

Answers

This section provides answers to Test your knowledge questions, Practice questions and Assignment practice.

Unit R032 Principles of care in health and social care settings

Topic area 1 The rights of service users in health and social care settings

Test your knowledge page 3

- Two from each example shown here:
 - **Healthcare:** dental practice, GP surgery, health centre, hospital, nursing home, opticians, pharmacy, walk-in centre
 - **Social care:** community centre, day centre, foodbank, homeless shelter, residential home, retirement home, social services department, support group.

This list is not exhaustive; credit other correct settings.
- Care in healthcare settings: medical care, preventative screening and treatment for illness, disease, disability or injury.
Care in social care settings:
 - domiciliary care in service users' homes
 - providing protection or support services for adults and children in need or at risk
 - provides practical support with personal and daily living tasks
 - emotional support and mental health support in coping, for example, with illness or injury.

Test your knowledge page 8

- Consultation is the process of discussing something with someone in order to get

their thoughts, advice or opinion, so that a decision can be made that is acceptable and appropriate for all involved.

- 'Need-to-know' basis means that information is only shared with those directly involved in the care and support of the service user.
- Any two points from:
 - Confidentiality limits access or places restrictions on sharing certain types of sensitive information, such as medical records.
 - Personal information is kept private.
 - Information is available only to those who need to be aware of it because they are directly involved with a service user's care.
- giving everyone the same opportunities
- Any two points from:
 - safeguarding procedures
 - first aid trained staff
 - fire drill practice
 - manual handling training
 - risk assessments.

Credit other correct examples.

Test your knowledge page 10

- All five required:
 - choice
 - confidentiality
 - consultation
 - protection from abuse and harm
 - equal and fair treatment.

2 Any three from:

- **High self-esteem** – a person feels valued and respected. High self-esteem is associated with people who are happy and confident. A service user with low self-esteem experiences feelings of unhappiness and worthlessness.
- **Empowerment** – this gives someone the authority or control to do something. This is how a health or social care service provider encourages a service user to make decisions, take control of their life and become independent.
- **Individual needs are met** – Service users will be able to access the care they need.

Adaptations will be made if necessary for them to access care. Service users will feel that they can rely on service providers and services to get high-quality care that meets their specific needs.

- **Trust** – service users feel reassured and confident that service providers are trustworthy, that they will not harm them and that they have the service users' best interests at heart.
- Service providers and care settings support service users' rights to safety, will follow health and safety laws, and will ensure that staff are trained in safeguarding policies and procedures.

Practice questions pages 11–12

Question 1

Mark scheme and additional guidance

Expected answers		Marks	Additional guidance
Right	How the right could be maintained	3 (3 × 1)	Do not credit: <ul style="list-style-type: none">• repeat of the right – it must be qualified• e.g. 'offer choices' – too vague• 'not tell anyone anything' or similar – confidentiality does have to be broken sometimes
Choice	Faiza should ask Anna: <ul style="list-style-type: none">• what she would like to eat for breakfast, lunch and dinner• whether she would like to have a bath or shower• what she would like to wear today• how she would like to be helped today• which GP would she like to have an appointment with.		
Confidentiality	Faiza should: <ul style="list-style-type: none">• make sure Anna's case notes are being stored securely• not discuss Anna where others who are not involved can hear• not gossip about Anna to her friends• share Anna's personal information on a 'need-to-know' basis.		
Consultation	Faiza should: <ul style="list-style-type: none">• discuss with Anna the type of care she would like to help meet her needs, so that Anna has a 'say' in her care• ask for and take account of Anna's opinion about the care she receives• be an advocate for Anna.		

Candidate answer

Right	How the right could be maintained
Choice	Faiza should always ask Anna what she would like to wear or what she would like for breakfast so Anna can choose.
Confidentiality	Faiza should not discuss Anna with anyone else. She should keep all the information private.
Consultation	Faiza should give Anna her opinion and advice on the care that Faiza thinks Anna needs.

Commentary

Question requirements

- The question is set in the context of a service provider, Faiza, providing home care for Anna who has had a stroke.
- Three examples of how Anna's rights can be maintained. Three marks are available.
- Give examples of how to maintain the three rights stated in the question.
- A sentence is needed – one-word answers will not provide enough information.
- The answer must be relevant to Anna in her home care setting.

Marks awarded and rationale: 1/3

- A good example is provided for choice.
- The example given for confidentiality is incorrect. There are circumstances when private information has to be shared on a 'need-to-know' basis. So, it is inaccurate to say never to discuss Anna with anyone else, as Faiza will need to discuss Anna's progress with other service providers involved in her care.
- The example given for consultation is incorrect. Consultation involves getting Anna's opinions and views, not receiving opinions and advice from Faiza.
- This response gains one mark.

Question 2

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
One mark for each example. Two required. Social care settings: <ul style="list-style-type: none">• foodbank• homeless shelter• residential care home / care home• retirement home• social services department• support group	2 (2 × 1)	Do not credit: <ul style="list-style-type: none">• community centre – it is in the question• nursing home or other healthcare settings• social club• leisure club• gym• pub / club• day care

Candidate answer

A community centre for young adults with learning disabilities is an example of a social care setting. Identify two other different examples of social care settings.

- 1 Nursing home
- 2 Leisure club

Commentary

Question requirements

- This is an example of a short answer factual recall question.
- Two different examples of **social care** settings are required. Two marks are available.

- Give two different examples of care settings.
- Answers must be for 'social care' settings.

Marks awarded and rationale: 0/2

- Both examples are incorrect.
- A nursing home is a healthcare setting as medical treatment is provided.
- A leisure club is not a 'social care setting' – it is a 'social setting' where people get together to socialise, and no 'care' is provided. So the answer does not gain a mark.

Question 3

Mark scheme and additional guidance

Expected answers	Marks	Guidance
<p>Choice:</p> <ul style="list-style-type: none"> can make appointments with the doctor of their choice can choose to get prescriptions by different methods – by post, in person or online alternative types of appointment are available – visit surgery, telephone appointment with a doctor, Skype, Facetime <p>Consultation:</p> <ul style="list-style-type: none"> asked for access improvement suggestions opinions requested about the Skype/Facetime trial <p>The answers must be from the scenario about the surgery.</p>	6	<p>Level 3 (high) (5–6 marks):</p> <ul style="list-style-type: none"> thorough explanation of two examples for each – two choice and two consultation clearly shows understanding of how the surgery supports choice/consultation consistently uses appropriate terminology <p>Level 2 (mid) (3–4 marks):</p> <ul style="list-style-type: none"> an adequate explanation of one example for each of choice and consultation shows sound understanding of the two rights relevant to the surgery uses some appropriate terminology <p>Maximum 3 marks if response only includes one example, done well.</p> <p>Level 1 (low) (1–2 marks):</p> <ul style="list-style-type: none"> attempt at a brief explanation limited, if any, reference to the GP surgery may only cover choice or consultation limited information presented in a basic way may be list-like/descriptive at the lower end

Candidate answer

The surgery supports the patient's right to choice very well. Patients can choose which doctor they want to see and only have to wait a few days. This is very supportive of patients' right of choice. It is also possible to have various different types of appointment, either telephone, Skype, Facetime or in person. So that is very helpful for patients and can save time travelling to the surgery.

Access to the surgery is good too with ramps, car parking etc. The surgery wants people to give feedback on the choices available, so this would enable the surgery to improve further.

Commentary

Question requirements

- This is an example of an extended response question.
- The question is set in the context of a GP surgery and the services it provides.
- An explanation of how the surgery promotes

the rights of choice and consultation are required. Seven marks available.

- An explanation / extended response is required.
- The answer must relate to promoting 'choice' and 'consultation'.
- Answers must be relevant to the GP surgery.

Marks awarded and rationale: Level 2, 4 marks

- The first paragraph is good. It focuses on how choice is provided and gives examples, with an of explanation of how this supports the patients. Examples are taken from the context provided, and there are three examples of choice given by the candidate.
- The second paragraph loses focus and does not mention consultation. It just covers access, without relating this to the request for patients to give their opinions about the access provided and suggestions for improvement. This would have addressed the 'consultation' part of the question.

- Due to lack of reference to consultation, this answer cannot achieve Level 3. If the second paragraph had given an example of how consultation is being encouraged, it would have achieved Level 3.
- The answer needs to clearly show that the candidate knows the difference between 'choice' and 'consultation'. This has not been achieved by this answer.

Question 4

Mark scheme and additional guidance

Expected answers		Marks	Additional guidance
Example of supporting rights	Benefits	4 (4 × 1)	<ul style="list-style-type: none"> Each benefit can be used once only. Zero – if more than one benefit is given in the box.
Providing different worksheets for children of different abilities.	Individual needs are met		
A doctor and a patient having a discussion about different treatments before making a decision.	Empowerment		
A social worker sharing information on a 'need-to know' basis.	Trust		
A primary school teacher praising a child's achievement.	High self-esteem		

Candidate answer

Example of supporting rights	Benefit to individuals
Providing different worksheets for children of different abilities.	<i>Individual needs are met</i>
A doctor and a patient having a discussion about different treatments before making a decision.	<i>Empowerment/trust</i>
A social worker sharing information on a 'need-to know' basis.	<i>Trust</i>
A primary school teacher praising a child's achievement.	<i>High self-esteem</i>

Commentary

Question requirements

- This is an example of a short answer knowledge and understanding question.
- Four benefits need to be matched with examples of supporting rights. Four marks are available.
- Four different benefits to match four examples of supporting rights.

Marks awarded and rationale: 3/4

- Three correct answers.
- The second answer 'empowerment / trust' is not credited with a mark. The question clearly states that each benefit should be used once only. So, the answer does not gain a mark.

Topic area 2 Person-centred values

Test your knowledge page 18

- 1 All six required:
 - care
 - compassion
 - competence
 - communication
 - courage
 - commitment
- 2 Definition should include up to three of the following aspects:
 - Care provided meets the service user's unique needs.
 - Care supports the service user's rights to choice and consultation.
 - Service users should be placed at the centre of their care.
 - Service users should be enabled to make informed choices.
 - They are key principles that underpin the work of health and social care service providers.
 - They are a set of guidelines for working in care settings.
- 3 Examples include:
 - providing access to a prayer room or transport to a place of worship to support service users' religious beliefs
 - providing a menu with vegetarian or vegan, gluten-free, halal and kosher options.
- 4 Compassion is:
 - being able to provide care and support with kindness, consideration, respect and empathy
 - having consideration for the service user receiving care or treatment, as well as being able to put yourself in their situation and show understanding.
- 5 Any two from:
 - social worker
 - hospital discharge team

- occupational therapist
- GP
- practice nurse

Accept other appropriate suggestions.

Test your knowledge page 25

- 1 Applying person-centred values ensures that:
 - service users always receive appropriate care
 - care meets their needs
 - their diversity will be valued
 - their rights will be supported.

Person-centred values provide clear guidelines for the standards of care that should be given.
- 2 Any two from:
 - having choice and control
 - enables participation in decision making
 - informed decision making
 - being respected
 - rights supported – having dignity.
- 3 Service users' rights, beliefs and preferences will be respected and their individual needs will be met. This ensures that the care they receive is beneficial in every way.

For example, an occupational therapist carries out a home assessment of an older person with arthritis and, as a result, various kitchen aids such as an easy grip knife and a special 'bottle and jar opener' are provided. These will enable the service user to continue preparing their own meals independently.
- 4 One from each of these bullet points:
 - **Physical:** pain, illness worsens, malnutrition, dehydration, bruising, cuts and grazes, broken bones, injury.
 - **Intellectual:** lack of skills development, lack of knowledge, lack of progress, loss of concentration, losing interest, will not achieve potential.

- **Emotional:** low self-esteem, low self-confidence, disempowerment, upset, loss of trust, angry, depressed, stressed, frustrated, self-harm, frightened, feeling unsafe.
- **Social:** withdrawn, isolated, lonely, excluded, become anti-social, unco-operative, lack of friends, develop behaviour problems, refuse to use the service.

Credit any appropriate alternative answers.

Practice questions pages 25–26

Question 1

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
Four required, one mark each. The six Cs: <ul style="list-style-type: none"> • Care • Compassion • Competence • Communication • Courage • Commitment 	4 (4 × 1)	Do not accept any other answers.

