and well-being. Some examples should be given to support definitions given.</li> </ul>	1-3	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the differences between positive, negative and holistic definitions and how these differ over time and between cultures. A variety of examples is used in support of these.</li> </ul>	4-5	<ul style="list-style-type: none"> <li>a description of health and well-being that recognises the difference between positive, negative and holistic definitions, how these differ over time and between cultures, illustrating the complex nature of such definitions. Well-chosen examples are used to make these differences clear.</li> </ul>	6-7	6

### Moderator comments

The candidate has recognised that health is a complex issue and that health should be our own responsibility and that our behaviour and the choices we make in our life will affect our health. They give relevant examples such as ‘we believe our health depends on the quality of care we receive’, when really it is down to each individual to make choices. The candidate states that holistic health is an approach to life, rather than focusing on a specific illness or disability, and they give an example of someone who is taking exams and might be anxious and this could cause a physical reaction such as a headache or stomach ache. The candidate describes how health and well-being change over time and between cultures. Comparisons are made between Japan, Sierra Leone, Africa and Greenland and they realise that health and life expectancy are related to having sufficient food, being immunised, having a good education and the environment we live in.

**This part of the work is at the lower end of mark band 3 and has been awarded 6 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

- b identify factors affecting the individual's health and well-being and explain the effect these factors have.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(b) AO1, 2 13 marks	<ul style="list-style-type: none"> <li>a statement of a range of factors having both positive and negative effects on health and well-being together with basic explanations of the effect of these factors. Information is derived from a limited range of sources and some support and guidance is provided.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>an explanation of a varied range of factors having both positive and negative effects on the health and well-being of the individual. Information is selected from a wide range of sources and only limited assistance is required.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a comprehensive explanation of a varied range of factors having both positive and negative effects on the individual's health and well-being. The candidate has worked independently to select appropriate information from a wide range of sources.</li> </ul>	10-13	11

**Moderator comments**

The candidate asks the client to complete a questionnaire and a weekly eating and exercise grid and analyses the information gained by using PIES. The candidate describes seven factors that can have a positive or negative effect on a person's health and well-being: unemployment, unprotected sex, stress, rest and sleep, substance misuse, smoking and a healthy lifestyle. They then apply these factors to their client. The candidate covers these factors with explanations such as 'the reason it is important that Suzi keeps getting enough sleep is because sleep is very important to her health and well-being. The body cannot keep going without recharging itself but through resting and sleeping it does this' and 'on average Suzi smokes 15 a day and smoking is a major cause of ill health and there are many hazards to smoking consisting of heart disease, poor circulation, bronchitis and cancers'. The candidate concludes that they will set three targets for Suzi: cutting down on smoking, eating a daily breakfast and improving social needs. The candidate illustrates how these three issues affect the client's health by using PIES.

**This part of the work is in mark band 3 and has been awarded 11 marks.**

You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:

c identify information to set targets and measures of the health of the individual.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(c) <b>AO2, 3</b> <b>17</b> <b>marks</b>	<ul style="list-style-type: none"> <li>a simple plan which shows that the candidate can identify and apply a limited range of appropriate health-related information, which includes physical measures of health, in order to set some targets for the individual.</li> </ul>	1-7	<ul style="list-style-type: none"> <li>a realistic plan which demonstrates that the candidate can identify and apply a range of appropriate health-related information, which includes physical measures of health in order to set appropriate targets for the individual.</li> </ul>	8-12	<ul style="list-style-type: none"> <li>a detailed plan which demonstrates that the candidate can identify and apply a wide range of appropriate health-related information, which includes physical measures of health in order to set appropriate and realistic targets for the individual.</li> </ul>	13-17	<b>15</b>

#### Moderator comments

The candidate explains the physical indicators, blood pressure, peak flow, BMI, resting pulse and recovery rate after exercise and height and weight. She plots the client's height and weight, BMI and peak flow and compares the results against the norm. The candidate also justifies why she has chosen these physical measures. A table is produced to show the client when she smokes the most cigarettes during the day. The candidate provides health plans for smoking, eating a daily breakfast and improving social needs. She suggests realistic short, medium, and long-term targets. The candidate offers ways to help the client with withdrawal symptoms such as 'drink plenty of water' – it will help to flush the nicotine out of your system'. The candidate justifies her targets in AO1, 2 (b) but in order to achieve higher marks she would need to include more health-related information and say how it will help and support her client.

