Teacher's guide

Edexcel GCSE in Health and Social Care (Double Award)

First award 2004

October 2002



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Acknowledgements

This specification has been produced by Edexcel on the basis of consultation with teachers, examiners, consultants and other interested parties. Edexcel recognises and values all those who contributed their time and expertise to the development of GCSE specifications.

Authorised by Peter Goff
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Introduction

This Teacher's guide accompanies the Edexcel GCSE specification for Health and Social Care and has been designed to help teachers prepare their students for assessment in 2004 and beyond.

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

It is planned to issue a separate publication containing assessed items of student work. This will give further guidance on the application of the mark bands in the assessment grids for each of the internally assessed units, and provide a first indication of the standards expected.

Specification summary

GCSEs in vocational subjects

A range of GCSE (Double Award) specifications in vocational subjects has been introduced to replace Part One 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.

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 basis for further education, or further training for employment within the health or social care sector.

Specification structure

The specification consists of three compulsory units, which are equally weighted. Two units are internally assessed through the production of portfolios, and one is externally assessed by a written test. The first external assessment opportunity will be in January 2004, and the first moderation of internal assessment will be carried out in June 2004.

Unit content	Assessment
Unit 1: Health, Social Care and Early Years Provision The range of care needs; types of services and how people obtain them; work roles and skills of those working in the sector; values underpinning care work.	Internal assessment An investigation into how service providers in the local area meet the needs of different individuals.
Unit 2: Promoting Health and Well-being Definitions of health and well-being; factors affecting health and well-being, and their effects; measuring an individual's health; ways of promoting and supporting	Internal assessment A health plan for improving or maintaining the physical health and well-being of one individual.
health improvement. Unit 3: Understanding Personal Development and Relationships	External assessment A single, untiered examination lasting
Stages and patterns of human growth and development; factors affecting human growth and development; development of self-concept and personal relationships; major life changes; the role of relationships in personal development.	1½ hours and consisting of both short and longer answer questions.

Planning a teaching programme

We have produced three models of a delivery plan as examples.

Model 1 – External tests in January and June

Year 1

	Term 1		Term 2	Term 3	3	
g	Unit 1		Unit 1		Unit 1	
Induction	Unit 2	Review	Unit 2	Review	Unit 2	Review
I	Unit 3		Unit 3		Unit 3	

Year 2

Unit 1		Test	Unit 1		Unit 1		1
Unit 2	Unit 3 revision	January Te		Review		Unit 3 revision	June Test
Unit 3		Ja	Unit 2		Unit 2		

Characteristics

- provides continuity for students and teachers
- continuing review periods to enable action planning and 'top up' workshop activity
- enables students to prepare for and if necessary retake the external assessment
- enables one assessor to assess the students evidence for the whole of an internally assessed unit assessment grid
- enable students to concentrate on internally assessed units in the second and third terms of their second year
- enables students to develop skills over a period of time.

Model 2: External tests in June only

Year 1

	Term 1	Term 2	Term 3	
ction	Unit 3	Hu:4 2	view	Unit 1
Indu	Onit 3	Unit 3	Rev	Unit 2

Year 2

Term 1		Term 2	Term 3	
Unit 1	t 3 ion	Unit 1	Unit 1	t 3 ion
Unit 2	Unit 3 revision	Unit 2	Unit 2	Unit

Characteristics

- allows the underpinning knowledge and understanding to be delivered early in the programme
- enables students to concentrate on practical application skills after delivery of unit 2 knowledge
- provides periods of revision before external testing
- allows students to concentrate on building up their portfolios.

Model 3: Delivery by 2 teachers

Year 1

	Term 1	Term 2	Term 3
Induction		Unit 1	
Indu		Unit 2	

Year 2

Term 1	Term 2	Term 3
	Unit 3	Revision

Delivering assignments

Planning

Allow 6-8 weeks minimum for the assignments to be completed, marked, revisited and submitted for final assessing. Both portfolio units must be completed by 15 May of the year of certification

Most teachers prefer to set the assignments after the unit has been taught and pupils have gained valuable information from visiting speakers, vocational visits etc.

The specifications lend themselves to producing a concise series of tasks for students to use. The tutor needs to ensure that the tasks match all of the assessment evidence.

It is important to stress the vocational links in the assignments. Care should be taken in using published tasks in case they are out of line with the assessment criteria.

Assignments can be set in a vocational context, eg a careers booklet, guide to local services.

Where possible the setting up of tutorial sessions for students will help in monitoring the student's progress (this becomes harder as class sizes increase).

Delivery

Students need to be involved in the planning of their assignments – which tasks they are going to cover first, how to extend the assignments to cover the higher grades.

All students should be given a copy of the banner and assessor's marking grid. This should help with the planning and make students aware of the need to work as independently as possible to achieve the higher marks.

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

Assessment evidence must meet the requirements of the banner, but may include photographic, video, audio evidence etc. It is useful if a witness statement accompanies these other types of evidence.

Proformas for recording observation of performance and witness statements can be found in *Appendix A*.

One suggestion for the final format could be a front page, contents page, assignment evidence in appropriate sections, a conclusion/analysis and a bibliography. For ease of marking and moderation, the assignments **should not** be sleeved in plastic wallets. There is a Guide to Report Writing in *Appendix C*.

Assessing

Students should be given clear deadlines for submission of assignment tasks. This should be followed by prompt feedback and if necessary a chance for students to improve their assignment before final marking.

Assignments should be marked strictly to the banner and to the assessment evidence grid. Teacher annotation of where and how marks have been awarded is good practice.

Students can be awarded marks in different bands for each assessment criterion.

Unit 1: Health, Social Care and Early Years Provision

This unit is internally assessed through portfolio evidence.

It is important that tutors are familiar with:

- the details of the specification for this unit
- the assessment evidence and guidance
- the delivery strategies.

All information for the award is in the specification booklet, or on the Edexcel website In this unit the key areas to cover are:

- the range of care needs of the major client groups
- the types of services that exist to meet client group needs
- how different types of services are organised
- the main work roles and skills of people who provide these services
- the values that underpin all care work with clients
- how services develop in response to social policy
- how services develop to meet the needs of individuals.

Unit 1 – Health, Social Care and Early Years Provision

Linit 1 - Health, Social Care and Early Years Provision 2-3 weeks How care services are designed to meet health, developmental and social care needs of the following client groups and how they meet social policy goals: - A lifeline approach to identify the health, developmental and social care needs of the following client groups and how they meet social policy goals: - Case studies and videos - muses - mus	Time	Activity	Teaching strategies/information	Vocational links	Resources
How care services are designed to meet health, developmental and social care needs of the following client groups and how they meet social policy goals: - babies and children - adolescents - older people - disabled people. - Look at local organisations; identify the services and their needs how they meet social policy goals: - older people - disabled people. - Look at local organisations; identify the major client groups and their needs how they meet social policy goals: - adolescents - older people - disabled people. - Look at local organisations; identify the major client groups who they are aimed at elivery is planned at government level - classroom assistant - classroom assistant - child minder		Unit 1 – Health, Social Care and Early Years Provision			
play group assistant child minder	2-3 weeks	How care services are designed to meet health, developmental and social care needs of the following client groups and how they meet social policy goals: - babies and children - adults - older people - disabled people.		<u>≒</u>	 Purr-fect Publications (e-mail: webmaster@fourpawsdesign.com) Health and Social Care books Visiting speakers: local health authority care plans voluntary groups eg Samaritans private sector eg Childminder Careers database Useful information about services can also be found on the internet www.nhs.uk See Additional resources at the end of this pack Glossary of key terms
administratorsparamedics			delivery is planned at government level		 end of this pack Glossary of key terms (Appendix F) Yellow pages; Thomson directory Maps