Question 2

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
Social effects: <ul style="list-style-type: none"> • become anti-social • behaviour problems • exclusion / left out / unwanted • inability to make relationships • isolated / alone • lack of friends • marginalised • poor social skills / not want to interact with others • refuse to attend the day centre • unco-operative • withdrawn. <p>This list is not exhaustive, accept other appropriate social effects.</p> <p>Do not accept any emotional effects, such as:</p> <ul style="list-style-type: none"> • not feel safe • not trust staff • upset. 	6	<p>This is a 'levels of response' question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Level 3 (5–6 marks)</p> <p>Answer provides a detailed explanation of at least two social effects on a young adult if 'choice' or 'independence' are not applied. Answers will be coherent, using correct terminology.</p> <p>Level 2 (3–4 marks)</p> <p>An adequate explanation showing sound understanding of the social impacts of not applying 'choice' and 'independence'. At least two examples are explained, relevant points are made, some of which are developed.</p> <p>Level 1 (1–3 marks)</p> <p>Answer provides a brief and basic explanation/description of social effects on a young adult if 'choice' and/or 'independence' are not applied. List-like answers should be placed in this level. Limited use of terminology.</p>

Candidate answer

- 1 Care
- 2 Confidentiality
- 3 Courage
- 4 Choice

Commentary

Question requirements

- Identification of four of the six Cs that would be applied by Linda in a healthcare service context. Four marks are available, one mark for each of the six Cs.
- The command verb is 'identify', so only a one-word answer is required, no explanation.
- Correct identification of any four of the six Cs that would apply in a healthcare service context.

Marks awarded and rationale: 2/4

- The first answer 'care' is correct, gaining one mark.
- The second value is not awarded a mark because 'confidentiality' is not one of the six Cs.
- 'Courage' gains a mark.
- 'Choice' is not one of the six Cs.

Candidate answer

If the care values 'choice' and 'independence' are not applied, the young adult could become excluded or marginalised which will make them have a lack of confidence. They may see that others are more valued. An effect could be that the young adults' social skills would not develop, leading them to display anti-social behaviour and not make any friends.

If the young adult doesn't experience an inclusive approach at the day centre, they will not have equal opportunities. They will feel left out and that they are not receiving the correct standard of care. The service user will not feel empowered or able to build trust, which will prevent them from gaining social skills.

Marks awarded and rationale: 5/6

- The response provides more than two social effects and uses some correct terminology such as 'marginalised' and 'anti-social behaviour'. There is a line of reasoning evident in the first paragraph – cause and effect – and so this places the response into Level 3. The examples given are appropriate for a young adult.

Commentary

Question requirements

- An explanation of possible social effects, on a young adult, resulting from a specific value of care not being applied at a day centre. Six marks are available.
- The question requires an explanation, so specific effects need to be identified with a line of reasoning that demonstrates understanding of the situation. Requires more depth and detail than a description.
- An explanation is required – a list will only gain one or two marks.
- At least two or more effects for Level 2.
- The answer must be relevant to a young adult.
- Social effects only – not emotional.

- However, the second paragraph refers to feelings/emotions such as 'feel empowered' and 'build trust', which are not required, and repeats the point about not developing good social skills. The quality of the response is not quite at the top of the mark band.
- This response gains Level 3, 5 marks.

Question 3

Mark scheme and additional guidance

Person-centred value of care	Benefit to service users of the value of care being applied	Marks
Applying person-centred care guidelines ensures standardisation of care.	Appropriate care demonstrating best practice will be provided.	–
An occupational therapist arranges for mobility aids to be provided for a service user.	Care improves the service user's quality of life by promoting independence.	1
A doctor and a patient have a discussion about different treatments before making a decision.	The service user is involved in decision making, which is empowering.	1
Service users do not experience discriminatory attitudes, and their diversity is valued.	Care provided meets service users' needs as their rights, beliefs and preferences will be respected.	1

Candidate answer

Person-centred value of care	Benefit to service users of the value of care being applied
Applying person-centred care guidelines ensures standardisation of care.	Appropriate care demonstrating best practice will be provided.
An occupational therapist arranges for mobility aids to be provided for a service user.	Care improves the service user's quality of life by promoting independence.
A doctor and a patient have a discussion about different treatments before making a decision.	The service user is involved in decision making, which is empowering.
Service users do not experience discriminatory attitudes, and their diversity is valued.	Care provided meets service users' needs as their rights, beliefs and preferences will be respected.

Commentary

Question requirements

- The question asks about the benefits of applying person-centred values of care.
- One example has been completed for you.
- The command verb is 'choose', so only answers in the list should be used.

- Correct identification of three matching answers.

Marks awarded and rationale: 3/3

- All matched correctly, gaining one mark each.

Question 4

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
Three aspects required, one mark each. Definition should include up to three of the following aspects: <ul style="list-style-type: none">• Care provided meets the service user's unique needs.• Supports service user's rights to choice and consultation.• Service users should be placed at the centre of their care.• Service users should be enabled to make informed choices.• They are key principles that underpin the work of health and social care service providers.• They are a set of guidelines and ways of working for care settings and their staff.	3 (3 × 1)	Accept any other appropriate answers.

Candidate answer

Person-centred practice is about focusing care on the needs of service users, ensuring that service users' preferences, needs and values guide health and social care decisions, and providing care that is respectful and responsive to them.

Service users are put at the centre of the process of identifying their needs and should be involved in all aspects of decision making.

Commentary

Question requirements

- A definition of 'person-centred care' is required. An explanation requires more depth and detail than a description. Specific details need to be given with a line of reasoning that demonstrates understanding of the term.
- An explanation is required – a list will only gain one mark.
- Up to three marks for a definition.

Marks awarded and rationale: 3/3

A very good and detailed definition has been given that shows clear understanding of the term.

Topic area 3 Effective communication in health and social care settings

Test your knowledge page 31

- 1 Verbal communication is the exchange of information between people using speech. It is what we say to another person.
- 2 Empathy is the ability to understand and share the feelings and thoughts of another person. It means imagining what it would be like to be in that person's situation. Empathy can help a service provider to gain a better understanding of others' viewpoints, and shows the service user that their feelings have been acknowledged.
- 3 One from:
 - repetition
 - gestures and body language
 - flash cards
 - BSL
 - other specialist methods.Accept other appropriate answers.

- 4 Jargon means specialist or technical language or terms and abbreviations that are difficult for non-specialists to understand.
- 5 Being patient involves giving a service user the time to say or do what they need to, being supportive and not speeding them along or making them feel pressured. For example, an older person with arthritis may take a little longer than others because their condition makes mobility difficult.

Test your knowledge page 35

- 1 Non-verbal communication involves the transfer of information through the use of body language such as gestures, eye contact and facial expressions. It does not include speech.
- 2 Eye contact is a way of showing interest in a conversation. It can reassure the person speaking that they are being heard/listened to.
- 3 If the meeting room is too small, people invade each other's personal space. Not having enough space makes some feel uncomfortable. People attending the meeting might not be able to sit in appropriate positions and might face the wrong person.
- 4 Features of open and positive body language:
 - Maintain eye contact at all times during your conversation.
 - Smile if appropriate for the situation.
 - Keep your hands on the sides of your body.
 - Keep a friendly, tall and open posture.
 - Lean forward to show interest.

Test your knowledge page 41

- 1 Braille consists of a series of dots which are read by touch. Each character is made up of raised dots, which may be in any of six positions within a rectangle. There are 64 possible combinations of dots.
- 2 Any two from using:
 - pictures, e.g. on a menu
 - photographs to prompt memories
 - written information
 - an advocate or family member.

- 3 Active listening is an effective method of listening to build rapport, trust and understanding between those involved. It involves demonstrating an interest in what a person is saying by fully concentrating on what is being said and responding to it, rather than just passively 'hearing'. It can involve non-verbal cues which show understanding such as nodding, eye contact and briefly saying 'I see' or 'sure', for example, to build trust and confidence.
- 4 Two from the following:
 - install a hearing loop
 - information available in large print
 - staff who can 'sign'
 - Braille information available.
- 5 An advocate is someone who speaks on behalf of a service user. An advocate is independent and will represent the views, needs and interests of service users who cannot speak up for themselves.

Test your knowledge page 45

- 1 A communication profile/passport:
 - informs staff about how a service user communicates with others
 - enables consistency between staff
 - states how the service user wishes to be communicated with
 - helps service providers to understand the communication and other needs of a person who has difficulties communicating information due to illness or a mental or physical disability.
- 2 Good communication empowers service users by giving them choice and control over their care. This reassures them that they are at the centre of their care and fully involved in the decision-making process, as they have been provided with all of the necessary information in an understandable format. This ensures that service users feel valued and respected.

3 Any three from these points:

- misunderstanding if information not clearly explained
- errors or danger to health due to inaccurate record keeping
- distress/upset if service user feels patronised
- if speech is too fast the listener will not have time to understand it.

4 Using verbal communication:

- emphasising important words

- slowing the pace if necessary
- increasing the volume of voice, but not shouting
- repetition where appropriate.

Using non-verbal communication:

- using gestures or flash cards/pictures
- making use of aids to communication, e.g. loop system
- using specialist methods, e.g. Braille, signing
- specialist technological aids, e.g. Dynavox, Lightwriter.

Practice questions page 46

Question 1

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
<p>Examples of communicating effectively:</p> <ul style="list-style-type: none">• listening to the child's needs / active listening• being patient / showing empathy• being calm• use of facial expression / body language / eye contact• vocabulary that can be understood – no jargon• not being patronising• slowing the pace• appropriate tone• explain confidentiality issues – age-dependent• making use of specialist methods, e.g. sign language, Braille, PECS• use of aids, e.g. hearing loop system• interpreters• provide leaflets/information in other languages• using gestures/pictures/Makaton• provide an advocate• maintain confidentiality – private room, etc.	8	<p>This is a 'levels of response' question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Level 3 (7–8 marks)</p> <p>Answer provides a detailed explanation of three ways Stephen could communicate effectively with the children. Answers relate to the specific needs of service users in the scenario. Answers will be coherent, using correct terminology.</p> <p>Level 2 (4–6 marks)</p> <p>An adequate explanation showing sound understanding of two or three ways – at least two examples are explained, relevant points are made, some of which are developed. Answers will use some correct terminology</p> <p>Level 1 (1–3 marks)</p> <p>Answer provides a brief and basic explanation/description of ways to communicate effectively. May not relate to children in the scenario or to communication. List-like answers should be placed in this level. Limited use of terminology.</p>

Candidate answer

Stephen can use understandable vocabulary to make sure that the children are aware of what is going to happen, using age-appropriate language so that the child understands.

If Stephen slows down the pace when he talks with the child, this will calm them down as they will be stressed in this situation. For example, if Stephen spoke really fast to the child, they would find it hard to pick up what he is saying and this could upset them more. The child will feel more comforted and safe, and that they can trust Stephen.

Stephen can also communicate using positive body language, arms unfolded, sitting up straight and smiling and using a cheerful tone. This makes the child feel welcome and safe and calms them down.

Commentary

Question requirements

- This is a 'levels of response' question requiring an extended answer.
- An explanation is required – a list will only gain a Level 1 mark.

- Three specific ways/types of communicating are needed for Level 3.
- The answer must be relevant to the service provider and children in the scenario.

Marks awarded and rationale: 4/8

This is a Level 2 answer. The candidate has attempted to explain three ways of communicating effectively with children as in the scenario, but the answer is a little bit muddled, especially in the third paragraph where it is too repetitive to be in Level 3 ('safe' and 'calms them' already mentioned).

It is well organised into three paragraphs, which is good practice as it helps to ensure three ways are given.

Question 2

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
<p>One mark for each way identified. Three required.</p> <p>Ways:</p> <ul style="list-style-type: none"> • use simple vocabulary / no jargon or complicated words • use of facial expressions • use of body language/gestures • using appropriate tone of voice • slowing the pace / talking slowly • clarity / speak clearly • being patient and calm / repeat as necessary • active listening • seating arrangements • using pictures • provide leaflets/posters/printed information in other languages • provide an interpreter or translator • find another member of staff or relative/friend who can speak the language • use translating app on phone • employing staff who speak other languages 	<p>3</p> <p>(3 × 1)</p>	<p>Accept any other correct and appropriate answers.</p> <p>No mark for:</p> <ul style="list-style-type: none"> • description of what the staff should not do • specialist methods, e.g. Braille or BSL • providing an advocate • ask them to write it out.