**This part of the work is in mark band 3 and has been awarded 15 marks.**

**You need to produce a plan for improving or maintaining the physical health and well-being of one individual. Your plan must:**

d include in your plan an assessment of how it may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

	Mark band 1 At this level work must show:	Mark range	Mark band 2 At this level work must show:	Mark range	Mark band 3 At this level work must show:	Mark range	Mark awarded
(d) AO2, 3 13 marks	<ul style="list-style-type: none"> <li>basic statements indicating how the plan may affect the individual, together with an indication of the difficulties which may be encountered by the individual following and/or achieving the plan. Some suggestions should be offered for overcoming the difficulties.</li> </ul>	1-5	<ul style="list-style-type: none"> <li>a review of some of the ways in which the individual may be affected by the plan, an evaluation of some difficulties that may be encountered by the individual and an explanation of how these may be overcome. Supporting arguments are presented clearly.</li> </ul>	6-9	<ul style="list-style-type: none"> <li>a well-structured review of the ways in which the individual may be affected by the plan, and a critical evaluation of the difficulties that may be encountered by the individual, together with appropriate strategies for overcoming those difficulties. Supporting arguments are clear, accurate and precise.</li> </ul>	10-13	11

**Moderator comments**

The candidate identifies the benefits of giving up smoking, eating a daily breakfast and improving social needs and gives appropriate examples such as 'your health, hair, clothes and the environment will smell much better' and 'you will find you cough less because your lung function rises by up to 10%'. The candidate states that the client 'will find it easier to concentrate after having something to eat' and 'you will find that your self-esteem is much higher'. The candidate identifies potential difficulties that could arise and suggests appropriate strategies for overcoming them such as 'save money that you would have spent on fags and then treat yourself' and 'until you feel confident enough to stay off cigarettes completely limit your socialising, unless it's with non-smokers' and 'invite people along when you have a day out' and 'buy some fruit and morning snack bars so that on an off day you can eat on your way to work'. The candidate reviews their plan through PIEs. Although the evaluation is good it is not analytical enough to achieve higher marks. It would also have been advisable to produce a more detailed bibliography.

**This part of the work is in mark band 3 and has been awarded 11 marks.**

Candidate Unit Mark	44
Total Unit Mark	50

## **Acknowledgements**

We would like to take this opportunity to thank all of the centres whose work contributed to this tutor support booklet.





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# Appendix 1 – Observation record

## What is an observation record?

An observation record is a device used to record statements of learner performance. It directly relates to criteria contained within the assessment evidence grid included in each unit specification. It may confirm achievement or provide specific feedback of performance against the assessment criteria. Since an observation record will provide primary evidence, it is essential that the recording of performance is sufficiently detailed to enable others to make a judgement as to the quality and sufficiency of the performance and to confirm achievement.

Observation records are often accompanied by supporting/additional evidence. This may take the form of visual aids, handouts, preparation notes, cue cards, diaries, logbooks, and peer assessment records. It is essential that where present, these are included in the learner evidence. Where visual aids and handouts are used, note should be made on the observation record of how these were used and their effectiveness.

An assessor who completes an observation record must have direct knowledge of the specification to enable an assessment decision to be made. An observation record has greater validity than a witness statement since it is capable of recording an assessment decision.

All observation records must be signed and dated by the assessor.

# GCSE Health and Social Care (Double Award)

## Observation record

Unit:

Candidate:

Date of observation:

Assessor:

Skills/activities observed:	Unit	Outcome

Assessor comments and feedback to candidate:

--

I can confirm the candidate's performance was satisfactory.

Assessor's signature:

Date:

Candidate's signature:

Date:

## Appendix 2 – Witness testimony

### What is a witness testimony?

A witness testimony is a device used to record statements of learner performance. It is completed by someone other than the assessor of the qualification. This may be an assessor of a different qualification, a work placement supervisor, a technician, librarian or anyone else who has witnessed performance of assessment criteria by the candidate. Someone who does not have direct knowledge of the assessment criteria but who is able to make a professional judgement about the performance of the candidate usually completes witness testimonies.

The quality of witness testimonies can be greatly improved if the witness is provided with a statement of the desirable characteristics required for successful performance of the assessment criteria. Clearly, the assessment criteria need to be present on the witness testimony. The candidate may provide a statement of context on the witness testimony, eg a reflective account of the activity. These qualities will greatly improve the usefulness of the testimony in satisfying the assessor of the standards of performance. It should be noted that the witness testimony does not confer an assessment decision. The assessor must consider all the information contained within the witness testimony, noting the relevant professional skills of the witness, along with any supporting evidence in making a judgement about the validity and sufficiency of the witness testimony when making an assessment decision.

Assessors should take steps to ensure the authenticity of witness statements. When a witness may be providing many witness testimonies it may be helpful to collect specimen signatures. A telephone call to thank the witness for providing such evidence may provide evidence of the authenticity of the witness statement.

All witness testimonies should be signed and dated by the witness and information of their job given. A detail of job role adds to the validity of the witness testimony and the statements made within. When taking a witness testimony into consideration for assessment purposes, the assessor should also sign and date the document.

Care should be taken to ensure authenticity of witness statements and the detail of performance should be sufficient to enable the assessor to make a judgement against the assessment criteria. Centres are encouraged to make full use of witness testimonies which are often used to record practical performance, especially in the workplace.