Time	Activity	Teaching strategies/information	Vocational links	Resources
3-4 weeks	What types of care services are	Brainstorm different types of		Useful information about services
	 provided? The types of services provided and where they are made available at 	services and categorise them in terms of health, social care and early years services	n d	can also be found on the internet: - www.surgerydoor.co.uk (local information)
	both local and national level in terms of Statutory, Private,	• Diagrams to show the structure of the services. This could be an	e of	- www.doh.gov.uk
	Voluntary and Informal care	activity where students go out and	and	 www.caresupport.com
	(include how different services work together)	look at what is available in the local area and mark services on a map	ap ap	Some television programmes could be used to identify the
		• Students may set up interviews or visits in order to gain more information regarding the services eg pharmacy, nursery, doctors	'ices	variety of roles in the care services
		 Opportunity for IT key skills as well as communication, application of number and working with others 	as Pation others	
2-3 weeks	How people gain access to care services:	• Flow charts illustrate the referral process more clearly for students:	ral nts:	• Useful information about services can also be found on the internet
	The methods used to gain access to care services and the barriers that	- self-referral		www.kingsfund.org.uk (an A-Z index to find a variety of
	use of the services	 third party referral 		wpics)

4-5 weeks	Time
What does care work involve? • The main jobs in the care services both direct and indirect care and how effective communication supports the work carried out	Activity
• • • • • •	Tea
students to explore different settings Teacher Presentation on barriers to care services eg physical, geographical, psychological, cultural, resources etc Working in pairs, students devise a list of questions about access and referral arrangements to either send or ask a visiting speaker Opportunity for IT key skills as well as communication, application of number and working with others Give students the opportunity to explore different types of jobs in the different sectors and share their results Students could make a presentation about the different jobs in different sectors Interview people who work in the care services Use a work placement to investigate a job role Opportunity for IT key skills as well as communication, application of number and working with others	Teaching strategies/information Case studies and role play allow
	Vocational links
 Useful information about services can also be found on the internet www.nhscareers.nhs.uk www.early-years-nto.org.uk information on careers in social services) Careers databases such as Kudos www.kudos.co.uk 	Resources

Time	Activity	Teaching strategies/information	Vocational links	Resources
4 weeks	• The values that are an essential feature of the care services and how guidelines and codes of practice	 An understanding of the care value base is important and how it is reflected on all care work 		 Purr-fect Publications (e-mail: webmaster@fourpawsdesign.com)
	empower clients: - Discrimination - Confidentiality	• Case studies could be useful to show how the care value base can affect the access to care		 Health and Social Care books Codes of practice
	- Dignity	Role play can be developed from		• Charters
	IndependenceHealth and safety	case studies to help students understand the care value base		The NHS planMission statements
	AbuseEffective communicationIndividuality	 Group discussion of video material demonstrating care practice (taken from TV programmes or care practice videos – a visit to a local care setting would also be valuable) 		
		 An activity to identify how values are expressed in documents eg Codes of Practice, Mission statements, Policy documents and training materials 		
		 Opportunity for IT key skills as well as communication, application of number and working with others 		

Unit 2: Promoting Health and Well-being

This unit is internally assessed through portfolio evidence

It is important that tutors are familiar with:

- the details of the specification for this unit
- the assessment evidence and guidance
- the delivery strategies.

All this information for the award is in the specification booklet, or on the Edexcel website.

In this unit the key areas to cover are:

- definitions of health and well-being
- common factors affecting health and well-being
- effects of these factors on individuals, groups and across the life span
- methods used to measure an individual's physical health
- ways of promoting and supporting health improvement.

Unit 2: Promoting Health and Well-being

Time	Activity	Teaching strategies/information	Vocational links	Resources
	Unit 2: Promoting Health and Well-being			
	What is health and well-being?			
	Students need to investigate and understand:	Circle of life		
(1 week)	• the meaning of health and well- being – the PIES – physical, intellectual, emotional and social factors involved	 PIES for each life stage List factors that may change with age or culture and the differences 	• Visits from professionals, eg dietician, health and safety officer, personal trainer, relationship councillor, (it	 Purr-fect Publications (e-mail: webmaster@fourpawsdesign.com) Health and social care books.
(1 week)	how these factors change over time and vary between different cultures		 may also be possible to use parents in appropriate jobs) Visit to the local gym Link with PE department 	 ICT facilities –PowerPoint is useful for presentations, electronic whiteboards etc Useful information about facilities can also be found on the internet www.bbc.co.uk/health/fitness www.wiredforhealth/diseases.htm www.nutrition.org.uk www.shapeup.org/fitness/assess www.bhf.org.uk More useful resources can be

	(2 weeks)	Time
	What factors contribute positively? • The factors that contribute positively to health and well- being throughout the life span	Activity
 regular exercise supportive relationships adequate financial resources stimulating work education and leisure activities preventative health care (screening, vaccinations) risk assessment to promote safety and protect individuals Lecture, quiz on diet, presenting a diary on diet Why exercise? 	 Brainstorm the positive factors to health as a group and decide on a method of presenting this information balanced diet 	Teaching strategies/information
• Links with other curriculum areas – PSE, PE, Sociology and RE	 Use of visiting speakers: health visitors social workers drugs advisory services 	Vocational links
www.alcoholics-anonymous.org (teacher resource) LSDA support packs (teacher resource) Regent House Arcade, 19-25 Argyll Street, London W1F 7LS Tel: 020 7297 9144 Fax: 020 7297 9001 www.youfirst.com (students resource)	 LSDA support packs Regent House Arcade, 19-25 Argyll Street, London W1F 7LS Tel: 020 7297 9144 Fax: 020 7297 9001 National Dairy Council; www.milk.co.uk Additional information can also be found on the internet, for example: www.doh.gov.uk (teacher resource) gives reports on risks to health amongst yourgened. 	Resources

2 weeks	Time
How can physical health be measured?	Activity
 A good exercise for this is for the individual to assess their own physical health by doing: height and weight chart body mass index blood pressure – if available peak flow – if available resting pulse and recovery after exercise PE department – Multi-stage fitness test (Bleep tests) Fitness assessment Opportunity for IT key skills as well as communication and application of number, also working with others 	Teaching strategies/information
Use of professionals – a nurse, doctor, personal trainer etc to show and let the students work practically to measure: height and weight – use of scales that asses body fat blood pressure peak flow measurement	Vocational links
 Useful websites can be found for this: www.monitorbloodpressure.com www.lungusa.org gives information on peak flow www.nhlbi.nih.gov give hearts to calculate BMI LSDA support packs Regent House Arcade, 19-25 Argyll Street, London W1F 7LS Tel: 020 7297 9144 Fax: 020 7297 9001 www.bbc.co.uk/healthyliving www.bupa.co.uk/health_information 	Resources

			<u> </u>											N	
		weeks	6-8											2 weeks	Time
	complete the assessment assignment required for this unit	Students will be well prepared to	Assessment assignment				Looking at promotional material	Motivating the clients	• Long and short term targets	Realistic target setting	 Health promotion and improvement methods 	health?	and supported to improve their	How can individuals be motivated	Activity
	well as communication and application of number, also working with others	 Opportunity for IT key skills as 	Assessment grid and banner				 Opportunity for communication key skills 	client	health promotion units and assessing there worth to the	supermarkets, health centres and	• Collecting promotional material from doctors, dentists,	targets	 Using a case study and setting 	 Group discussion 	Teaching strategies/information
												promotional staff into schools	Large supermarkets may send	Visit Health Promotion unit	Vocational links
Health leaflets	• ICT facilities – useful for word- processing, PowerPoint is useful presentations, electronic whiteboards etc	Health and social care text books	Background research	Tel: 020 7297 9144 Fax: 020 7297 9001	LSDA support packs Regent House Arcade, 19-25 Argyll Street, London W1F 7LS	 Local Health Promotion unit 	www.hpe.org.uk Health Promotion England	www.had-online.org.uk	 Health booklets 	whiteboards etc.	ICT facilities – PowerPoint is useful for presentations, electronic	Health and social care books	webmaster@fourpawsdesign.com)	• Purr-fect Publications (e-mail:	Resources

Unit 3: Understanding Personal Development and Relationships

This unit is externally assessed.