Candidate answer

- 1 Use translator app on a phone.
- 2 Use body language and gestures.
- 3 Use sign language.

Commentary

Question requirements

- Identify three ways of communicating.
- The answer must be relevant to non-English speakers in the day centre scenario.

A weakness is vague descriptive references to communicating effectively without any specific detail; examples of 'understandable vocabulary' could have been given, for example. Details of active listening and its benefits would have developed paragraph three. Using a 'cheerful' tone is not explained and is probably not really appropriate in this situation.

Always check back with the question while writing longer responses, so that you stay focused, answer the question and avoid repetition.

Marks awarded and rationale: 2/3

- The first two answers are relevant and correct, gaining 1 mark each.
- The third answer is incorrect as sign language is a specialist method used to communicate with service users who are deaf. It would not be helpful for someone who does not understand the English language.

Question 3

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
<p>Two examples required, two marks each.</p> <p>Examples of impact:</p> <ul style="list-style-type: none"> • Misunderstanding – if information not clearly explained • Errors in care – due to inaccurate record keeping • Danger to health – medication dose errors due to incomplete records • Distress/upset – if service user feels patronised • If speech is too fast – the listener will not have time to take it all in 	<p>4</p> <p>(2 × 2)</p>	<p>Accept any other appropriate answers.</p> <p>For each example, 1 mark for description of the impact plus</p> <p>1 mark for identifying the poor practice (cause)</p>

Candidate answer

- 1 *Bad effect on a patient's health, medicines taken not recorded correctly.*
- 2 *A patient could become very upset.*

Commentary

Question requirements

- Two descriptions of the impact of staff with poor communication skills.

- The answer must be relevant to healthcare context.

Marks awarded and rationale: 3/4

Answer 1 is correct and gains 2 marks as there is an example of poor practice (1) and its effect (1).

Answer 2 only gains 1 mark as only the impact is stated; there is no detail of what caused the upset.

Question 4

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
<p>Advocates – ways they help:</p> <ul style="list-style-type: none"> • Speak on behalf of (not speak for) service users who are unable to do so for themselves, such as a young child, service users with learning or physical disabilities or conditions such as dementia, or someone who has had a stroke or who has mental health problems. • Ensure a service user's rights and needs are recognised. • Are independent and will represent the service user's wishes without judging or giving their own personal opinion. • Can attend meetings to represent someone or go with them, write letters on behalf of a service user, and speak on behalf of a service user at a case conference. <p>Advocacy supports and enables service users to:</p> <ul style="list-style-type: none"> • access the information and services they need • explore options for treatment and care • express their views and concerns • have an input on decisions about their care • have their voice heard / listened to • take control / feel empowered • have needs met. 	<p>8</p>	<p>This is a 'levels of response' question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Level 3 (7–8 marks)</p> <p>Answer provides a detailed explanation of the role of an advocate. Two examples of who might need an advocate, and why, are explained. Answers will be coherent, using correct terminology.</p> <p>Level 2 (4–6 marks)</p> <p>An adequate explanation showing sound understanding of the role of an advocate. Two examples of who might need an advocate, and why, are explained, relevant points are made, some of which are developed. Answers will use some correct terminology.</p> <p>Level 1 (1–3 marks)</p> <p>Answer provides a brief and basic explanation/description of the role of an advocate. There will be an attempt at giving examples of who might need an advocate. List-like answers should be placed in this level. Limited use of terminology.</p>

Examples:

- A social worker represents a service user with dementia by speaking about their needs when a care plan is being discussed.
- Arranging for a responsible adult to represent a service user with learning difficulties or someone under 17, to ensure the service user's rights are maintained.
- A volunteer (e.g. from Age UK, MIND) to represent a person's best interests when applying for disability benefits.
- Representing someone in court by reading out a statement.

Candidate answer

Providing an advocate supports a service user's rights. This means they can share their opinions and thoughts on the care being provided. This will empower the service user. It also supports the right of choice. This is because when the advocate explains something to the service user they are able to make their own choices – for example, they can choose their own food they want to have. This will make the service user feel valued.

Providing advocacy supports the right of equal treatment. For example, if a deaf child has an advocate while attending school, they can take part in activities. This prevents them feeling left out. By providing this, the child will feel equal to others and be respected.

Commentary

Question requirements

- This is a 'levels of response' question requiring an extended answer.
- An explanation is required – a list will only gain a Level 1 mark.
- Detailed explanation of the role is needed for Level 3.
- The answer must include two examples of who might need an advocate and why.

Marks awarded and rationale: 2/8

There is no clear and explicit explanation of the actual role of an advocate; the focus of this answer is vaguely on how advocacy supports service users, which is rather muddled.

Paragraph 1 does refer to helping the service user to maintain their rights, which is empowering and is a good start. It also mentions support in sharing opinions and thoughts on care provided which is fairly accurate. The answer

explains choice, but gives a very superficial example of choosing food. The paragraph gives implicit reference to the role of an advocate, sufficient for Level 1, but there is no explicit detail of the advocate's role.

Paragraph 2 starts well with reference to a deaf child, but then confuses the role of an advocate with that of a teaching assistant. The answer then continues with irrelevant detail.

To gain more marks, the answer should contain details of what an advocate can actually do, such as: attend meetings to represent someone, or go with them, write letters on behalf of a service user, speak on behalf of a service user at a case conference. The answer demonstrates a lack of detailed knowledge of the role and does not give two clear examples of who would need an advocate, so marks are limited.

Topic area 4 Protecting service users and service providers in health and social care settings

Test your knowledge page 53

- 1 Safeguarding refers to the actions taken to protect a service user's health and wellbeing to ensure they are not at risk of harm, danger or abuse. Safeguarding also protects service users by creating a safe and healthy environment in care settings.

2 Any two from:

- homeless people
- children
- people with physical disabilities
- people with learning disabilities
- people with mental health conditions
- older adults in residential care settings
- people who have a sensory impairment – sight loss, hearing loss
- people in residential care dependent on carers – children, older adults.

3 Any one description from:

- Maladministration of medication – incorrect, late; inappropriate medication, e.g. sedatives.
- Pressure sores – service users who are frail or who have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure. Service users need to be moved often to avoid these developing. These are known as pressure sores and are sometimes called bed sores or ulcers. If left untreated, they can become very deep and infected.
- Falls – residents not assessed on their risk of falls, walking aids not provided.
- Rough treatment – service users being rushed, shouted at, or ignored.
- Poor nutritional care – appropriate food not provided for chewing and swallowing problems, or for religious or dietary needs. This results in malnutrition.
- Lack of social inclusion – no stimulation, activity or opportunities for social interaction.

4

- Recognise (all staff): All staff should be able recognise the signs and symptoms of abuse or harm. However, sometimes it may be a direct disclosure about harm or abuse from a service user.
- Respond (all staff): The issue must be reported, whether it is a specific concern raised by a service user or just a suspicion.

Do not ask questions – just listen, then write it down as soon as possible, in the person's own words.

Reassure them that they have done the right thing.

Inform the person sharing with you that the concerns they have raised must be recorded and passed on so that possible abuse can be dealt with, and that this will be done on a limited 'need-to-know' basis.

- Report (all staff): Report your concerns, urgently, to the DSL member of staff. It is then their responsibility to take further action.
- Record (DSL): The DSL will record the member of staff's concern, including direct quotes. If appropriate for the situation, they might include notes about the person's physical and emotional state that they have observed.
- Refer (DSL): The DSL will carry out an investigation into complaints, allegations or suspicions of abuse. If a crime is suspected, the DSL will contact the police.

5 The Disclosure and Barring Service (DBS) works closely with the police and helps prevent unsuitable people from working with vulnerable service users.

Disclosure and Barring Service checks are required for anyone over 16 working or volunteering with children or vulnerable adults, to make sure that they are a safe person to work in this role. This also applies to anyone applying to foster or adopt a child.

Test your knowledge page 56

1 Any three from:

- Use anti-bacterial sprays on surfaces.
- Clean play equipment regularly.
- Mop floors and vacuum carpets daily.
- Clean and disinfect toilets frequently.
- Correct disposal of hazardous waste.

2 Maintaining good personal hygiene ensures a high level of cleanliness and helps stop the spread of infection. There are lots of opportunities for pathogens to grow and

spread in health and social care settings. This is because they are accessed by many service users and service providers over the course of a day; many different activities take place, such as meals being prepared and served, physical examinations and treatments.

3 Any three from:

- changing nappies
- dressing wounds
- clearing up spillages – blood, vomit
- changing soiled bedlinen
- food preparation and serving.

4 Any three from:

Wash hands:

- before and after touching raw food or meat
- after visiting the toilet
- after emptying rubbish bins
- after exposure to cleaning materials
- after dealing with soiled bedding or continence pads
- before and after undertaking clinical procedures
- before and after providing personal care for a service user such as feeding them or helping them get dressed
- after coughing or sneezing.

Use this technique:

- Always use enough anti-bacterial hand wash to cover your hands.
- Wash frequently.
- Rub back of hands.
- Rub palm to palm.
- Rub with back of fingers.
- Rub thumbs.
- Rub wrists.
- Rinse with water.
- Dry with a single-use towel.

5 Wearing PPE is a barrier method of preventing the spread of infection. The clothing or

equipment can prevent the transfer of pathogens from one person to another.

Test your knowledge page 65

1 It is a legal requirement that all care settings and service providers must have enough trained first aiders available for the number of staff and service users in case of health emergencies. The number of service users with specific health needs or conditions has to be taken into account in the first aid policy, as this may impact on the number of first aiders that should be available. Epipen-trained staff should be available, based on an assessment of the number of service users in a care setting who are at risk of anaphylactic shock.

2 Any one from these safety procedures:

- emergency fire procedures
- emergency evacuation procedures
- risk assessments

Any one from these safety measures:

- putting out a 'wet floor' sign
- fire safety notices that are visible throughout the setting
- signs indicating fire doors and assembly points
- keeping fire doors clear
- placing a fire extinguisher by each exit
- placing a fire blanket in kitchen areas.

3 a Look for hazards.

b Decide who might be harmed and how.

c Consider the level of risk – decide on the precautions needed to reduce the risk.

d Make a written record of the findings.

e Review the risk assessment from time to time and improve precautions if necessary.

4 a **If you discover a fire, raise the alarm** – alert people in the immediate area, activate alarm system, call 999.

b **All staff to remove people from their immediate area** – direct them to the fire

assembly point, use designated fire exits, never use lifts.

- c Designated staff assist residents** with mobility difficulties (use of evacuation chairs/wheelchairs) or hearing difficulties (may not hear alarm), and dementia patients (may be confused/unaware of what is happening).
- d Staff to close doors and windows, switch off lights** as they leave.
- e Staff evacuating** the building must **check their locality** is clear.
- f Everyone to assemble** at designated external assembly point to await further instructions.

- g Do not re-enter the building** until told it is safe to do so.
 - h Carry out head count** to ensure everyone is accounted for.
 - i Senior staff to inform** fire brigade **if anyone is left** in the building.
- 5** If there are staff on duty at the entrance, access can be monitored. A signing in and out book for visitors ensures that reception knows who is there and who has left the building. In some settings, staff sign in and out, or swipe their ID card. Issuing visitor badges identifies visitors quickly and clearly.

Practice questions page 66

Question 1

Mark scheme and additional guidance

Expected answers		Marks	Additional guidance
Security measure	How it protects	6 (3 × 1 + 3 × 1)	Examples may relate to any health or social care settings. How service users are protected must relate to the security method identified. Answers must relate to security, not safety. Do not accept: <ul style="list-style-type: none">all doors lockedreferences to fire safetyreferences to data security/protection'ID' on its own.
Checking/monitoring external entrances Monitoring of keys Security pads/key pads CCTV monitoring exit/entrance	Controls access – only authorised people have access to the setting.		
Manned reception desk Receiving/escorting and monitoring visitors Signing in/out book	To control who is allowed into the setting.		
Staff wearing ID/lanyards Visitor badges	Easy to identify staff and unauthorised people. Easy to identify visitors.		
Window locks/window restraints	To prevent people falling out of windows.		
Reporting of concerns to line managers	Prevents unwanted visitors from getting into the setting.		

