

Preparing for BTEC National Level 3 Health and Social Care

Hello and welcome to BTEC National Level 3 Health and Social Care. Some of you may well have studied this subject, at Tech Award Level 1 & 2, whereas for others of you this subject will be completely new to you and you may have a number of misconceptions about it. This booklet has been designed to help you 'get ahead' whatever your previous experiences of Health and Social Care and prepare you for the transition to advanced level.

Course title	Examination Board and web address
BTEC National Extended Certificate in Health and Social Care	Pearson BTEC https://qualifications.pearson.com/content/dam/pdf/BTEC-Nationals/Health-and-Social-Care/2016/specification-and-sample-assessments/9781446938003_BTEC_Nat_ExCert_HSC_AG_Spec_Iss3C.pdf
<u>BTEC Level 3 Topic studied:</u> Year 1: Unit 1 - Human Lifespan Development (examination) Unit 5 - Meeting Individual Care and Support Needs (coursework) Year 2: Unit 2 – Working in Health and Social Care (examination) Unit 12 – Supporting Individuals with Additional Needs (coursework)	

- You are expected to complete all the compulsory bridging tasks included in this booklet on pages 2 - 28. You will need to print off the booklet or if you are unable to print then make your own booklet of answers to the tasks by hand.
- Read each section of the booklet carefully as you complete all the tasks in the spaces provided.

There are also some 'pick n mix' activities on pages 29-35 where you can choose the activities that best suit your learning style, health and social care interests and time commitments. The more preparation and understanding of the subject you can gain before you study this course the higher you will achieve.

- Complete at least 5 items from the 'pick n mix' lists to watch, look at, read, listen to or research from. Make a written record of the items you have completed and any interesting facts / observations that may help you with your studies.

BTEC Level 3 National Extended Certificate Health & Social Care

Unit 1 – Human Lifespan Development

Physical Development Across the Life Stages



Name: _____

Your specification for this course says:

Physical development across the life stages

- *Growth and development are different concepts:
 - o principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions
 - o principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.*
 - *In infancy (0–2 years), the individual develops gross and fine motor skills:
 - o the development of gross motor skills
 - o the development of fine motor skills
 - o milestones set for the development of the infant – sitting up, standing, cruising, walking.*
 - *In early childhood (3–8 years), the individual further develops gross and fine motor skills:
 - o riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently
 - o turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing.*
 - *In adolescence (9–18 years), the changes surrounding puberty:
 - o development of primary and secondary sexual characteristics
 - o the role of hormones in sexual maturity.*
 - *In early adulthood (19–45 years), the individual reaches physical maturity:
 - o physical strength peaks, pregnancy and lactation occur
 - o perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness.*
 - *In middle adulthood (46–65 years), the female enters menopause:
 - o causes and effects of female menopause and the role of hormones in this
 - o effects of the ageing process in middle adulthood.*
 - *In later adulthood (65+ years), there are many effects of ageing:
 - o health and intellectual abilities can deteriorate.*
-

Growth and development are different concepts

Growth is an increase in a measurable quality such as weight, height or head circumference.

Development refers to the complex changes/increases in skills, abilities and capabilities that people experience as they grow.

TASK: Fill in the table summarising key features of growth and development at each life stage:

Life Stage	Age	Key Features
Birth and infancy	0-2 years	
Early childhood	3-8 years	
Adolescence	9-18 years	
Early adulthood	19-45 years	
Middle Adulthood	45-65 years	
Later Adulthood	65+ years	

Principles of growth

- Growth is an increase in quantity, e.g. children's height increases as they grow older. As height increases, so does weight, this is referred to as the process of growth.
- Although growth rate is continuous, it is not smooth – there can be periods of more rapid growth in infancy and puberty which means there can be quite a difference between the growth rates of two people who are the same age.
- There are also differences in the growth rates of males and females, as men tend to be taller than women.
- Growth rates vary in different parts of the body, e.g. head circumference grows more rapidly than other areas in the first few months of life.