The exam will be set and marked by Edexcel. The 1½-hour exam will consist of short and longer graded questions. Note that there is no case study to work from or pre-reading time. There is no pre-release material.

Students will need adequate preparation time for the assessment – time for consolidation of learning, revision, and practice questions (available from Edexcel).

It is important that:

- tutors are familiar with the details of the specification for this unit
- students are familiar with the use of vocational terminology.

In this unit the key areas to cover are:

- human growth and development (PIES) across all five life stages
- the factors that affect human growth and development, and how these factors interrelate
- the effects of relationships on an individual's personal development
- the factors affecting the development of a person's self-concept
- the effect of life events on personal development and the sort of support that is available.

Unit 3: Understanding Personal Development and Relationships

Time	Activity	Teaching strategies/information	Vocational links	Resources
6 weeks	Unit 3: Understanding Personal Development and Relationships			
	Introduce idea of growth and development.	In small groups, list all five life stages and identify three features of	Visit by health visitor and/or local parent and baby group marker to confirm the confirmation.	 Clarke L – Health and Social Care GCSE Student Resource, Nelson
	Revisit PIES and relate to each life stage:	each stage. Share these to produce a class list of features for each life	members to explain physical development.	ThornesHealth and Social Care for VGCSE:
	- infancy $(0-3)$	SABC.	 Visit to baby development clinics, early years and 	Teacher Support Pack, Nelson Thornes (written specifically for Edexcel centres)
	 childhood (4 – 10) 		residential organisations.	• Gresford P – (1997) Case studies in
	- adolescence (11 -18)		 Local health visitor as source 	Advanced Health and Social Care,
	- adulthood (19 - 65)		for developmental charts.	Heinemann.
	- later adulthood (65+)		 Visit from school nurse to discuss puberty and issues 	• Acheson D – (1998) Inequalities in Health Report, The Stationery Office.
			Visit from social works	www.archive.official- documents of all/del/il-/il-
			examine effects of social and	BBC video – The Human Body
			development	 Popular magazines for case studies
				• Useful websites:
				www.bbc.co.uk/science/humanbody
				www.vocationallearning.org.uk
				www.smallfolk.com -informative site exploring all aspects of child growth and development.
				www.cdipage.com for information on child intellectual development

6 weeks		Time
• Relationships	Factors that affect growth and development How these factors affect selfesteem, physical and mental health, employment prospects and level of education.	Activity
Brainstorm types of relationships. Storyboard/ role-play/ case studies to show the importance of different types of relationships in different life stages.	Students can produce a personal lifeline and predict physical changes, changes in family circumstances, economic changes and environmental changes which could occur over the next 15 years. (This activity should be handled with sensitivity) Now repeat this activity using a character from a TV family. • Brainstorm all the factors that can affect development, encouraging positive and negative happenings. Make sure you cover all of the following: - physical factors - social and emotional factors - economic factors - environmental factors	Teaching strategies/information
Visit from Relate counsellor, school counsellor, Connexions staff, school nurse, health visitor etc.	As above	Vocational links
www.cpag.org.uk www.bbc.co.uk/health/mental www.antibullying.net Recordings of popular TV soaps Use of ICT for storyboards eg PowerPoint		Resources

3 weeks				Time
 Effects of life events on personal development 				Activity
Brainstorm expected/ unexpected life changes. Categorise as relationship changes, physical changes, or changes in life circumstances. Use of case studies	 Opportunity for information technology, communication and working with others 	Tutor lead discussion/small group work each looking at positive and negative influences on development. Case study opportunity	• What does this tell you about yourself?	Teaching strategies/information
				Vocational links
 Purr-fect Publications (e-mail: webmaster@fourpawsdesign.com Health and Social Care Text Books 				Resources

Internal assessment procedures

Supervision of students and authentication of work submitted

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

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

If student process skills are being assessed, it is important that Witness Statements and Observation records are completed by assessors, to authenticate student work and provide evidence that students have achieved the level of performance required in the assessment grid.

Assessment

The work of each student must be assessed using the assessment evidence grids, which contains criteria statements and bands of response. The assessment must be completed by centres on the individual candidate Record Sheets which are used to convert achievement levels to marks. A copy of these forms are contained at the back of this document and should be photocopied and attached to each students portfolio.

Annotation

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

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

The minimum requirement for annotation is to complete the annotation column on the individual candidate 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 individual candidate Record Sheet. Detailed annotation will help a moderator to agree centre assessment decisions.

Standardisation within the centre

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

Internally assessed portfolios

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

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

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

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

GCSE HEALTH AND SOCIAL CARE (double award) (2321)



INDIVIDUAL CANDIDATE RECORD SHEET Summer 200....

Name of teacher:	Candidate number: Candidate name: Some amendments	Centre number: Centre name: Resubmission of work Mostly amended	
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Unit 1 − I provision	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.	$\mathcal{E}I$		
(b)	Your understanding of the skills and values required for care or early years work and the jobs which workers do.	$\mathcal{E}I$		
(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		

				ıtor
(d)	(c)	(b)	(a)	Unit 2 –
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.	Identify information to set targets and measures of health for the individual.	Identify factors affecting the individual's health and well-being, and explain the effect these factors have.	Explain what is meant by health and well-being.	Unit 2 – Promoting Health and Well-being
13	17	13	7	Max mark
				Centre mark
				Moderator mark

GCSE HEALTH AND SOCIAL CARE (Double Award) (2321) INDIVIDUAL CANDIDATE RECORD SHEET



Centre number:	Centre name:	Resubmission of work	Mostly amended	
Candidate number:	Candidate name:		Some amendments	
Name of teacher:			No amendments	

1 7711	Table Santa Santa Fault Volum	-	j	,	1		10	3.6 1 . 3.6 . 1	ז יט ייט די
provision	provision		Dalla 2	ı	Dand		i Otai Conti o Iviai n	MINIORCIANOLIVIALN	I OTHORIO INCICIONEC
	Have you produced a report?	YES	NO						
	many Jou produced a report.	Marks awarded – please circle	– please	e circle					
(a)	What services are provided; how they	1 2	6	7	10	11			
(are organised, delivered and paid for;	·	0	0	5	5			
	where they are located; how the services fit into the national provision	5 4	~	9	12	13			
	Your understanding of the skills and								
	values required for care or early years	1 2	6	7	10	11			
(b)	work and the jobs which workers do.								
		3 4	∞	9	12	13			
		5							
<u> </u>	How well these services meet the different needs of two people who use	1 2	5	6	9	10			
3	them.	3 4	7	∞	11	12			
	How these two people access the variety	1)	γ	6	0	10			
(d)	of services they need and the things which may prevent them from obtaining	1 2	2	6	9	10			
	services.	3 4	7	8	11	12			
-									

Assessor Feedback:

IV Feedback:

IV Signature:

GCSE HEALTH AND SOCIAL CARE (Double Award) (2321) INDIVIDUAL CANDIDATE RECORD SHEET



Centre number:	Centre name:	Resubmission of work	Mostly amended	
Candidate number:	Candidate name:		Some amendments	
Name of teacher:			No amendments	

			_						
Unit 2 – F	Unit 2 – Promoting Health and Well-being	Band 1	Band 2	2	Band 3		Total Centre Mark	Moderator Mark	Portfolio reference
	Have you produced a health plan?	YES	NO						
a)	Explain what is meant by health and	Marks awarded – please circle	ded – please	circle					
	well-being.	1 2 3	4	5	6	7			
	Identify factors affecting the	1 2	6	7	10	11			
(b)	individual's health and well-being, and explain the effect these factors have.	3 4							
		5	~	9	12	13			
	Identify information to set targets and	1 2	8	9	13	14			
	measures of health for the individual.	3 4							
(3)		5 6	10	11	15	16			
		7		12	17				
	Include in your plan an assessment of	1 2							
(d)	how it may affect the individual, the difficulties that may be expected in		6	7	10	11			
	following and achieving the plan and how these difficulties may be overcome	3)	·	5	,			
A 22222 A	Foodback	,		,					
Assessor Feedback	Feedback								

Assessor Feedback

IV Feedback:

IV Signature:

Support and training

There is a full range of support material designed for each GCSE in a vocational subject.

For example:

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

Edexcel delivers a full Professional Development and Training programme to support these GCSEs. This includes generic and subject-specific conferences, seminars, workshops and customised events for individual centres.

Further information on INSET programmes can be obtained from Customer Services on 0870 240 9800. E-mail for enquiries — trainingenquiries@edexcel.org.uk E-mail for bookings — bookingenquiries@edexcel.org.uk

Welsh centres should contact their regional office in Cardiff on 02920 794 865 or e-mail cardiff@edexcel.org.uk

Information concerning support material can be obtained from:

Edexcel Publications Adamsway Mansfield Notts. NG18 4FN

Tel: 01623 467467 Fax: 01623 450481

E-mail: publications@linneydirect.com

Additional resources:

Unit 1: Health, Social Care and Early Years Provision

www.ace.org.uk Age Concern

www.ohn.gov.uk Our Healthier Nation www.alzheimers.org.uk Alzheimer's Society

www.disability.gov.uk Minister for Disabled People's webpage

www.topss.org.uk Training Organisation for the Personal Social

Services

www.nhs.uk National Health Service

www.kingsfund.org.uk King's Fund
www.access-ability.co.uk Access-Ability
www.homelesspages.org.uk Homeless Pages

www.scie.org.uk Social Care Institute of Excellence

www.doh.gov.uk Department of Health

www.caresupport.com Care Support

www.carers.gov.uk Information about Government services for carers

www.carers.org Princess Royal's Trust for Carers

www.early-years-nto.org.uk Early Years National Training Organisation

www.thewhocarestrust.org.uk The Who Cares Trust

www.healthworker.co.uk Healthcare National Training Organisation

www.socialworkercareers.co.uk General information about Social Work as a career www.nursingtimes.net News and features that inform on clinical practice

www.bma.org.uk British Medical Association

www.rcslt.org How to become a speech and language therapist

www.college-optometrist.org/training/career How to become and optometrist

www.nursing-standard.co.uk Information on nursing jobs

www.nhscareers.nhs.uk A careers information service provided by the

NHS

www.midwives.co.uk RCM Midwives journal

www.nursingnetuk.com Independent nursing database of nursing courses

and jobs

Unit 2: Promoting Health and Well-being

www.fitmap.co.uk One stop health club and gym guide www.bbc.co.uk/health/fitness Interactive health and fitness advice

www.cdc.gov/health/disease.htm Centre for Disease Control and Prevention

www.wiredforhealth.gov.uk Health information for teachers

www.nhlbi.gov/health/public/heart National Heart, Lung and Blood Institute

www.bhf.org.uk British Heart Foundation

www.nutrition.org.uk British Nutrition Foundation www.shapeup.org/fitness/assess Fitness and Weight Test

www.nfpl.org Non Food Private Label

www.nspcc.org.uk Preventing Child Cruelty

www.psychtests.comPsychometric testswww.doh.gov.ukDepartment of Healthwww.youfirst.comHealth Risk Assessmentwww.aa-uk.orgAlcoholics Anonymous

www.nimbh.hih.gov/anxiety Information on anxiety disorders

www.monitorbloodpressure.com Quick medical

www.lungusa.org American Lung Association

www.hda-online.org.uk Health Development Association

www.ohn.gov.uk Our Healthier Nation

www.yahoo.com/health Search engine

www.wrecked.co.uk Alcohol advice aimed at 14 – 16 year olds

www.trashed.co.uk Drug advice for young people

www.milk.co.uk Dairy Council

www.vocationallearning.org.uk Learning and Skills Development Agency

Unit 3: Understanding Personal Development and Relationships

www.bbc.co.uk/science/humanbody Interactive learning

www.netdoctor.co.uk Independent health website www.smallfolk.com Focusing on formative years www.cdipage.com Child Development Institute

www.zerotothree.org Health development of infants and toddlers

www.kidshealth.org.uk Health and fitness of children www.pre-school.org.uk Pre-school learning alliance www.cpag.org.uk Child Poverty Action Group www.bbc.co.uk Up-to-date information

www.antibullying.net Anti-bullying information

www.factsoflife.org.uk The low-down on growing up

www.surestart.gov.uk Government campaign to improve health

www.schoolzone.co.uk General education website

General web addresses

www.hda-online.org Health Development Association

www.healthpromis.hda-online.org.uk Health Promise database www.ohn.gov.uk Our Healthier Nation

www.doh.gov.uk www.doh.gov.uk/nsf National Service Frameworks

www.number-10.gov.uk Search for National Childcare Strategy

www.ofsted.gov.uk/inspect/index.htm Inspection Reports

www.who.int World Health Organisation

Journals

Community Care

Nursery World

Health and Fitness

Nursing Standard

Nursing Times

Disability Now

Times Educational Supplement

Running and Fitness

Department of Health

Videos

BBC The Human Body

Better than Before – Life after Heart Surgery (CFL Vision)

Publishers

www.blackwellpublishers.co.uk Blackwells

www.uk.cambridge.org Cambridge University Press

www.folens.com Folens Publishing

www.heinemann.co.uk Heinemann

www.hodderheadline.co.uk Hodder & Stoughton

www.nelsonthornes.com Nelson Thornes

www.oup.co.uk Oxford University Press
www.philipallan.co.uk Philip Allan Publishers ltd
www.johnmurray.co.uk John Murray Publishers

Textbooks

Allot M and Robb M – *Understanding Health & Social Care*, Sage 0761956867

Beaver, M et al – *Babies & Young Children Book One: Early Years Development*, Nelson Thornes 0748739742

Beaver M et al – *Babies & Young Children Book Two: Care and Education* Nelson Thornes 0748739750

Birchenhall M and Birchenhall P – Sociology as Applied to Nursing & Health Care: Foundations for Clinical Practice, Bailliere Tindall 0702019321

Clarke L – *Health and Social Care for VGCSE: Teacher Support Pack (Edexcel)* – Available 15 October 2002, Nelson Thornes 0748766464

Clarke L – Health and Social Care for Vocational GCSE Student Book, Nelson Thornes 0748770720

Gresford P – Case Studies in Advanced Health and Social Care, Heinemann Educational 0435452738

Hayes N – A First Course in Psychology, Nelson Thornes 0174481810

Hutton A – *An Introduction to Medical Terminology: A Self-Teaching Package*, Churchill Livingstone 0443059659

Richards J – *The Complete A-Z of Health and Social Care* Hodder & Stoughton Educational 0340705574

Sandy D – *Food in Care*, Thompson Educational 0333641582

Walsh M – *Health and Social Care for Vocational GCSE Student Book*, Collins Educational 0007138813

Williams K and Gardner R – Caring for Children, Longman 0582 287413

Windmill V – Caring for the Elderly, Longman 0582287413

Woods B – Basics in Psychology Nelson Thornes 074873975

Appendix A: Observation Records and Witness Testimony/Statements

What is an Observation Record?