Candidate answer

Security measure:

DBS checks

How this could protect service users:

Stops the staff and service users being put at risk if someone was applying for a job at a care setting.

Security measure:

Fire alarms

How this could protect service users:

These alert people in the care setting that there is fire and they need to leave the building.

Security measure:

Signing in and out book for visitors

How this could protect service users:

This makes sure that people coming into the setting have permission to enter and it keeps a record of who is in the building.

Commentary

Question requirements

- Identification of three different security measures.
- A description of how each security method protects service users.

- Answers may relate to a specific care setting, but do not have to.
- Three marks for three security measures and three marks for how they protect.

Marks awarded and rationale: 2/6

- DBS checks are not security measures, they are a safety procedure. No marks awarded.
- Fire alarms are also safety measures, not security. No marks awarded.
- Two marks awarded for visitors signing in and out, plus a correct, clear description of how this security measure protects service users.

Question 2

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
Reasons for DBS checks: <ul style="list-style-type: none">● Prevents unsuitable people from working with vulnerable groups – such as the young adults with learning disabilities.● Reduces risk – helps to keep out of the workforce those who are known to pose a risk to people who use care services.● Safeguards service users from abuse – the care home has a duty to keep the young adults with learning disabilities safe.● A barred list check – this will show if a person is barred (prevented) from working in a regulated activity with children or adults.● Responsibility of the residential care home – to check the suitability of their staff and that they don't have a criminal record.● Good recruitment practice is important – there have been cases of abuse and injuries due to inappropriate staff being employed.	8	Level 3 (7–8 marks) <p>Answer provides a detailed explanation of two or more reasons for residential care home staff having DBS checks. Answers will be factually accurate, coherent and use correct terminology.</p> Level 2 (4–6 marks) <p>An adequate explanation showing sound understanding of two or more reasons for residential care home staff having DBS checks. Explanations will be factually accurate, coherent, organised, and use some correct terminology.</p> Level 1 (1–3 marks) <p>Answer provides a brief and basic explanation of at least one reason for residential care home staff having DBS checks. List-like answers should be placed in this level. Limited use of terminology.</p> <p>Sub-max of 3 marks for only one reason, done well.</p>

Candidate answer

The care home has a responsibility to comply with legislation and they are not allowed to employ people who have been barred from work in care settings. Also the Care Quality Commission will take action against the care setting if they employ someone who has been barred.

The staff should have DBS checks because the checks will enable the young adults with learning disabilities to be kept safe in the care setting.

There are three kinds of DBS checks, which are: 'standard' checks for criminal convictions, 'enhanced'

checks which are an additional check of any information held by police and 'enhanced with list checks' which additionally checks the 'barred list'.

Commentary

Question requirements

- This is a 'levels of response' question, requiring an extended answer.
- The answer must link information about the DBS checks with keeping the young adults safe.
- Detailed reasons for the DBS checks are required for six marks.

Marks awarded and rationale: Level 1, 3/6

The candidate starts, in the first paragraph, with a good explanation of one reason DBS checks are necessary. They clearly explain that the care setting has a legal responsibility to ensure DBS checks are carried out, and the answer also gives potential consequences of not doing so. This explanation gains the candidate marks at the top of Level 1, for one reason, done well.

The second paragraph refers to keeping the young adults with learning disabilities 'safe' in the care setting. Although this is appropriate, the answer does not give any explanation of how the DBS checks would enhance safety.

Paragraph three contains accurate information about the three types of DBS checks. However, this information on its own is not required by the

question. The question requires an explanation of reasons why the checks need to be carried out.

To become a high level response, the second paragraph needs to be developed, with more detail linking the DBS checks to keeping the young adults safe. For example, the checks would reveal whether the person is on the 'barred list' of individuals who are known to pose a risk to people using care services and so the individual would not be employed by the care setting. By doing this, the response could have gained access to the higher mark band.

Developing paragraph three by explaining how the specific types of checks enhance safety and help a care setting to meet their safeguarding responsibilities could also help improve the answer.

Question 3

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
<p>Equipment considerations:</p> <ul style="list-style-type: none">• appropriate training for staff• equipment used under supervision• fit for purpose• age/ability-appropriate• checked regularly for damage / risk assessed• reporting system for damage or faults• replacement programme for older or worn-out equipment• regular (PAT) testing of electrical equipment <p>How safety is improved:</p> <ul style="list-style-type: none">• risk of injury is reduced• staff will know how to use/assemble it safely• correct equipment used for the task• no worn-out or damaged equipment in use• good standard of equipment is maintained• no loose/small parts – choking hazards reduced• no sharp edges – risk of injury reduced <p>Answers may refer to:</p> <ul style="list-style-type: none">• climbing frame• footballs• furniture• sports equipment or any other relevant equipment	<p>4 (2 × 2)</p>	<p>Two marks for an example, two examples required.</p> <p>For each example:</p> <p>1 mark for identifying an example of an equipment consideration</p> <p>plus</p> <p>1 mark for how it improves safety.</p>

Candidate answer

- 1 Check the equipment, so no one will get injured by it.
- 2 Carry out a risk assessment to make sure the risk of anyone getting injured is reduced. For example, no sharp edges on a climbing frame.

Commentary

Question requirements

- Two equipment considerations.
- Two reasons how safety would be improved.

Marks awarded and rationale: 2/4

Point 1 in the answer does not gain any marks as it is so vague. 'Check the equipment' gives no detail of what exactly is being checked or what it is being checked for. To gain marks, the candidate should state how checking something specific will actually reduce injuries and accidents.

Point 2 is correct and gains 2 marks as there is a specific check identified and a good example of what is being checked: risk assessment (1), sharp edges on a climbing frame (1).

Question 4

Mark scheme and additional guidance

Expected answers	Marks	Additional guidance
Personal hygiene measures: <ul style="list-style-type: none"> • Hair tied back/covered • Open wounds covered • No jewellery • No nail polish • Appropriate protective clothing • Appropriate hand washing routines 	6	This is a 'levels of response' question – marks are awarded on the quality of the response given. The focus of the question is description.
<ul style="list-style-type: none"> • Regular showering and hair washing • Regular brushing of teeth • Appropriate use and disposal of tissues / antiseptic wipes How it protects staff/service users: <ul style="list-style-type: none"> • Prevents transfer of bacteria • Destroys bacteria • Service provider carries less bacteria / fewer germs • Ensures high level of cleanliness • Reduces opportunity for spreading bacteria/germs • Stops others coming into contact with bacteria/germs • Barrier method reduces/prevents transfer of bacteria • Removes places for bacteria to be trapped <p>Answers must relate to personal hygiene, not general cleaning.</p>		Level 2 (4–6 marks) <p>Answers provide a detailed description of at least two personal hygiene measures and how they protect service users in care settings. Answers will be coherent, using correct terminology: 'bacteria', 'cleanliness', 'disposal' (not generic answers such as 'keeps clean').</p> Level 1 (1–3 marks) <p>Answers provide personal hygiene measure(s) and how they protect service users in care settings. Answers may not be explicitly linked to care settings. List-like answers should be placed in this level. Limited use of terminology.</p> <p>Sub-max of 3 for only one measure done well.</p>

Candidate answer

The reason personal hygiene is important in care settings is because it stops the spread of bacteria and micro-organisms that can cause illness and diseases. Many people who are in care settings such as residential homes or hospitals may be vulnerable to infection.

Personal hygiene includes washing hands very thoroughly using anti-bacterial soap before eating or preparing food, after sneezing or after using the toilet, as this will destroy the bacteria on the hands. Hands should always be washed before moving on to care for another patient or service user, to avoid passing on

bacterial infections from one person to another.

Also, personal hygiene involves tying up hair and not wearing any jewellery as these can harbour bacteria that could be passed on to others or, for example, infect food. Covering a cut with a clean dressing will avoid cross-contamination from blood-borne diseases.

Wearing appropriate protective clothing, for example, a disposable apron or disposable plastic gloves, which are disposed of appropriately immediately after use, will also help to avoid the transfer of bacteria when providing personal care for service users.

Commentary

Question requirements

- Examples of personal hygiene measures with a description of how they protect service users in care settings are required. The examples could relate to a specific care setting or you could give examples for more than one type of setting.
- This is an extended writing question, so give some thought to planning the structure of your answer. Provide two or three personal hygiene measures, with a paragraph on each describing how service users are protected. Lots of examples with limited description of how they protect will not reach the Level 2 mark band.
- A description is required – a list will only gain one or two marks.
- Two or more personal hygiene measures must be described for Level 2 mark band.

- Use of correct terminology is required for Level 2 mark band (e.g. 'bacteria', cleanliness' 'disposal' etc).
- The answer must be relevant to care settings.

Marks awarded and rationale: Level 2, 6/6

- This response is very well organised. It starts with an introduction about why personal hygiene is particularly important in care settings. Three further paragraphs each focus on different aspects of personal hygiene.
- More than two examples are given, and they are all in the context of care settings.
- There is good use of appropriate terminology throughout – 'bacteria', 'micro-organisms', 'cross-contamination'.
- All of the information is accurate, relevant and detailed.
- This response gains Level 2, 6 marks.

Unit R033 Supporting individuals through life events

Topic area 1 Life stages

Test your knowledge page 81

- 1 Gross motor skills are large movements of the large muscles of the arms, legs, feet or the entire body. These skills are used for walking, running, skipping and jumping.
- 2 Abstract thinking is being able to solve problems using the imagination.
- 3 Any three from: growth spurt, breast development, widening of hips, redistribution of fat, menstruation, appearance of armpit and pubic hair.
- 4 Adulthood.
- 5 Kidneys become less efficient at filtering waste products. May need to pass urine more frequently; may be prone to urinary infections.

Test your knowledge page 95

- 1 Homeostasis is how the body adjusts to maintain a constant and steady state. For example, blood sugar levels are kept constant by the supply of insulin from the pancreas.
- 2 Fibre aids digestion and helps avoid constipation. It contributes to maintaining bowel health.
- 3 Heart disease
- 4 Vitamin C heals wounds and fights infection.
- 5 Choose three from: sufficient sleep, eat a balanced diet, regular exercise, good personal hygiene, time for relaxation, balancing work and commitments, avoiding harmful risks such as smoking, seeking support for worries.
- 6 Culture refers to the ideas, customs, beliefs, values and ways of behaving shared by members of a community or a particular group or society.

Topic area 2 Impacts of life events

Test your knowledge page 110

- 1 Any two from: puberty, starting school, starting work, changing jobs, marriage, having children, moving house, menopause or retirement.
- 2 Any two from: accidents, redundancy, bankruptcy, serious illness, disability, imprisonment, divorce, bereavement.
- 3 Bankruptcy is when someone has debts which they cannot afford to repay.
- 4 Any two of the following:
 - constant pain from injury
 - weight gain as person may not be as active as they were before the accident
 - mobility problems if legs are injured so they may have to use a wheelchair or sticks
 - change in appearance if their face is disfigured by the accident.
- 5 Any two of the following:
 - could be grief-stricken at loss of partner
 - anxious about living alone when used to living with a partner
 - depressed at end of relationship
 - self-esteem may fall as individual feels disappointed.

Topic area 3 Sources of support

Test your knowledge page 122

- 1 Formal care is care that is provided by paid health and social care staff who are trained and work in hospitals, residential care homes, nursing homes, children's services, etc.

- 2 This is looking after the whole person – caring for them physically, intellectually, emotionally, socially and spiritually.
- 3 Respite care is a short-term stay or visit to a care setting which gives the carer a rest from caring for the individual.
- 4 One of the ways that practitioners can promote independence is to allow the individuals to have choice and encourage them to make decisions that affect them. The practitioner should provide support if it is needed. They can help the individual improve their mobility and their ability to carry out daily tasks such as dressing or making a meal. This gives the individual confidence and raises their self-esteem.
- 5 Person-centred care means viewing the person as an individual, and focusing on their personal needs, wants, goals and aspirations. The individual must be central to the whole process, with their support needs designed in partnership with the individual, their family and/or carers.

Assignment practice pages 122–124

Task 1: Growth and development through the life stages

Example response

For Task 1, you must use the same life stage for both parts of the task, so in this case study it would make sense to use adulthood. This is because there are plenty of factors which have affected Aamir's growth and development during his period of adulthood.