When referring to growth it is important to consider two dimensions:

- **Weight**

- **Length/height**

- In the first two years, an infant's **length** is measured when lying down

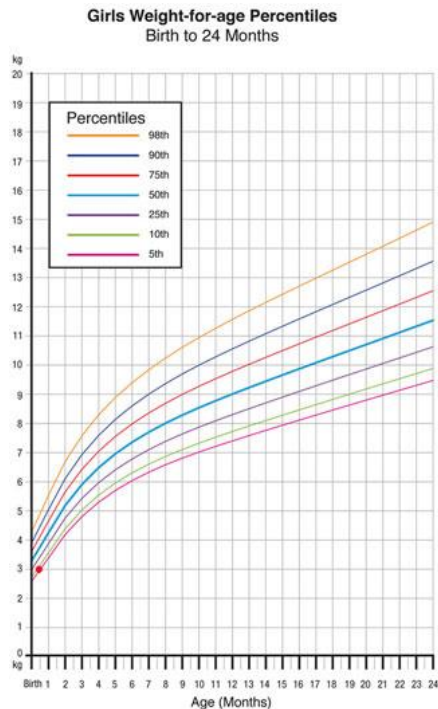
- From 2 years old their **height** is measured when standing



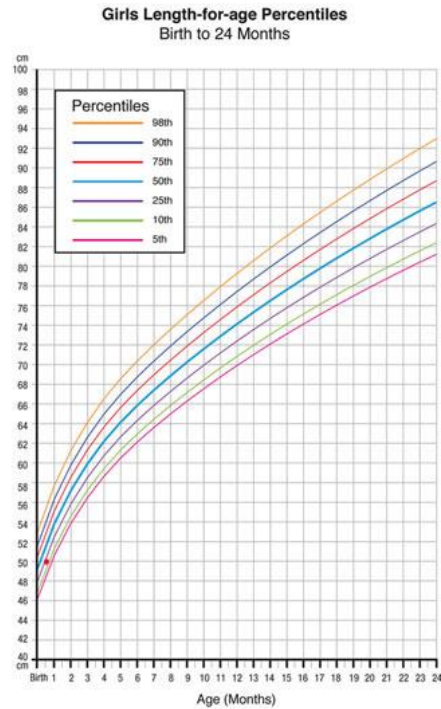
At birth and then between six to eight weeks, a baby's head circumference will be measured to check the size and growth of the brain. The measurement is taken from across the forehead, just above the ears and at the midpoint of the back of the head. The measurement can indicate any abnormalities in brain or skull growth. Skull growth is faster in the first two years of life but continues into early adulthood.

Infants grow rapidly during the first six months of their lives. Growth measurements are taken by a Health Visitor to monitor health and development but can also indicate other issues, e.g. if an infant is underweight or growing too slowly. Growth measurements are displayed on **centile charts** to see where the child is in relation to the average for their age.

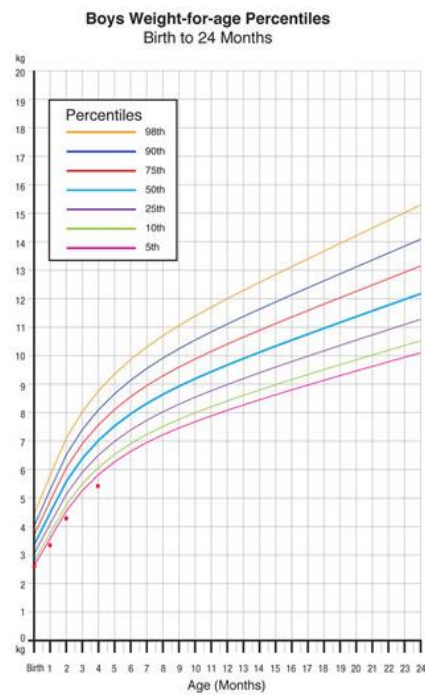
The lines or "Percentiles" show the number of children who are in a particular range for a characteristic such as height or weight. I.e, if a child's height falls on the 50th percentile, they are taller than 50% of children their age (average), whereas if their height falls on the 25th percentile, they are taller than 25% of children their age.



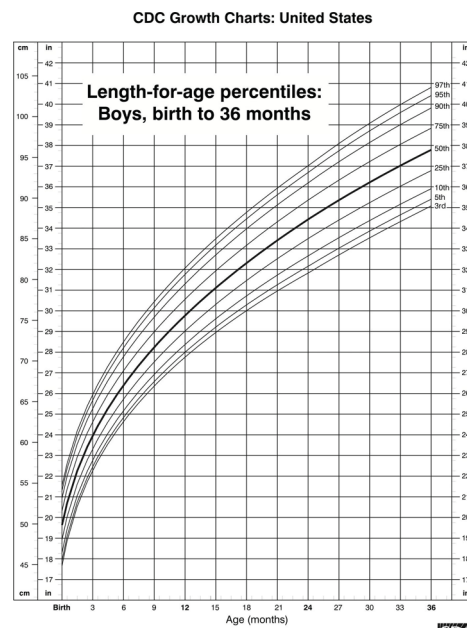
SOURCE: World Health Organisation Child Growth Standards <http://www.who.int/childgrowth/en>



SOURCE: World Health Organisation Child Growth Standards <http://www.who.int/childgrowth/en>