## Appendix 3 – Edexcel GCSE in Health and Social Care (Double Award) Individual Candidate Record Sheet

<b>Centre number:</b>	<b>Centre name:</b>	<b>Name of teacher:</b>	
<b>Candidate number:</b>	<b>Candidate name:</b>		

UNIT 1 – Health, Social Care and Early Years Provision	Max mark	Centre mark	Moderator mark
(a) What services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.	13		
(b) Your understanding of the skills and values required for care or early years work and the jobs which workers do.	13		
(c) How well these services meet the different needs of two people who use them.	12		
(d) How these two people access the variety of services they need and the things which may prevent them from obtaining services.	12		

UNIT 2 – Promoting Health and Well-being	Max mark	Centre mark	Moderator mark
(a) Explain what is meant by health and well-being.	7		
(b) Identify factors affecting the individual's health and well-being, and explain the effect these factors have.	13		
(c) Identify information to set targets and measures of health for the individual.	17		
(d) Include in your plan an assessment of how it may affect the individual, the difficulties that may be expected in following and achieving the plan and how these difficulties may be overcome.	13		

<b>Centre number:</b>		<b>Centre name:</b>	
<b>Candidate number:</b>		<b>Candidate name:</b>	
		<b>Name of teacher:</b>	

UNIT 1 – Health, Social Care and Early Years Provision	Band 1	Band 2	Band 3	Total centre mark		Moderator mark	Portfolio reference
				YES	NO		
				Marks awarded – please circle			
(a) Have you produced a report?  What services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision.	1 2  3 4 5	6 7  8 9	10 11  12 13				
(b) Your understanding of the skills and values required for care or early years work and the jobs which workers do.	1 2  3 4 5	6 7  8 9	10 11  12 13				
(c) How well these services meet the different needs of two people who use them.	1 2  3 4	5 6  7 8	9 10  11 12				
(d) How these two people access the variety of services they need and the things which may prevent them from obtaining services.	1 2  3 4	5 6  7 8	9 10  11 12				

**Assessor feedback:** .....

**IV feedback:** .....

**IV signature:** .....



Centre number:	Centre name:	
Candidate number:	Candidate name:	
	Assessor name:	

UNIT 2 – Promoting Health and Well-being	Band 1	Band 2	Band 3	Total centre mark	Moderator mark	Portfolio reference		
							Marks awarded – please circle	
							YES	NO
(a) Have you produced a health plan? Explain what is meant by health and well-being.	1 2 3	4 5	6 7					
(b) Identify factors affecting the individual's health and well-being, and explain the effect these factors have.	1 2 3 4 5	6 7 8 9	10 11 12 13					
(c) Identify information to set targets and measures of health for the individual.	1 2 3 4 5 6 7	8 9 10 11 12	13 14 15 16 17					
(d) Include in your plan an assessment of how it may affect the individual, the difficulties that may be expected in following and achieving the plan and how these difficulties may be overcome.	1 2 3 4 5	6 7 8 9	10 11 12 13					

**Assessor feedback:** .....

**IV feedback:** .....

**IV signature:** .....



## Appendix 4 – Edexcel GCSE in Health and Social Care (Double Award) Unit 1 Mark Record Sheet

Centre name:	Centre number:
Candidate name:	Candidate number:
Teacher:	Date:

You need to produce a report of your investigation into one provider of health, social care or early years services in your local area.

Your report must show:	Page(s) ref.	Marks available			Centre mark
		MB1	MB2	MB3	
a what services are provided; how they are organised, delivered and paid for; where they are located; how the services fit into the national provision		1-5	6-9	10-13	
b your understanding of the skills and values required for care or early years work and the jobs which workers do		1-5	6-9	10-13	
c how well these services meet the different needs of two people who use them		1-4	5-8	9-12	
d how well these two people access the variety of services they need and the things which may prevent them from obtaining services.		1-4	5-8	9-12	
<b>Total marks</b>		<b>50</b>			

Declaration of Authentication: I declare that the work submitted for the assessment has been carried out without assistance other than that which is acceptable under the scheme of assessment (unless indicated on the back of this mark record sheet).

Signed (candidate)

Date

Signed (teacher)

Date



## Appendix 5 – Edexcel GCSE in Health and Social Care (Double Award) Unit 2 Mark Record Sheet

Centre name:	Centre number:
Candidate name:	Candidate number:
Teacher:	Date:

You need to produce a health plan for improving or maintaining the physical health and well-being of one individual.

Your plan must:	Page(s) ref.	Marks available			Centre mark
		MB1	MB2	MB3	
a explain what is meant by health and well-being		1-3	4-5	6-7	
b identify factors affecting the individual's health and well-being, and explain the effect these factors have		1-5	6-9	10-13	
c identify information to set targets and measures of health for the individual		1-7	8-12	13-17	
d include in your plan an assessment of how it may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.		1-5	6-9	10-13	
<b>Total marks</b>		<b>50</b>			

Declaration of Authentication: I declare that the work submitted for the assessment has been carried out without assistance other than that which is acceptable under the scheme of assessment (unless indicated on the back of this mark record sheet).

Signed (candidate)

Date

Signed (teacher)

Date



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