An Observations Record is a recording 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 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, log books, and peer assessments 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:	Da	te of observa	ation:	
Assessor:				
Skills/activities observed:			me	
		Unit	Outcome	
		n	0	
Assessor comments and feedback to candidate:				
I can confirm the candidate's performance was satisfactory.				
Assessor's signature: Date:				
Candidate's signature: #Date:				

GCSE Health and Social Care (Double Award)

Observation record exemplar

Unit: 2*b*

Candidate: John Smith

Date of observation: 8th Nov 2002

Assessor: Jane Edwards

Skills/activities observed:	Unit	Outcome
John researched the effects of a lack of personal hygiene on an adolescent boy. He then prepared OHPs and handouts for the audience to illustrate the risks to health. This included a bibliography showing independent research from 3 different sources. He explained a range of factors but in conclusion he was also able to show the positive effects that good personal hygiene would bring. John was able to show the link between physical and emotional well-being in relation to lack of personal hygiene.	2	b

Assessor comments and feedback to candidate:				

I can confirm the candidate's performance was satisfactory.

Assessor's signature: Jane Edwards **Date:** 8.11.02

Candidate's signature: John Smith Date: 8.11.02

What is a Witness Testimony?

A Witness Testimony is a recording 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.

Witness testimony

Title and level:	GSCE in Health and Social Care (Dou	ble Award)
Candidate name:		
Date and location of testimor	ny:	
Details of testimony:		Reference to assessment evidence (to be completed by the candidate)
Witness name: Designation/relationship to candidate:		
Witness telephone no:		
Witness signature:	D	ate:
Witness status categories Ple	ase tick the appropriate box:	
1 Occupational expert and is	s familiar with the qualification	
2 Occupational expert and n	ot familiar with the qualification	
3 Non expert familiar with the	he qualification	
4 Non expert not familiar wi	th the qualification	

Appendix B: Qualification Tracking Sheet

Qualification: GCSE Health and Social Care (Double Award)

Signature of a								Candidate No.
Signature of assessor:								Name
								Unit 1 Mark/date achieved
								Unit 2 Mark/date achieved
	•							Unit 3 Mark/date achieved
								Assessor signature
								Units sampled – IV signature

Signature of internal verifier:

Date:

Appendix C: A guide to report writing

What is a report?

A report is a conventional method of presenting precise information. A report may be used to convey an assessment of any situation or the results from qualitative and/or quantitative data analysis. A report has clearly stated aims. It is tightly focused on the subject of the investigation. A really effective report will also be compelling and simulating to read.

Producing a report

To help you to produce a report four stages in the process have been identified for you to follow. This may help you to tackle key issues and understand the task set. These four stages are:

- A PREPARATION
- **B** PLANNING
- C WRITING
- D PRE-SUBMISSION EDITING

A PREPARATION

The first stage is to make a choice from the list of title – in particular do you want to do some primary research? Choose a title that you are interested in.

The time spent at this stage of producing the report is vital. Careful preparation is an investment. It allows you to make the best use of time available. During this period you should decide **what** you are writing and **why**, before resolving **how** to write your report.

Establish the broad focus of your report first with reference to the specification and assessment objectives and then with reference to the generalisation. Undertake some individual background reading using the suggested bibliography. Use a search engine to look for more possibilities. This enables you to **define the subject and your aims more precisely**. If you are going to do some primary data collection it is best to make your appointments for people you need to see, and do an initial survey at this stage.

When you have completed your reading and feasibility study, review the key issues and research methods that will be used within your report. Make a note of them.

B PLANNING

Planning is essential. It saves time and promotes clarity in collecting the information you require in organising the material and in writing the report.

You will find it easier if you break the whole process down into a number of distinct tasks:

- i data collection and analysis can be broken down either according to the source or the subsection of the report
- ii similarly the writing process can be broken down the writing of text into subsections, and the presentation into graphs and tables.

You will also be faced with a number of questions:

- 1 what evidence is needed to meet the overall objective of the report?
- 2 where is that evidence?
- 3 how much evidence should be collected?
- 4 how should the evidence be analysed?
- 5 how should the evidence and the analysis be ordered for writing the report?

Attempting to deal with all these factors in a chaotic way leads to confusion and wasted effort. Therefore, after 'preparation' you should begin to plan the data collection, analysis and writing process. Good organisation is the key to success.

Using the following sequence may help you to plan and to determine the method for writing your report:

- a identify the sources of evidence (data and/or literature) and look for a range of views on the issue
- b decide what is the most appropriate and relevant evidence to collect. **Be precise in this,** understand the evidence
- c decide how you will present your findings including the order in which they will be used to create a structure to the report **the plan**
- d identify likely figures maps, tables diagrams and think how you can use them
- e decide on the order of priority of each of the tasks
- f draw up a realistic timetable for the completion of each task, including writing the draft of the report.

C THE WRITING PROCESS

There are three main factors to consider at this stage to give your report a sound framework, clear style and an attractive appearance:

- 1 Structure
- 2 Language
- 3 Presentation

1 Structure

You need to give form and shape to your report. A basic structure helps the reader digest the report. It also helps you to write and organise your material logically.

A structure implies the assessment criteria, but your report should have the following:

The Main Body

- * report cover sheet, title page and contents
- * executive summary/abstract (on front cover)
- * introduction and definition of the question or issue
- * sources of research information used, methods of collection and analysis and
- * their limitations
- * analysis and interpretation
- * evaluation and conclusion
- * bibliography and appendices.

First concentrate on writing the body of the report. This is the introduction, the findings, and the conclusions. Then deal with the other sections.

The following order for writing is suggested.

The bulk of the report

a Analysis and interpretation

This is the section in which you present your findings. When you are writing this section all of your material should have been sorted, selected and arranged in note form. This section includes:

- i the results of your analysis
- ii your interpretation of those results.

This section forms the basis for your conclusions. You should help the reader by ending each separate section with its own conclusion.

Just a couple of sentences here – perhaps 100 words. Full details could be in an appendix

b Methods

In this section you should discuss:

- i the sources of evidence you have used and then possible bias
- ii how you have collected and analysed the evidence
- iii the limitations of the sources and methods of collection and analysis.

c Conclusions

This section is a summary of all the major findings made at stages throughout the report. No new evidence should appear here. The conclusion considers the evidence presented in the main body, draws out the implications and brings it to one overall conclusion or an ordered series of final conclusions.

d Introduction

After having written your findings and conclusions you now know clearly what you want to introduce. The introduction is where you acquaint the reader with the purpose of the report and guide them through the structure of your report.