For the first part, you must describe Aamir's passage through the milestones of growth and development of his adulthood covering PIES – that is physical, intellectual, emotional and social development. You will find information for adulthood under Topic area 1, section 1.1, Life stages and development.

For the second part, you must explain two physical factors that have affected Aamir's growth and development. For Aamir, these two physical factors could be his epilepsy and his diet, or his urge to keep

physically fit. The epilepsy would be under health while the diet and exercise would be under diet and exercise in Topic area 1, section 1.1, Factors affecting growth and development across the life stages.

You must also explain two social/emotional factors for Aamir, which could be his father's death and his arranged marriage. His father's death would come under family, but the arranged marriage would come under culture.

Two economic factors for Aamir must also be explained. These could be him having a good job, which would be under wealth/income, and management of his epilepsy symptoms, which would be under health providers (services).

Task 2a: Impact of life events on individuals

Example response

From the case study there are several life events that will have impacted on Ross: the first is marrying at the later age of 41 years and becoming a father at 43. But two other obvious life events that will have had a huge impact on Ross will be:

- the birth of his son Alfie who has Down's syndrome
- his serious car accident which has left Ross paralysed and able to do very little without support.

You need to choose two of the life events that have affected Ross and describe them, stating the life stage in which they occurred (adulthood). Information for the basis of this is in Topic area 2, section 2.1 Life events and their impacts on individuals, but you can research further.

For the second part of this task you have to explain the impacts on Ross. Information can be found under Topic area 2, section 2.1, under Impacts that life events have on individuals, page 104. You should categorise Ross's needs using PIES and also remember his financial needs. For example:

- Physical impacts on Ross would include pain, weight gain and mobility.
- For intellectual impacts, Ross will have to manage change and learn new skills, such as using a wheelchair.

- Emotional impacts on Ross would be mental health, when he changed to become quadriplegic. He might also feel grief for his lost life, and his inability to help with his family. He might be depressed because he cannot see how he will improve his physical health.
- Socially, Ross may struggle to meet friends as he is extremely limited in what he can do. Friends may be unable to cope with seeing Ross in a wheelchair.
- Financially, Ross could be better off as he may have a large payout for the accident so he may be able to afford care. However, he would have to put the money away to pay for any future needs he might have.

Obviously, you would need to expand these notes to give a full explanation.

For the final part, you will need to explain Ross's needs after his accident. He will need:

- dietary advice and support on how to lose weight and keep healthy
- advice on how to cope with his anxiety
- information on how he can be as independent as possible.

Task 2b: Research and recommend support to meet individual needs

Example response

You must have information which meets Ross's needs from the three areas of support.

- 1 For the formal support, Ross might be supported by hospitals, health centres, day centres, respite care and rehabilitation, so you will need to write in your report how these sources would support him.
- 2 Informal support would be Ross's family, friends, neighbours and people from a faith group.
- 3 You need to research the charities that would support Ross such as the ones listed below:
 - www.revitalise.org.uk which gives advice on all aspects of quadriplegia and offers respite holidays and day care centres.
 - www.spinal.co.uk offers helpline support with expert information and support.
 - www.mind.org.uk offers support for depression and mental illness.

- www.sane.org.uk offers support for mental illness and people who are struggling with coping with life.
- <https://mobilitytrust.org.uk> offers advice on powered wheelchairs etc.
- www.wheelpower.org.uk is a national charity for wheelchair sport.

This is just a sample of the charities who would offer support to Ross. You will need a lot more information on each charity named here to justify your choices. You could also find many more charities who would offer support to Ross. You should also include practitioners, such as:

- the physiotherapist who comes twice a week to help Ross with cardiovascular exercise and reduce muscle damage
- the dietician who helps Ross and his wife with nutritional advice
- the occupational therapist who suggests adaptations to Ross's home etc.

Once you have decided on the charities Ross would use, you must say how the support would meet Ross's needs. For example, Revitalise could offer Ross respite holidays and also support him and his family by offering some care in one of their day care centres.

You must then show application of the person-centred values of care in recommending personalised support, such as empowering Ross by making suggestions and letting him make the final choice.

Marking criteria

Topic area 1: Life stages

- 1 You must choose one life stage and cover the PIES for that person. PIES are:
 - physical
 - intellectual
 - emotional
 - social.

For a comprehensive description, the work produced must be complete and show depth and breadth of understanding. For MB3 there are 5–6 marks available for a comprehensive description of growth and development through one life stage using PIES.

- 2 For the second part of this area, there are 7–9 marks available for a comprehensive explanation of how the growth and development of the individual chosen have been affected by two physical, two emotional/ social and two economic factors.

Topic area 2: Impacts of life events

There are three components to this area:

- 1 For the first section MB3, there are 5–6 marks available for a comprehensive description of two life events and the stage they occur for your chosen individual.
- 2 There are 9–12 marks available for a comprehensive explanation of the physical, intellectual, emotional, social and financial impacts of one of the life events on the chosen individual.

- 3 Finally for this area, 5–6 marks are available for an MB3 answer that gives a comprehensive explanation of the needs of the individual based on the impacts of life events.

Topic area 3: Sources of support

- 1 To achieve an MB3 mark of 9–12, you must give comprehensive researched information about the support available for formal, informal and charitable sources.
- 2 For the second part there are 7–9 marks available for a comprehensive justification of how the support will meet the individual's needs. There should also be an effective application of the person-centred values of care in recommending personalised support.

Unit R034 Creative and therapeutic activities

Topic area 1 Therapies and their benefits

Test your knowledge page 137

- 1 Sensory therapies refer to those therapies that are designed to stimulate the five senses. Sensory therapies can be used for enjoyment, relaxation and/or helping with managing stress and illness.

Choose one example from the following: reflexology, massage and aromatherapy.

- 2 Cognitive therapies refer to those therapies that are designed to stimulate the whole person, the mind and body. Cognitive therapies are based on the theory that our thoughts, feelings and behaviours are all connected.

Choose one example from the following: hypnotherapy, speech and language, mind-body healing by using the power of positive thinking, and reminiscence therapy.

- 3 Sensory, cognitive, expressive and physical
- 4 Expressive therapy
- 5 Physical therapy

Test your knowledge page 141

- 1 A therapeutic activity such as yoga can benefit an individual physically because it encourages the body to move in different ways. Yoga movements or poses can help to increase muscle strength and improve flexibility and mobility.
- 2 A therapeutic activity such as art therapy can benefit an individual emotionally because it encourages an individual who may find it difficult to acknowledge or talk about their thoughts and emotions to do so.

Topic area 2 Creative activities and their benefits

Test your knowledge page 147

- 1 Choose two types from the following: physical, intellectual/cognitive, emotional, social, sensory, imaginative.
- 2 Choose one example from the following: singing, a quiz, dancing, role play, bingo, card games, board games.
- 3 Painting can be classed as a physical, emotional, sensory and imaginative activity.
- 4 Choose one benefit from the following: improved dexterity; increased strength in muscles (i.e. in fingers, hands, wrists, toes); improved hand-eye co-ordination; improved agility; improved mobility; improved strength in muscles in the body; improved balance; increase in fitness; exercises the heart, lungs and muscles of the body; improved breathing; reduction of pain and discomfort (such as swollen feet and legs); improved pain management; reduction of tension, stress and anxiety; improved relaxation; improved sleep and appetite.
- 5 Completing a crossword puzzle exercises the brain and provides mental stimulation because it encourages you to read clues, then find words and solutions to match.
- 6 Choose two from the following: regaining language skills; developing new ways of communicating, such as by using gestures and signing; encouraging conversation; encouraging the use of verbal and non-verbal communication; increasing awareness and understanding of what others are communicating.
- 7 Choose two examples from the following: storytelling, painting, craftwork, dancing, music and movement, poetry, writing, photography, mime, drama.
- 8 Examples include improved social interactions, development of friendships and relationships, learning what is right, modelling appropriate behaviour.

Topic area 3 Plan a creative activity for individuals or groups in a health or social care setting

Test your knowledge page 155

- 1 Choose two from:
 - A person's learning difficulties may mean they need more time to answer questions in a quiz.
 - A person's sensory impairment may mean they require specialist equipment such as a hearing loop when participating in a music activity.
 - A person's behavioural condition may mean they require a quiet area when participating in a craft work activity.
 - A person's medical condition may mean they require the support of two helpers to participate in a walking activity.
 - A person's religious beliefs may mean they carry out daily prayers and will not be able to participate in a creative activity during those times.
- 2 Choose two from:
 - Encourage a particular interest or ability in a creative activity, without thinking about the individual's gender.
 - Provide creative activities that challenge gender stereotypes.
 - Divide individuals into groups/teams alphabetically rather than by their gender.
 - Use inclusive communication and language including the use of gender-neutral pronouns.
 - Do not colour code any materials/resources used.
 - Do not assume which toys or books a person would like.
 - Provide a choice for every individual to choose from and supporting their choice.
- 3 The creative activity has to have a purpose, and should be delivered in line with the skills a person wants to develop and/or their interests.

If the creative activity doesn't benefit a person, they will be less likely to participate in it.

Test your knowledge page 165

- 1 So that the activity has a purpose and you can measure its effectiveness.
- 2
 - Group work can encourage social interactions and develop an individual's confidence and communication skills, such as playing a game of stoolball with a group of young people.
 - Individual contributions can encourage a person to feel more confident in their abilities and promote their creativity, such as designing a piece of clothing.
- 3 Choose two from the following: spillages of food on the floor causing slips/injuries; water spillages causing slips/injuries; burns from hot equipment; sharp knives/scissors.

Topic area 4 Deliver a creative activity and evaluate your own performance

Test your knowledge page 181

- 1 Choose two from:
 - Describe the main content of the creative activity so that the individual/group knows what the activity will involve.
 - Explain how any support needed will be provided and made available, so that the group/individual understands how their needs will be met.
 - Explain all health and safety requirements to the group/individual, to ensure their understanding.
 - Ensure everyone is settled so that they are prepared to carry out the activities.
 - Check the individual/group has all the support, equipment they require to participate.

- Clarify anything that hasn't been understood and answer any other questions people may have.
- 2 Choose two from:
 - Encourage participation.
 - Intervene when necessary.
 - Provide support.
 - Maintain safety.
 - Keep to timescales.
 - Replenish resources/materials.
- 3 Choose two from:
 - Complete a visual check of the area to ensure it is free from hazards such as spillages and broken furniture.
 - Seek additional help if an emergency such as a fire arises during a creative activity.
 - Check all equipment before use, to ensure it is safe and therefore unlikely to pose a danger.
 - Clear away all equipment at the end of an activity to avoid trips/falls.
 - Ensure there is sufficient space when delivering an activity, to avoid people injuring themselves by being too close to each other.
 - Wear appropriate clothing such as gloves when using materials to protect the skin and avoid any allergic reactions.
 - Act immediately if there is a spillage on the floor to avoid anyone slipping over and injuring themselves.
- 4 Choose two from:
 - Identify common themes or comments that you need to think about and act on.
 - If the feedback you receive highlights weaknesses in your performance, learn from it and use it to make improvements.
 - Listen to positive comments. Recognise what worked well and what your strengths are, so that you can build on these.
- 5
 - Self-reflect during the activity, and adapt the way you deliver it while you're doing it.
 - Self-reflect after the activity to review your strengths and weaknesses, and areas for improvement.
- 6 Choose two from:
 - Review aspects of the activity that were effective and those that need to improve.
 - Assess specific skills/areas of expertise that I have and others that need to be further developed.
 - Become more aware of my skills, abilities, qualities and limitations.
 - Assess specific methods/techniques that worked well when encouraging participation of the individual/group.
 - Reflect on any difficulties I had when delivering the creative activity, why these arose and the changes I could make.

Assignment practice pages 182–184

Task 1: Produce a plan for a creative activity

Example response

Plan for a reminiscence group activity for Ivy Day Centre



Aims of the activity

- For a group of six people to meet in a supportive environment to share their memories and stories about their past, to stimulate their memory recall.
- For people to be able to explore different topics that interest them, to improve their communication skills.
- For people to be able to meet and interact with others, to improve their social connections with others.

Timescales

- Two 15-minute sessions, totalling 30 minutes.