Not included in word count

Only 50 words

not

included

in word

e Appendices

This section is set aside for supplementary evidence not essential to the main findings, but which provides useful back-up support for your main arguments, eg a transcript of an interview or analysis of a complex set of statistics.

f Contents

All the sections of the report should be listed in sequence with page reference.

g Bibliography

This section covers the books and other sources which have been used in your research. It must include every reference mentioned in the text and be presented correctly.

h Title page

This should include the title, which indicates the central theme of the report. It should also include the candidate's name and the date of completion of the report.

i Executive summary or abstract

This is a very important part of the report. And should be the last thing you write. You need to read through your report and develop a list of headlines. An executive summary outlines the key issues of a report.

2 Language

First impressions count. It is unwise to put the reader off before they have even studied the report.

You are solely responsible for what you write and the words you choose to express your thoughts. Remember that although you might have an individual 'style' of expression this does not excuse poor English. Your style will not necessarily be immediately apparent to the reader, but poorly expressed English will be. Your sentences must be grammatically correct, well punctuated and words must be spelt accurately.

Poor writing regularly indicates muddled ideas. You do not really know what you are saying until you put it into words that another person can easily understand. Remember you are writing to communicate not to perplex or impress. Avoid jargon. Focus on the specific purpose of the report. Every part of the report should relate to it and this will help keep the report concise and coherent.

Accuracy is vitally important so always be precise. Ensure that you are using the correct words. Clarity is essential. Do not write phrases or sentences that may have more than one meaning. To avoid this you must know precisely what you want to say. Know the material you are trying to convey.

Other important things to remember.

Keep sentences short and simple. Long complex sentences slow the read down and confuse and impede understanding. The same applies to paragraphs.

Poor spelling automatically detracts from your work and will annoy the reader. Use a dictionary and you can also check the final document using the spell checker on the PC. (Remember, however, that this may well use American spellings and its dictionary may not include all the words you use in the report.)

3 Presentation

Your report must look good in addition to reading well. Adequate headings and numbering make it easier for the reader to comprehend what you are saying. This stage of report writing requires the same level of care that went into composing the text. Do not be afraid to use **bullet points** to present arguments.

The presentation of statistics is often more informative and eye-catching if they are shown visually: for example by using tables or pie charts.

Layout is important. This is the relationship between print and space on the page. This applies whether it is hand-written or word-processed. A crowded page with dense blocks of writing and little space looks unattractive and is off-putting.

Always ensure that there are:

- adequate margins
- either double or 1.5 spaced lines
- headings that stand out clearly from the page.

D PRE-SUBMISSION EDITING

It is important not only to read the draft through from start to finish before submission but also to edit and refine the report. It is easy when word-processing.

As you read, mark the pages which will need attention later. Do not stop to deal with them now. You will need to get a feel of the overall structure and impact of the report first so your initial read through must be continuous. Put yourself in the reader's shoes and be highly critical of what you have written.

Proof reading is vitally important. Regardless of the time and effort put into writing the report, the required result will not be achieved without sufficient care devoted to proof reading. A poorly typed report, full of errors and inconsistencies in layout, has a damaging effect regardless of the quality of the content.

- a The report must be checked in great detail, for grammar and spelling errors.
- b Ask yourself whether you could have expressed yourself in a better way. If so change the sentence or the paragraph.
- c Assume that whether the structure of the main body of work is really the most suitable one to present your material, ideas and arguments.
- d Is each paragraph structured well? Make sure that every idea or piece of information has a separate paragraph.
- e Are all the references in the text included in the bibliography with full formal details?
- f Does the report fulfil the stated aims and assessment objectives?
- g Is your argument watertight and easy to follow?
- h Does your conclusion make your argument all the more convincing?
- i Does your executive summary/abstract convey the key points of the report?
- i Finally assess the layout and general appearance of the document.

Submission

The report is finished. You can submit it in the confidence that it is well done and carried out to the very best of your ability.

Appendix D: Induction session

Introduction

The aim of this induction session is to introduce you to some of the words that you will commonly see within the GCSE assessment grids and within the activities that you are given. It is also a team building exercise, as you will work with other members of your course to discuss results and produce a final answer chart, which you as a team, will discuss with your teacher.

Task

• Work in pairs. Look at the following list of words (active verbs) and definitions.

You are to decide which word goes with which definition – you are to pair/match them up.

In the box beside a definition place the word that you believe pairs up to that definition.

The words are only to be placed in a box once and there is to be only one word chosen per box. The first definition has been completed for you and matched with the word 'explain'.

That is the only word to be placed in the word box.

A dictionary definition help sheet is attached to this activity for you to use. Dictionaries are also available if you require them.

You will be given 15 - 20 minutes to complete this task.

When you have completed this you will be placed into teams (teacher to decide) where you
will compare your answers and produce an overall chart of results, as decided upon by your
team.

You will be given 15 - 20 minutes to complete this task.

• Finally the teams will discuss their results with the tutor and be given the correct answers by the tutor.

This will take 15 - 20 minutes to complete.

Activity

Active verbs (words)

Identify Describe Evaluate

Justify Explain Evaluate critically

Analyse Compare Summarise

Contrast Discuss

Investigate/explore Interpret

Results chart (including definitions):

Definition	Active verb
To give reasons and/or the procedure for/how. Eg 'Why did you choose that method?' Or, 'How was the procedure undertaken?' A student would normally introduce the topic and then provide details showing depth and also a breadth of knowledge and/or skills about a topic.	
To examine minutely, breaking down into component parts and carrying out tasks, which enable results to be interpreted, and findings presented.	
To examine a subject from all angles.	
To show the similarities and differences, or advantages and disadvantages between two or more things. Additionally, this may be extended by bringing together the findings in a description.	
Determine the amount, value or significance of by careful appraisal and study and including precise and detailed information, looking at alternatives and the strengths and weaknesses of each if they were applied in the same situation.	
To select and list item(s) as appropriate from information given or collected by the student.	
To clarify why a particular course of action was taken because of key reasons that were considered right at the time.	
To put forward both sides of an argument, this could be through group discussion or in writing.	
Show the differences between two or more things.	
To bring together all the main points of a subject.	
To paint a picture in words	
To carry out a review of activities/ information and judge whether the outcomes met what was agreed/decided at the beginning; bringing together information to form a conclusion and from this making revisions for improvements.	
To define the meaning of.	

Teacher's copy (including answers)

Results chart (including definitions):

Definition	Active verb
To give reasons and/or the procedure for/how. Eg 'Why did you choose that method?' Or, 'How was the procedure undertaken?' A student would normally introduce the topic and then provide details showing depth and also a breadth of knowledge and/or skills about a topic.	EXPLAIN
To examine minutely, breaking down into component parts and carrying out tasks, which enable results to be interpreted, and findings presented.	ANALYSE
To examine a subject from all angles.	INVESTIGATE/EXPLORE
To show the similarities and differences, or advantages and disadvantages between two or more things. Additionally, this may be extended by bringing together the findings in a description.	COMPARE
Determine the amount, value or significance of by careful appraisal and study and including precise and detailed information, looking at alternatives and the strengths and weaknesses of each if they were applied in the same situation.	EVALUATE CRITICALLY
To select and list item(s) as appropriate from information given or collected by the student.	IDENTIFY
To clarify why a particular course of action was taken because of key reasons that were considered right at the time.	JUSTIFY
To put forward both sides of an argument, this could be through group discussion or in writing.	DISCUSS
Show the differences between two or more things.	CONTRAST
To bring together all the main points of a subject.	SUMMARISE
To paint a picture in words	DESCRIBE
To carry out a review of activities/ information and judge whether the outcomes met what was agreed/decided at the beginning; bringing together information to form a conclusion and from this making revisions for improvements.	EVALUATE
To define the meaning of.	INTERPRET

Help sheet

Active verb	Dictionary definitions and associated words	
Identify	Establish, identify or associate with	
Describe	Give detailed account of	
Interpret	Explain; translate	
Justify	Prove right; vindicate	
Explain	Make clear; intelligible; account for	
Evaluate	Find or judge value of	
Analyse	Separate into elements or components; examine critically; determine constitute parts	
Compare	Notice likenesses and differences	
Evaluate critically	Make clear; intelligible; a definite and precise account for	
Contrast	Show differences	
Discuss	Exchange opinions about; debate	
Summarise	Make a brief statement of main points of something	
Investigate/explore	Inquire into; examine; investigate by going through it.	