Resources needed

- A quiet, private room.
- Seven chairs and a coffee table.
- Topic 1 for Session 1: Working life – old photographs of people working, old films to stimulate discussion.
- Topic 2 for Session 2: School experiences – old school photographs, sweets to look at and taste, childhood toys to trigger memories and stimulate discussion.

Safety points

- Ensure adequate space for six people to meet around a coffee table.
- Ensure the exit from room is kept clear at all times.
- Ensure the room is hazard-free – carry out visual checks of floor coverings, fittings and fixtures.
- If people bring a drink with them, place all drinks on the coffee table and wipe spillages immediately. Make sure there is access to cleaning materials if any spillages occur.

- Ensure sufficient staff are present during the activity and can provide the support needed by participants.

Communication

- Ensure people's communication preferences can be met by asking each individual attending how they would prefer to communicate, such as by speaking clearly, or by using visual aids such as pictures and photographs.
- Ensure specialist communication aids are planned, such as large print resources.

Methodology

- Group work – for a group of six people, led by one activity leader.
- Ensure opportunities are also made available for individual contributions.

Feedback methods

- Asking the group/people questions as and when opportunities arise.
- Asking questions at the end of Topic 1.
- Asking questions at the end of Topic 2.

Task 2: Carry out a simulation/deliver a creative activity

Example response

Evidence gathered:

- a teacher observation record
- a witness testimony from my manager (included here)
- my notes
- photographic evidence of the activity
- feedback form.

Witness testimony	<i>Evidence F</i>
Qualification title and level	<i>OCR Cambridge National Health and Social Care Level 1/2</i>
Unit title	<i>RO34: Creative and therapeutic activities</i>
Student's name:	<i>Maria Pemblebury</i>
Topic area:	<i>4</i>
Index of other evidence which this testimony relates to (if any):	<i>A – Teacher observation record B – My notes C – Photographic evidence of the activity D – Feedback form on which feedback was collated from the group E – Evaluation of my own performance</i>
Date of evidence:	<i>16/06/2021</i>
Name of witness:	<i>Josh Gausden</i>
Relationship to candidate:	<i>Manager</i>

Details of testimony:

Today I observed Maria lead a reminiscence group activity at Ivy Day Centre at 2.00pm. Maria arrived at 1.00pm to prepare the room she had booked. Maria explained that she had booked the meeting room for the activity because it was located at the end of the corridor on the ground floor, so it was quiet and easy for people to get to, particularly for those who had difficulties mobilising. Maria prepared the room with seven chairs arranged in a circle around a coffee table. Maria completed her visual health and safety checks and confirmed that the room was safe to use. Maria also confirmed that in relation to communication preferences, she was asked by two people to speak clearly and use large print resources.

As every individual arrived (six in total), Maria welcomed each of them at the door and asked them to take a seat wherever they wanted. Maria's approach was warm and friendly, and she smiled and nodded as she greeted each individual. Once every individual had taken their seats, Maria introduced herself and asked the people to do the same.

Maria introduced the activity by asking the group whether anyone knew what reminiscence was. She spoke clearly, and two people shared their understanding of reminiscence. Maria listened carefully, thanked them for their contributions and summarised the aims of the activity while showing the group some of the resources she thought they could use, including some old photographs and children's toys that she had placed in a box in the middle of the coffee table. Both the photographs and children's toys stimulated some interesting discussions from three of the people in the group.

Maria then introduced Topic 1: Working life, and as it was already 2.15pm, explained that they would focus on this topic and then move on to Topic 2 at the next group session to be held next week. One of the people in the group who had not said anything up to this point asked Maria what Topic 2 was about; Maria explained that it was about sharing school experiences. One by one, every individual in the group said that they would prefer to discuss this topic rather than the one about working life. Maria agreed with the group and suggested that they start by reminiscing about school experiences.

Maria placed some old school photographs, school books (large print versions were supplied), sweets to look at and taste, and all the childhood toys she had obtained on the coffee table. Slowly, each of the people in the group picked up an item that appealed to them, and interesting discussions were stimulated by these items, from favourite school teachers and school trips to school canteen food.

Maria was attentive during the discussions, and ensured the people in the group took it in turns to speak and share their memories with the others. The group engaged well with Maria and laughed together; they were clearly enjoying the reminiscence activity.

Maria closed the activity at 2.25pm. She thanked everyone for their contributions and asked each individual as they left whether they had enjoyed it; all six people said they had, and wanted to know when the next one was planned for. Four people said that the sessions had passed too quickly, one individual said that it was nice meeting new friends, and two people said that they had enjoyed sharing good memories with others about school.

Once the group had left, Maria ensured the room was left clean and tidy. She moved the chairs and table back to their original locations, explaining that she wanted to leave it exactly as she had found it, ready for the next person to use.

I can confirm the candidate's evidence is authentic and accurate.
Signature and date
Josh Gausden 16/01/2022

Task 3: Evaluate your performance carrying out a simulation/delivering a creative activity

Example response

My evaluation of my own performance

I have based my evaluation of my own performance delivering a reminiscence activity to a group of six

people on the verbal feedback I received from the people in the group, my teacher's observation and the witness testimony from my manager. I have also used self-reflection to review my strengths and weaknesses, and improvements to make when I deliver this activity again.

Area reviewed	My strengths	My weaknesses
Planning the activity	<p>Setting out a clear plan that included clear aims that met the group's needs.</p> <p>I ensured I checked with every individual beforehand their individual preferences and communication needs so that I could use appropriate communication methods and have available appropriate resources such as large print books and visual aids such as photographs.</p> <p>The placement of the chairs/table encouraged effective group work and provided a more comfortable, relaxed environment.</p> <p>I ensured the venue and its fixtures/fittings were safe and fit for purpose.</p>	<p>My timescales for completing the activity were unrealistic; I tried to do too much in the allocated time.</p> <p>Because my timescales were unrealistic, although I did support individual contributions during the activity, these felt a little rushed.</p> <p>Although I managed to obtain feedback from every individual, because I ran out of time, I had fewer opportunities for more detailed feedback.</p>
My communication skills	<p>My approach was warm, welcoming and friendly, and so more likely to be engaging and encourage the group to participate in the activity.</p> <p>I paid careful attention to speaking clearly, to ensure everyone understood the purpose of the activity.</p> <p>I also paid careful attention to understanding the meaning of people's body language, to ensure I could read whether they were enjoying the activity.</p> <p>I was respectful of people's views when they suggested that I change the topic for discussion from working life to school experiences, and responded positively by making this change.</p>	<p>On reflection I think that I should have been more assertive at the beginning of the activity and led the activity better, as the participants talked about other things for some time.</p>
How I encouraged participation of the group	<p>I welcomed each individual at the beginning, which made them feel settled and comfortable.</p> <p>I had a variety of resources that appealed to everyone.</p> <p>I made the activity fun and so the group enjoyed it.</p> <p>I encouraged turn taking when the group had their discussions, which meant that each individual felt valued and that they had contributed something.</p> <p>I was supportive when we talked about changes to the topic to be discussed. My approach meant that people felt comfortable in saying what they thought.</p>	<p>I would have liked to have spent more time with each individual, exploring their memories of school.</p>

Area reviewed	Suggestions for improvement
My planning	<p>When I next deliver a reminiscence group, although participants may already know each other (as it was in this group), I need to allow more time for people to settle in and meet the others before the activity begins.</p> <p>I need to allow more time to deliver the activity. Realistic timescales would have been 10 minutes settling in, 30 minutes activity, 10 minutes feedback.</p>
My communication skills	<p>I have to remember I'm leading the activity. This means when I deliver an activity again, I have to be more assertive. If necessary, I need to direct the group if they are spending too much time talking about other things, so that it doesn't distract from the activity itself.</p>
How I encouraged participation of the individual/group	<p>I would have liked to have spent more time with each individual within the group. Some memories of their schooldays were very interesting, and it would have been good to explore these further as participants were very keen to share. So, next time I deliver this activity I either need to ask for another staff member to help me, or arrange for separate, additional individual reminiscence sessions.</p>



Task 4: The benefits of therapies and creative activities to the needs of the individual/group

Example response

You could make presentation points as shown here.

The benefits of therapies and creative activities for Ivy Day Centre	
Factors to consider when selecting a creative activity/therapy	
All creative activities/therapies must be appropriate to the needs of the individual/group:	
1 Needs	<p>Get to know the individual/group. This includes their abilities.</p> <ul style="list-style-type: none">• Do they have a sensory impairment?• Do they have a physical impairment?• Do they have a medical condition?• Do they have specific religious/cultural beliefs?
2 Gender	<p>The activity should provide opportunities for the individual/group to express their gender. Make sure the activity is free from gender stereotypes, so that everyone feels valued and included.</p>
3 Benefit of the activity	<p>Decide how the activity will benefit the individual/group. This includes physical, intellectual, emotional and social benefits. Activities can have more than one benefit.</p> <ul style="list-style-type: none">• How does the individual expect to benefit from the activity?• How are you going to meet the individual's expectations?
Benefits of therapies in relation to PIES for an individual/group	
Yoga	<ul style="list-style-type: none">• This is a physical therapy that can promote physical strength and flexibility, as well as relaxing the body and mind by promoting a sense of peace and calmness.• For example, the Sukhasana pose – sitting cross-legged on a yoga mat with your hands on your knees – can help to improve muscle tone and balance, and relieve anxiety and stress through relaxation.• It can also improve focus and concentration, which can in turn lead to improved interactions with others.• Meeting together as a group has social and emotional benefits that can improve wellbeing.

Art therapy

- This is an expressive therapy that can promote discussions and expression of thoughts and feelings in a positive and relaxed environment.
- For example, painting a landscape about a place that a person enjoyed going to can not only be relaxing, but can also promote the individual's creativity and encourage them to discuss their thoughts, feelings and memories as they create.
- The skill of painting can also improve manual dexterity and hand-eye co-ordination.
- Art therapy is beneficial for developing communication skills and social interactions with others, as different people discover that they have the same interests and ideas as others.

Mind-body healing

- This is a cognitive therapy that can be useful for managing stress and anxiety, as well as reducing physical pain such as backache.
- For example, using mindfulness meditation – focussing on controlled breathing and stillness, and focussing the mind on enjoying the present moment – can help to reduce individuals' anxiety about past events or what the future might hold.
- Group meditation can enable people not to feel alone and share the experience with others, as well as improve interactions with others.

Aromatherapy

- This is a sensory therapy that can promote relaxation and calmness. It can benefit people both physically and emotionally who may feel stressed and/or tense. It can lead to wellbeing and increased confidence when meeting others.
- For example, an aromatherapy massage – where essential oils are applied to the hands or feet using massage techniques – can promote relaxation of the mind and body through the release of the hormone cortisol during massage, as well as improve blood circulation.
- Aromatherapy massage can also help to relieve pain by stimulating the release of the body's hormones called endorphins, and improve movement by increasing flexibility in the joints.

Benefits of creative activities in relation to PIES for a person/the group

- **Swimming is** a physical creative activity that involves exercising the body and its muscles.
- It promotes physical and emotional wellbeing through improved fitness, breathing and circulation.
- It develops the use of gross motor skills – the co-ordination of upper and lower limbs.
- This can lead to reduced tension and stress, and therefore improved relaxation and sleep.

- A **board game** is an intellectual creative activity that can enhance people's focus and concentration, and provide mental stimulation by exercising the brain and improving its cognitive function.
- Board games also require people to problem solve, communicate, interact with others and develop new friendships. This can improve their communication and social skills.

- **Photography** is an emotional and creative activity that can lead to a sense of achievement, and improve the individual's self-confidence and belief in themselves.
- Photography can also empower people to develop new interests and share these with others through discussions and/or displays of their work.

- **Poetry** is an imaginative creative activity that can empower people to interact with others, meet new people, and develop friendships and relationships.
- Being part of a poetry group can also enhance people's confidence in communicating with others, sharing what is important to them with others and making them feel valued.
- Poetry groups that share similar interests can also lead to the development of new friendships and relationships.

Marking criteria

Topic area 1: Therapies and their benefits

For MB3 there are 9–12 marks available for a comprehensive description of the types of therapies used in health and social care, plus a comprehensive explanation of the benefits of the therapies in relation to PIES for the individual or group.

Topic area 2: Creative activities and their benefits

For MB3 there are 9–12 marks available for a comprehensive explanation of the factors affecting the choice of activity, plus a comprehensive explanation of the benefits to the individual or group in terms of PIES.

Topic area 3: Plan a creative activity for individuals or groups in a health or social care setting

To achieve MB3, which is 9–12 marks, you must produce a comprehensive and complete plan for a creative activity. It must include everything necessary to show the depth and breadth of your understanding, so you must have considered/ provided:

- a clear, fit-for-purpose creative activity plan that can be easily understood and followed to deliver a structured creative activity to an individual or group
- your overall aim for the creative activity, and the smaller objectives that you will need to achieve to meet the main aim and purpose specific to an individual or group
- the timescales you have allocated to the creative activity, including the start and completion time, as well as different aspects of the activity such as setting it up and clearing away
- the resources needed for the delivery of the creative activity, including those resources and materials you may need to replace
- safety considerations, which will be specific to your creative activity, the venue or location where you are going to deliver it, and the individual or group you are going to deliver it to
- your communication during the creative activity, and how you are going to ensure your communication methods are effective and appropriate to the individual or group
- methods used to encourage participation of the individual or group so that you can capture their interest from the beginning of the creative activity – i.e. are you going to use demonstration, group work or individual contribution, or a mixture of all three?
- the methods used to collect feedback from the individual or group and how you are going to do this – will it be structured or informal? Are

you going to ask questions, ask participants to complete questionnaires or collect witness testimony?

Topic area 4: Deliver a creative activity and evaluate your own performance

- To achieve MB3, which is 9–12 marks, you must have an effective introduction to your creative activity. This means you must introduce yourself to the individual or group by telling them about who you are, and introduce the activity to them while demonstrating effective communication skills. This means that you must communicate with the individual or group by speaking clearly so they can understand you, using a clear and motivating tone of voice so that they are interested and keen to participate in the activity.
- You must also ensure that you demonstrate effective supervision in the following areas: encouraging participation of the individual or group, making the necessary interventions during the activity, providing support as and when it is needed, maintaining safety at all times, keeping to planned timescales, replenishing resources and materials when needed.
- There are 9–12 marks available for MB3 for the second part of this topic area. For this, you must give a full and detailed evaluation of your strengths and weaknesses in relation to planning the activity, your communication skills, and encouraging participation of the individual or group. Ensure you make full use of the feedback you have received, good and bad – be honest. Make time to reflect on the feedback you receive, and use this to make detailed suggestions for how you can improve.

Unit R035 Health promotion campaigns

Topic area 1 Current public health issues and the impact on society

Test your knowledge page 192

- 1 An infectious disease caused by pathogens spread from person to person.
- 2 Any three of the following:
 - inhaling droplets from another person's cough or sneeze
 - direct contact with the person carrying the pathogen
 - contact with contaminated fluids such as blood, mucus, saliva
 - consuming contaminated water or food
 - receiving a bite from an insect or animal carrying the pathogen
- 3 Any two of the following:
 - Connect with people around you.
 - Be active – take exercise.
 - Take notice – be curious.
 - Keep learning – try something new.
 - Give – do something nice for someone.

Test your knowledge page 206

- 1 obese
- 2 Any two from the following:
 - sweet spreads and sauces
 - puddings
 - biscuits
 - breakfast cereals
 - ice cream
 - morning goods
 - yogurt
 - cakes

- 3 The challenge the Government faces is to encourage people to drink responsibly and keep within recommended guidelines.
- 4 To avoid heart attacks, individuals should eat a low-fat, high-fibre diet with at least five portions of fresh fruit and vegetables per day.

Test your knowledge page 208

- 1 This teaches good hand washing and hand hygiene early in life so fewer germs are spread around.
- 2 It aims to reduce the number of young people with STIs, as their sex education is improved.
- 3 It encouraged people to wash their hands, cover their face with a mask and keep 2 metres away from other people, therefore spreading less of the virus.

Topic area 2 Factors influencing health and wellbeing

Test your knowledge page 215

- 1 Disposable income is income that is left over after all bills are paid, to be saved or spent as the person wishes.
- 2 Choose three from:
 - making you feel better
 - increasing self-esteem
 - reducing likelihood of depression
 - reducing stress
 - helping relaxation
 - helping brain health and memory
 - reducing anxiety
- 3 This can make it difficult to access services for someone who works during the day. They would have to take time off work, and if they are working in a low-paid job, they may not

be paid for any time they take off work. They might not be able to afford to lose their pay.

Test your knowledge page 218

- 1 He will prevent harm to others, including his family, as they will not breathe in second-hand smoke. He will not smell of tobacco, which will be more pleasant for those around him.
- 2 The physical benefits of personal hygiene are:
 - protection from infections and diseases
 - fresh breath
 - less tooth decay
 - less body odour
 - clean, germ-free hands
 - clear skin
 - dandruff prevention.
- 3 A good night's sleep improves the memory and concentration, so the individual has better problem-solving skills.

Test your knowledge page 220

- 1 Younger individuals often change their attitudes and values to fit in with their social group's expectations.
- 2 Family and friends sometimes encourage unhealthy eating and a sedentary way of life. They may not want things to change and will put obstacles in the way of the new healthy lifestyle.
- 3 People can keep fit without spending any money if they walk rather than take transport, or take up jogging which does not require expensive equipment.

Topic area 3 Plan and create a health promotion campaign

Test your knowledge page 224

- 1 This is important because the materials may be too difficult for a younger audience to understand.

- 2 It is effective because it has the personal touch as the information has been designed for that specific group. They can ask questions and hear the opinions of others in the group.
- 3 Choose three of the following:
 - reduce need for note taking
 - information can be shared with others later
 - people can read later at own pace
 - can refer individuals to further help, e.g. websites or phone numbers
- 4
 - A PowerPoint presentation could break down.
 - It needs a power supply.

Assignment practice pages 229–230

Task 1a: Choose a public health challenge and, from this, a health promotion campaign

Example response

I have chosen physical activity because the parents expressed an interest in this topic, as they thought they could get involved in lots of activities with their children. I also know that it is one of the public health challenges that the Government needs to address.

According to current NHS advice, adults should do at least 30 minutes of moderately intense physical activity/exercise for 5 days each week if they wish to improve their general health. But children should do 60 minutes each day, which can easily be included in everyday life by walking instead of taking the car to school or encouraging children to swim or ride a bicycle. Any physical activity is better than no physical activity. If children develop good habits, they will continue with them throughout their lives, making them healthier. I know this is not happening at the moment as there is a high percentage of childhood obesity, partly due to fast foods and partly due to lack of exercise.

Physical inactivity can lead to increased risk of chronic disease and obesity. Exercise can help an individual to keep their weight down. It can also help to raise self-esteem as people feel good about themselves when they exercise. Stress can be reduced as the body produces endorphins when exercising. Non-exercising

overweight and obese people have a higher risk of developing heart disease, hypertension, strokes and Type 2 diabetes, whereas exercise can reduce these diseases by up to 50%. Exercise can reduce a person's risk of an early death by 30%.

Physical fitness will improve breathing and heart rates as well as keeping the joints flexible and making movement easier. All these positive aspects of physical activity add up to healthier people who will stay independent for longer and be in less need for a visit to their GP or a stay in hospital.

Society really needs to address the public health challenge because people are falling ill unnecessarily and dying younger than they need to. It also costs the NHS and social care more money when people need treatments for preventable illnesses. Examples of preventable illnesses are diabetes, and cancers such as lung cancer caused by smoking. The NHS wants people to be better educated about their lifestyle choices, so they can make good choices such as taking more exercise, to enable them to remain in good health.

The report 'Prevention is better than cure' states that if the choices an individual makes reflect current health advice, then many illnesses and diseases will be prevented. If the person reduces their risks of developing illnesses/sickness, they are more likely to be independent and able to look after themselves. Good diet and exercise can help with this. If families could get their children into good habits, such as taking exercise early on, these will form part of their daily lives without too much effort, for example, walking to school or playing active games.

Although life expectancy has increased over many decades, recently life expectancy rates have slowed down, with relatively low increases compared to the previous decade. 'Prevention is better than cure' has the aim that life expectancy would be increased by at least five years by 2035. But to meet this increase of life expectancy, there are several public health challenges that must be met.

Task 1b: Choose your health promotion campaign

Example response

Who the target audience is

My target audience is a small group of parents from the nursery where I work as a nursery nurse. The parents

and their children will benefit from this health advice. I also hope that this group of parents will encourage future groups of parents to be involved in the project. My presentation is based on Change4Life.

Factors that could influence the health and wellbeing of the target audience

As the nursery is in a socially deprived area, a lot of the parents have little disposable income so they do not have much money left after paying their bills. They are not able to afford good quality, filling fresh food so they turn to fast food instead, and in some cases have to rely on foodbanks. Some of the parents are on a flexible zero-hours contract, which has little security and irregular work. Sadly, few have good qualifications and they have to take the jobs that are available to them, that are poorly paid with little security.

They live in a poorer neighbourhood, as this is what they can afford. In addition, they sometimes cannot afford to heat their homes properly. Obviously, culture can affect people's views of health promotion, and in this area school examinations and attendance are not always encouraged, with some children being kept away from school to help in the house.

Some parents find it difficult to read, so they miss a lot of health messages on posters in shopping centres, GP surgeries, health centres etc. They cannot always follow leaflets given out either.

Barriers to leading a healthy lifestyle for the target audience

There are many barriers to leading a healthy lifestyle for the parents who send their children to the nursery. A lot of them have been dissuaded by family and friends from trying to live a healthier lifestyle by encouraging unhealthy eating and a sedentary way of life. They may feel that the parent is setting themselves up for failure as they need money to be able to exercise. They think they have to go to the gym or have a personal trainer if they want to exercise. However, people can keep fit without spending any money if they walk everywhere, take up jogging which does not require expensive equipment or play games with their children in the park.

Healthy food can cost up to three times as much as unhealthy food. Unhealthy food is much cheaper because the main ingredients are mass-produced and can be kept for much longer as they are non-perishable. Foods

classified as healthier such as fruit and vegetables are more expensive per calorie than foods high in fat or sugar. Sometimes people want food that will fill them up, so although they know a piece of fruit would be healthier, they buy a pack of biscuits for the same price.

Role models should behave in a positive way that can be copied by people such as the nursery parents. People can be influenced by role models, and feel they have to copy their behaviour such as buying expensive equipment and clothes for their children. They then feel a failure because they cannot afford the equipment or end up in debt.

The benefits of following the advice of the health promotion campaign on the target audience

Physical benefits: regular exercise can benefit the person physically as it helps with weight control, making the person feel better about themselves as they have a well-toned body. It also boosts energy during the day to help cope with daily tasks, and ensures a good night's

sleep as the person is tired from the exercise. Exercise strengthens bones and joints, preventing osteoporosis and other illnesses.

Intellectual benefits: exercise creates a better flow of oxygen around the body, so the person's mind is clearer and more alert and focused. They will be more able to deal with challenges.

Emotional benefits: exercise boosts the feeling of wellbeing so a person's mood can improve, which leads to less anxiety. If people are exercising in the fresh air, they can forget all their problems and are less likely to be depressed.

Social benefits: exercise also encourages people to mix, particularly if they play a team sport. They may meet people they would never normally come into contact with. This makes people feel good about themselves and raises their self-esteem. Team work skills are improved, and people may make new friends and contacts.