Appendix E: Case studies

Case Study 1

Mary is a very pretty 11-year-old member of a very loving family.

When she was seven years old Mary's mother was seriously ill and in hospital for three months. Although Mary was very well cared for by her extended family, once her mother returned home, she developed severe separation anxiety whenever her mother left her, even in very familiar surroundings. Going to school could be a traumatic experience for a while. This had a profound effect on her education and she under performed in several subjects, particularly Maths.

Mary has a sister, Jane, who is three years her elder; Jane is very confident and performs well in school. She is very protective of Mary

Jane attends an excellent comprehensive school which is out of the family catchment area and six miles away from their home. Her parents had wanted her to attend because of the school's excellent reputation. Naturally, they want Mary to attend the same school although this will mean she will have to leave her friends. However, this had been the case for Jane also, and as she had very soon made new friends, Mary's parents were confident this would be the same for Mary

How might this transition affect Mary in the next few months?

What advice would you give to

i Mary

ii her parents

about the impact of this change in Mary's life?

Case Study 2

Emma Winston is 16 years old and has been placed in a 12-bed children's home after the recent breakdown in the relationship with her foster family. Joyce Walker has been identified as Emma's key worker and has begun to build a relationship with Emma to help her adapt to her new environment and work through her feelings related to her past experiences, the recent changes in her life and the sudden death of her foster mother, Mrs Greaves.

Emma's mother and father are Afro-Caribbean and Emma sees this as an important part of her identity. Joyce Walker is also black.

Emma's story (in her own words)

'My mum used to say I looked like my dad; she said I has his smiling eyes and his small features. That was before dad left. It was great then. Mum use to love dressing me up to go and meet dad coming home from work. Dad always used to hide a lollipop in his coat pocket and when I found it we would both burst out laughing. Not long after my eighth birthday, mum and dad had a massive row and we stopped meeting dad from work. One day he came home with some suitcases, took all his belongings and moved out. No one told me why or where he went. He never came back. Sometimes I think he might come and rescue me from all this.

When I was 9 years old, Vincent came to live with us. He was white. At first he was really nice buying me video games and taking us out to places. One night about 18 months later, I was woken up by someone crying. I crept downstairs and saw mum huddled up. Vincent was hitting her. He caught me on the stairs and pulled me down by my foot. He thumped me again and again until I lay there motionless. Next day mum phoned the schools to sat I'd be off for a few days with the flu. No one ever saw the bruises. After that, Vincent would hit me for the slightest reason like making his coffee too hot. I started staying out as long as possible to avoid being in the house.

Mum became more distant and stopped caring about the house, how she looked or what food was in the cupboard. She would jump at the slightest noise and seemed to be living in a world of her own. One day she collapsed at work and was taken to hospital. A social worker came to our house and told me to collect my things as I was being taken into care while mum was ill. I was taken to a residential home where eleven other youngsters lived. I didn't like the routine and hated the rules, but the home was near the secondary school I wanted to go to and it meant I would be with my friends. I was just beginning to settle into the home when I was told I was being moved to long-term foster care because it would be a long time before mum could look after me. I was really upset; the foster family were a long way from mum so I couldn't visit her so often. I cried and shouted but nobody really listened as to why I was so upset.

The foster family turned out to be quite nice. They were black like me and Mr and Mrs Greaves had a teenage son Rob and a five-year-old daughter, Lily. I was really quiet and shy at first; I didn't know how to act as it was ages since I had been in a proper family but gradually, I began to relax and feel at home. I've been living with my foster mum and dad for three years now.

Now it's all gone wrong. Why did it have to be my foster mum who was killed n the accident? I hate being in a residential home again. I want to go back to my foster family. I didn't mean to hurt my foster dad.

Social Services moved Emma from her foster family as a result of a situation that developed after her foster mother, Mrs Greaves, died.

Mr Greaves rang social services. He was terribly upset and could hardly get his words out. He said Mrs Greaves had been killed in a car accident. It had been his turn to pick up Lily from school but he'd been busy so his wife had gone instead. On her way there she'd been involved in a head-on crash and was killed instantly. He thought Emma blamed him for not going to collect Lily. She had thrown a vase at him and said it was his fault. He said she was right in a way, if he'd collected Lily none of this would have happened. He realised Emma was upset as she and his wife were close. He knows Emma didn't mean anything, but that he couldn't cope as there was Lily to look after and Rob needed his help too. Mr Greaves said it was all such a shock; he felt numb and couldn't think what to do. Could social services help him out with Emma?

In the light of the strain on Mr Greaves and the shock and grief felt by all the family, including Emma, social services felt they had to step in and move Emma into residential care while the family and Emma come to terms with their loss. Social Services recognised however, that it was important for Emma to work through her grief with her foster family and encouraged her to maintain contact with them.

After the death of Mrs Greaves, Mr Greaves gave up his job to look after Lily and create a stable home life. This greatly reduced the family income as they now had to live on income support. Mr Greaves sold their detached house and moved to a semi nearer his parents. Being at home, Mr Greaves found it difficult to keep up his contact with his friends from work and his neighbours from where he used to live. He found it a struggle to cope with his own grief at the sane time as helping Lily and Rob come to terms with the loss of their mother. He felt isolated in the home and unable to afford a holiday or any leisure activities that would help the family. Mr Greaves began to suffer from a skin rash and digestive disorders which the doctor said were due to acute stress

Tasks

Produce a lifeline diagram with notes to plot a lifeline of Emma's life. Use symbols to illustrate events, changes and any stress factor s she has experienced.

Explain the social and psychological factors which may play a role in the developmental factors which may play a role in the development of a person's individual identity.

Describe how changes related to key life events could threaten Emma's sense of identity and affect her stress levels

Explain how the types of abuse experienced by Emma could affect her individual identity.

Explain the possible stages of grief which might be experienced by Mr Greaves. Include the defence mechanisms and strategies for coping he might employ to deal with his sudden loss.

Produce an annotated list of the methods available to protect, support and help the individual members of the Greaves family and Emma come to terms with this sudden change in their lives. Students can prepare individual presentations on local provision for three of the methods on their list.

Write a short report which explains the possible relationship between Mr Greaves expenditure and his state of health and his ability to cope with his recent life events.

Write a short report to explain the social support networks that may be available to the Greaves family and could influence how Mr Greaves copes with life event threats and his stress related illness.

Additional activities to reinforce learning

Write an article suitable for a thirteen-year old which explains the physical, emotional, intellectual and social changes which they are likely to experience in childhood, adolescence, adulthood mid-life and old age. Illustrate your article with appropriate images.

A life event is a major incident which affects the way a person behaves.

List different events which may affect a person in some way.

Which of these events are: expected

unexpected

Find two volunteers who are willing to be interviewed or find case studies which illustrate how events have affected a persons life. State how these individuals have coped with the change.

Try to include: a person of a different gender

a person of a different ethnic origin or age

For each person, describe a predictable event and an unpredictable event.