Task 2: Plan a health promotion campaign

Example response

Plan for the health promotion campaign

Aspects to include	Plan	Reasoning
What I want to educate about	I want to educate parents about the benefits of physical activity for themselves and their children.	This topic is related to PIES. The topic covers physical health – parents and children will become fitter and may lose weight. Socially, they will meet more people and may make more friends. Their emotional health will also improve as they will feel better about themselves. It will reduce stress. Children will know why physical activity is good for them. The children will enjoy the exercise.
Aims of activity	<p>Main aim is to educate parents about the benefits of physical activity for them and their children.</p> <p>Mini aims are to:</p> <ul style="list-style-type: none"> • identify how much exercise people and children should have every day • identify ways of keeping fit • introduce games to play with children when walking to school • introduce fun games to play with children indoors. 	<p>Physical exercise/activity is an important part of daily life.</p> <p>Many people do not know how much exercise is needed every day. There will be a PowerPoint presentation with ways to keep fit.</p> <p>Simple everyday activities that will help keep individuals fit, e.g. walking the dog, walking to school. Games such as spotting different dogs or birds, or 'I spy'. 10-minute shake-up games from Change4Life site.</p>



Aspects to include	Plan	Reasoning
Timescales	<p>6 Jan: manager asked me to research health promotion campaigns and produce handout for parents. She has set a deadline of two weeks.</p> <p>20 Jan: present information to parents</p> <p>7 Feb: 2nd handout to parents still interested (see Task 1b)</p> <p>10 Feb: start planning campaign</p> <p>18 Feb: start producing PowerPoint</p> <p>24 Feb: meeting with manager to go through my PowerPoint and my plan for the presentation/ delivery time plan.</p> <p>6 Mar: all resources to be finished/ print off copies of activities/complete posters.</p> <p>10 Mar: practise presentation for other nursery nurses.</p> <p>17 Mar: delivery for parents.</p>	<p>Date for presentation is almost two weeks away. I will have to start immediately so that I will have time to practise.</p> <p>I need to enthuse parents about new campaign so that they want to join in.</p> <p>First presentation was to ten parents, and eight are still enthusiastic. Again must try to enthuse parents.</p> <p>Good news: all eight parents still interested so will plan for eight people. Collect all relevant information, e.g. games from Change4Life, etc.</p> <p>Short PowerPoint as session will only be 40 minutes and will have practical activities.</p> <p>This is important as my manager must see what I intend to do so she is happy and I know it will work.</p> <p>Must have everything prepared.</p> <p>Colleagues will point out any errors and it is good practice for me.</p> <p>One week later allows me time to change things and practise more.</p>
Resources needed	<p>Room big enough for activities, will use hall.</p> <p>Area set up with laptop and two tables for parents with enough chairs.</p> <p>Old T-shirts.</p> <p>Laptop, PowerPoint on memory stick.</p> <p>Worksheets showing Roo's Whopty-Dooper Bounce, Kaa's snake race, extra pencils, pens.</p> <p>Witness testimonies.</p> <p>Posters of activities.</p> <p>Piece of cane.</p> <p>Camera for photographs.</p>	<p>Use own laptop as confident about using it.</p> <p>Presentation is on hard drive as well as memory stick as back-up.</p> <p>Extra pens or pencils in case needed.</p> <p>Needed for games (indoor)</p> <p>So I have photographic evidence.</p>
Safety considerations	<p>Ensure plenty of space for activities.</p> <p>Awareness of fire drill procedure.</p> <p>Ensure parents know where fire exit is.</p> <p>Keep exit clear throughout the session.</p> <p>Ensure no hazards such as trailing cables.</p>	<p>Accidents could happen when activities are taking place if insufficient room to move around.</p> <p>If fire alarm starts, parents must know what to do.</p> <p>Important as they are in different environment.</p> <p>Must be able to get straight out safely.</p> <p>Easy to trip up and hurt themselves.</p>
Communication	<p>Speak clearly throughout.</p> <p>Use positive body language.</p> <p>Friendly facial expressions and gestures.</p> <p>PowerPoint.</p> <p>Questionnaires.</p> <p>Worksheets.</p>	<p>Different methods of communication plus friendly and informal communication (don't want it to be like a school lesson) therefore parents should be interested.</p>



Aspects to include	Plan	Reasoning
Appropriateness to individuals	<i>Designed around areas as identified by parents, therefore custom-made to fit situation.</i>	<i>Language and activities appropriate to parents.</i>
Methods to engage target audience	<i>PowerPoint. Worksheets showing activities. Physical activities.</i>	<i>PowerPoint short. Worksheets – so parents can follow the steps for the activities and will not have to remember what to do when they try them with their children.</i>
Feedback	<i>Witness testimonies. Ask parents for their opinions.</i>	<i>Comments will let us know if parents learned anything and if they enjoyed it. Manager completes witness testimony. Comments from other nursery nurses from practice session.</i>

Time plan for delivery of campaign

Time	Activity
9.15	<i>Arrive and set up laptop and room for activities, have worksheets etc ready. Give out witness testimonies to manager.</i>
9.25	<i>Welcome parents into presentation.</i>
9.30	<i>Introduce myself and mention fire safety. Start PowerPoint, inviting comments and questions when they arise.</i>
9.35	<i>Finish PowerPoint.</i>
9.45	<i>Activities, play Roo's team game first. Divide parents into two teams.</i>
9.55	<i>Play Kaa's snake games individually.</i>
10.05	<i>Finish activities and sum up session. Any comments?</i>
10.00	<i>End of session.</i>

Evidence response

Evidence gathered:

- log book/diary
- manager witness testimony
- comments from parents and nursery nurses
- photographs from presentation.

Task 3: Evaluate your own performance

Example of witness testimony

Student name:	<i>Abi Gilmour</i>
Qualification:	<i>OCR Level 1 / Level 2 Cambridge National in Health and Social Care</i>
Unit number and title:	<i>R036: Health promotion campaigns</i>
Activity observed:	<i>Task number 3</i>
Date activity completed:	<i>17 March</i>
Additional evidence attached:	<i>Logbook, comments from other nursery nurses, comments from parents</i>
Name of witness:	<i>Davili Kaur</i>
Relationship to candidate:	<i>Manager of nursery</i>
Skills to be demonstrated	<ul style="list-style-type: none"> • <i>Produce a PowerPoint presentation</i> • <i>Communication skills</i> • <i>Presentation skills</i>



Introduce the campaign	It was hard for Abi to settle the parents at the beginning as there was a lot of chatter; this did not help Abi as she was already anxious. Abi was extremely nervous but once she started, she could see parents were listening and she became more relaxed. Her introduction was well planned, and she was on the right level for the parents. The parents are about the same age as Abi. She was also well practised, having delivered this to her colleagues.
Demonstrate communication skills	Once she got going, Abi was fluent and used her PowerPoint as a basis for her delivery, inviting questions from the start. Abi did not want the parents to feel she was lecturing them, and she hit the right note as she was informal and used positive body language when they asked questions and joined in. In her nervousness, Abi cut off a few parents who were joining in. Once she relaxed, she used eye contact and smiled throughout. She was able to respond to questions as she had prepared thoroughly for this presentation. It does help that she works with some of the children of these parents. She listened carefully to anything the parents said and treated everyone with respect.
Quality of the health promotion campaign	This was meant to be a relaxing, fun session to encourage parents to share physical activities with their children. Abi engaged the parents by her question-and-answer session. Her PowerPoint had too much information on it, and at times it was a struggle to read it. She tried to do too much in the amount of time she had, but I think it was better than too little to fill the time. She had chosen the games from Change4Life very well, as there was much laughter and fun when the parents were playing them. I do not think she had checked the floor before she started, as some of the parents looked a little dusty when they stood up from the snake game. The parents really enjoyed the session when I spoke to them afterwards. They said they would be playing the games with their children.

Evaluation of my performance

This evaluation is based on the feedback I received from my manager, the other nursery nurses and my logbook/diary.

Example of evaluation of performance

Area reviewed	My strengths	My weaknesses
The planning of the health promotion campaign	I planned out an achievable aim that met the public health challenge but also met the needs of the parents. I practised my campaign many times, allowing time for this in my plan. I planned a session to allow other nursery nurses to watch my presentation.	I planned to do too much in the time I had available. I could have asked for more time. I should have allowed more time to settle the group. Although nursery nurses commented on the amount of information on some of my PowerPoint slides, I did not change them. I should have checked the floor of the hall for dust.
Communication skills used	I managed to keep eight out of ten parents interested in continuing with the health promotion campaign. Handouts with games were useful for parents. I was approachable and friendly. I used my own words to talk to the parents but I did not talk down to them. My body language was positive, and I was friendly and approachable.	Disappointed that two parents dropped out. Extremely nervous at first and I kept tripping over my words. Scared at first when parents tried to join in, and should have slowed down for them to have their say.
Engaging individuals	I found that the parents involved had been telling other parents about how good the presentation was, and I have enough interest for another group. Games I chose were so much fun for the parents and we had plenty of laughs. Parents were a bit inhibited at first, but I encouraged them to loosen up and join in.	Not enough time allowed for games. Hard to get started as some of parents were talking among themselves at the beginning.

Example of suggestions for improvement

Area reviewed	Suggestion for improvement
My planning	<p>I should have allowed time for the group to settle down. I thought because they were adults, we could go straight into the campaign, but they were too excited and needed some chatter time. I would add another five minutes to allow for this next time.</p> <p>I planned to do too much in the time, so I would ask for ten minutes more to be added to my presentation, so I was not as rushed.</p> <p>My PowerPoint slides had too much information and parents struggled to see it to read, and even though my colleagues told me, I did not change anything. I would have more slides with less information on each of them next time.</p> <p>I would check the floor for dust next time as some of the parents were rather dusty after the game, but they did not complain.</p>
My communication skills	<p>I was disappointed that two parents dropped out, but I do not know what I would do to improve the situation. When I asked the parents why they dropped out, one said that they were unable to commit to the time needed; the other said that they dropped out because they were worried about the amount of reading they may have to do after the handout! Maybe, I would try to cut down on the amount of information in the handout.</p> <p>I could tackle my extreme nervousness by practising even more, but I think I will get better as I do more campaigns.</p> <p>At first, I was worried about parents stopping me in case I could not find my place, but I soon realised that I could pick up where I had left off and I did not mind once I gained in confidence.</p> <p>I was also worried about parents stopping me as it would put me off my time plan.</p>
How I engaged the parents	<p>I did not allow sufficient time for all my activities – I felt stressed about keeping to time so I would not let the parents join in. In future, I would allow more time or take out unnecessary activities.</p> <p>I should have told parents to listen when they started chatting at the beginning, as I was starting to get stressed and becoming more and more nervous.</p>

Marking criteria

Topic area 1: Current public health issues and the impact on society

For MB3 there are 5–6 marks available for a comprehensive explanation of reasons for the choice of public health challenge. But you must also demonstrate a full understanding of why addressing public health challenges is important to a healthy society.

Topic area 2: Factors influencing health

For MB3 there are 7–9 marks for the first part, which is a comprehensive explanation of the factors that could influence the health and wellbeing of the target audience, plus a comprehensive explanation of the barriers to leading a healthy lifestyle.

Another 7–9 marks are available for the second part of this task, which is a comprehensive explanation of the benefits of following the advice of the health promotion campaign on the chosen target audience in terms of PIES.

Topic area 3: Plan and create a health promotion campaign

To achieve MB3, which is 9–12 marks, you must have a complete and comprehensive plan which includes everything that is needed to show depth and breadth of understanding. You must have:

- a fit-for-purpose health promotion campaign plan so that it can be followed and will deliver a well-rounded campaign to the audience
- your overall aim for the campaign and mini aims of how you will meet the main aim
- the timescales showing your reasoning behind the time you have allowed for each activity
- the resources needed for the delivery of the campaign – you must include everything you will need and do
- safety considerations, which will be specific to your campaign and where you are going to deliver it
- communication of your message and what you are going to need to help you deliver that message

- methods used to engage the audience – if they are interested enough, they will listen to you so how are you going to make that happen?
- feedback – this can come from as many sources as you can access.

Topic area 4: Deliver and evaluate a health promotion campaign

To achieve MB3, which is 5–6 marks, you must have an effective introduction to your campaign.

This means you must tell your audience who you are and introduce your campaign to them while demonstrating effective communication skills. This means that you must share your information with your audience clearly, accurately and in a way they can understand, so you must pronounce words clearly and do not mumble.

There are also 5–6 marks available for MB3 for the second part of this topic area. To achieve

this, you must deliver your campaign in a logical, relevant way so that the information delivered makes sense. For example, you would not ask the audience to fill in their questionnaires at the beginning of your delivery as you would not be able to test the audience on how much they had learned from your campaign. This could only come at the end. But the campaign must also have an overall message which has been stressed and reinforced throughout the campaign.

The final part of the topic area can gain you 9–12 marks in MB3. For this, you must give a full and detailed evaluation of both your strengths and weaknesses for all the stages – planning, communication skills and engaging your audience. Do not leave anything out. Use all your feedback to your advantage. Be thorough and use your strengths and weaknesses to suggest how you might improve.