Include in each study: the persons background

the nature of the life event

thoughts and feelings about the event methods for coping with the change

Using your own memories and those of your family, identify main events, relationships, changing role and behaviour within your family during each stage. You could produce a chart using your IT skills.

Interview three people, each at a different life stage, about key events in their lives.

Write a case study for each including: cause of change

reasons for participating in relationships

Explain the role of the family in a persons development.

Identify the consequences of breakdown in relationships.

Choose two people to interview about their roles: within their family

with their friends in their community

at work.

Try to choose people from different cultures or classes.

How are these roles influenced by rules, laws and social conventions?

Compare the roles of the two people and state what the major differences are.

People can make informed choices that may affect their health. List as many of these as you can.

Using your information, conduct a survey of **at least ten people** to find out their views on how these choices affect health and well-being.

What choices have they in fact made?

What effects have the choices they have made had on their personal health and well-being?

Appendix F: Key terms glossary

This list of key terms that students should become familiar with. This list is not exhaustive and can form the basis of an on-going activity

A

Absolute poverty Being without the basic means to pay for essential items such as food,

clothing and housing

Adolescence The third life stage from 11 to 18-years-old Adulthood The fourth life stage from 19 to 65-years-old

Ageing Process Ways in which the human body gradually changes over time

Attachment When a child develops a strong emotional link with his or her parents

or main carers

В

Balanced Diet A healthy intake of food which contains a suitable amount of all the

five basic nutrients, Carbohydrates, proteins, vitamins, minerals and

fats

Blood Pressure The measure of the force that the blood puts on the walls of the artery

when the heart pumps and the pressure that the blood continuously

puts on the arteries between heart beats

Body Mass Index Calculation using height and weight to assess whether a person is

underweight, normal, overweight or obese

Bonding Parental response to child attachment

 \mathbf{C}

The Care System All the care organisations, self-employed practitioners and informal

carers who provide care throughout the UK

Care Values Beliefs about the right ways to treat patients or clients

or girl against that of the average child; used to monitor growth

Childhood Second life stage from four to ten-years-old

Code of Practice Document that outlines an agreed way of working and dealing with

specified situations

Community Health Care Forms of care and treatment provided outside of hospital

Confidentiality Keeping information told in trust secret

Conscience The ability to decide what is good or bad and to distinguish between

right and wrong in the child's own and other people's behaviour

D

Department of Health Part of the government that is responsible for planning and managing

statutory health and social care services

Development The way a person acquires new skills and capabilities

Development Norms Generally expected pattern of growth and development

Direct Care One-to-one practical care

Disabled Inability to do something because of a medical or physical impairment

Disease Some type of abnormality in the body's correct structure or way of

working

Domiciliary Care Home care services within the private sector

 \mathbf{E}

Early Years Workers Health professionals who work in child care and early years education

services for children aged under 8-years old

Egocentrism An unawareness that others may have different viewpoints

Emotional Feelings

Empathy The ability to sense the feelings of others, to be able to put yourself in

their shoes and feel what they feel

Empowerment Giving someone the strength and confidence to act on their own

initiatives

F

Formal Services Care services provided by care organisations and by self-employed

professionals

 \mathbf{G}

Genes Biological instructions that tell our body's cells how to grow

Genetics The study of genes

Genuineness Being yourself and communicating with honesty and integrity

Growth Increase in physical size or mass that occurs as a person moves from

infancy through childhood into adulthood

H

Health Care Workers Health professionals who usually deal with all individuals with

physical or medical-related illness

Health Care Support
Carry out support registered nurses by for example carrying out

Worker Domestic tasks and carrying out care planned by registered nurses

Health Promotion Campaign to provide people with information and advice on raising

their sense of health and well-being

Health Promotion

Officers

Team of people who carry out health promotion work

Hormones Chemical secretions that pass directly into the blood from the

endocrine glands

I

Illness When a person feels unwell but there symptoms such as aches and

pains cannot be observed by others

Income the inflow of money that households or individuals receive

Indirect Care Support services

Individualised Care Providing care that meets each person's individual needs

Infancy First human life stage from birth to three years

Informal Care Care provided by parents, partners or close friends first when they

require basic health care or support for personal problems

Intellectual Thinking and learning well-being

J

K

L

Later Adulthood Final life stage, 65-years and over

Life Event Incident or experience that has a major impact on the direction or

quality of an individual's life and personal development

Life Stage A defined period of growth and development

M

Marriage

Maturation A lifelong process in which growth and development occur in

sequence which is controlled by our genes

Menopause The ending of menstruation and the ability to produce children which

occurs during the late adulthood of women

N

Nature Growth and development influenced by genetics

Negative View of

Health Idea of healthy based on the absence of illness

Nicotine Fast-acting addictive drug found in cigarettes

Non-verbal

Communication Using your body and appearance to communicate in various ways

Nurture Environmental and caring factors that contribute to a person's

development

Nutrition All the processes by which we take in and use food

0

Obesity Being excessively overweight

Osteoporosis Having brittle bones

P

Peer Group People who you associate closely with that are not family
Philanthropist Wealthy individuals who want to help their local community

Physical Health Bodily well-being

Policy Tells care workers how they should approach specific issues in a

particular care setting

Pollution Contamination of our natural surroundings with poisonous or harmful

substances

Positive View of Health Identifies the qualities and abilities that a person ought to have in

order to be healthy

Prejudice Negative or hostile feelings, ideas or attitudes towards other people

Private Practitioners Workers within the private sector who charge their client's fees in

order to run their services and to make a profit

Private Sector Care businesses and individual self-employed practitioners who

usually charge

Primary Health Care Basic health care provided in community settings

Procedure Describes the way that staff are expected to deal with an issue or

activity in which they are involved

Professional Referral When one health or social care professional refers a person who has

come to see them to another health or social care professional

Puberty Physical process that starts at about the age of 11-years-old and ends

somewhere between 16 and 22-years old, involving growth and sexual

or reproductive capability

Pulse Rate Indication of how fast the heart is beating

Q

R

Referral Process of applying for or requesting a care service

Registered Nurse Individual who has completed an approved nurse training programme

Relative poverty When a person is poor compared to most other people in society

S

Secondary Care Specialist types of care and treatment Self-concept A person's view of 'who they are'

Self-esteem The worth or value that a person attributes to him or herself and their

skills and abilities

Self-image How a persons views him or herself

Self-referral An individual applies for a care service themselves

Sexually Transmitted Diseases caught by having unprotected sex with an infected diseases

(STD) person

Social Relationship well-being

Social Care Non-medical help and support that are provided for people who are

vulnerable

Social Care Worker Health professional who deals with people who are vulnerable and

whose care needs are mainly social, emotional or financial

Social Exclusion Where a person finds it difficult to take part in and enjoy accepted

community life: for example a person experiencing poverty

Statutory Sector Care services that the government is under a legal duty to provide

Stereotype General or standardised idea about a type of person or thing

Stress Feeling when the demands made on a person outweigh their ability to

cope or adapt

T

Target Groups Specific groups that a campaign is designed to reach

Third-Party Referral When a non-health professional applies for a care service on behalf of

someone else

Thrush STD – symptom is a thick vaginal discharge that is thick or smelly

and is a different colour and more copious than usual

U

Unemployment When a person of working age does not have a job

V

Value Base All care values put together

Vegans People who eat no animal products

Vegetarians People who don't eat meat or fish

Verbal Communication When one person speaks and another person listens

Voluntary Care Sector Non-government controlled organisations that provide care services

because they see a need for them

 \mathbf{W}

Well-being How people feel about themselves (see physical, intellectual,

emotional and social)

X

Y

Z

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