SOURCE: World Health Organisation Child Growth Standards <http://www.who.int/childgrowth/en>



Published May 30, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

CDC
SAFER • HEALTHIER • PEOPLE

Task: Using the centile charts above, describe the main changes in height and weight from birth to two years:

TASK: Find a centile chart for head circumference

Principles of development

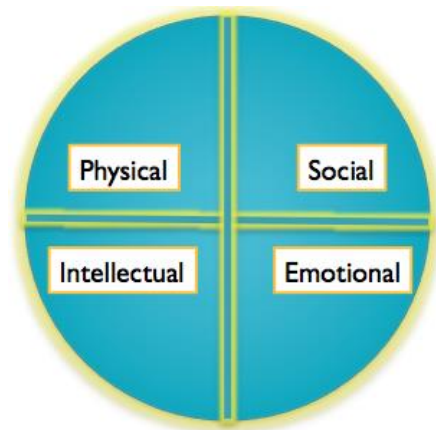
Development happens:

- From **head to toe** – an infant will first be able to control their head, then develop control over their body to enable them to sit and finally have control over their legs and feet to allow them to crawl and eventually walk
- From the **inside to the outside** – an infant learns to control movements in their body first then in their arms & legs until, finally, they can control the small muscles in their fingers
- In the **same sequence/order but at different rates**
- **Holistically** (as a whole) – areas of development are all linked. They are dependent on and influence each other.

As children develop, they reach a number of key **milestones**. Collectively, these are known as **developmental norms** and describe the skills that infants, children and adolescents are expected to acquire at particular ages/stages of their lives e.g. learning to walk.

There are four main areas of development/skill acquisition:

1. **Physical** (gross & fine motor skills)
2. **Intellectual** (cognitive and language development)
3. **Emotional**
4. **Social**



Remember PIES!

Although development happens in the same sequence for all children, it will happen at different rates. Developmental norms can help professionals describe an average set of expectations of how children should develop. They provide a useful guide for professionals and enable them to recognise, monitor and take appropriate action if development is delayed in one or more of the areas. However, some children may meet developmental norms more quickly or slowly than others, but this does not necessarily mean they are “gifted” or have delayed development.

Although there are separate areas of development, it is hard to separate these. Most people experience Physical, Intellectual, Emotional and Social Development holistically. For example, the development of a child’s social skills will depend on the development of their intellectual (& language) skills. One developmental aspect can’t be assessed without looking at other aspects.



Physical Development in Infancy and Early Childhood

Physical development is usually separated into **gross motor skills** and **fine motor skills**.



TASK: Research and explain what are:

<https://www.physio.co.uk/what-we-treat/paediatric/problems/neurological-problems/reduced-motor-skills/gross-motor-skills.php>

Gross motor skills:

<https://www.physio.co.uk/what-we-treat/paediatric/problems/neurological-problems/reduced-motor-skills/gross-motor-skills.php>

Fine motor skills:

Infancy (0-2 years)

Newborn babies are helpless when it comes to muscle coordination and control. They are unable to hold up their heads, roll over, sit up or use their hands to move objects deliberately. Developing gross and fine motor skills allows increasing and more complex movement. By the age of two, infants develop and use both gross and fine motor skills as they become more independent.

TASK: Fill in the table to show the development of gross and fine motor skills in infancy:

Age	Gross motor skills	Fine motor skills
Newborn		
1 month		
3 months		
6 months		
9-10 months		
12-13 months		
18 months		
2 years		
2 and a half years		

Physical Development in Early Childhood (3-8 years)

Gross motor skills

Task: Research the ages at which children are able to do the following:



-Use pedals to ride a tricycle	
- Walk in a straight line	
- Run forwards and backwards	
- Balance on one foot for one second	
- Kick and throw a large ball	
- Hop using each foot separately	
- Skip	
- Ride a bicycle	

By 8 years old children will have good strength and body coordination so that they can take part in many sports and activities.

Fine motor skills

By the age of three, children should be able to control their movements enough to use a pencil to copy letters or build a tower with cubes. They should also be able to turn the pages of a book and button/unbutton their own clothing.

By the age of five, most children should be able to dress and undress on their own, including tying their own shoelaces. They will be able to write their own name at this age.

At eight years of age, children will have good control of their small muscles. They will use joined-up writing and be able to draw detailed pictures.

Physical Development in Adolescence (9-18 years)

Adolescence is from approximately 9-18 years and is an important status change following the onset of puberty during which a young person develops from a child into an adult.

Puberty in girls usually starts between the ages of 11 and 13 but it can be earlier. Boys generally start puberty later, often between 13 and 15 years of age. Puberty is a developmental stage that prepares the body for sexual reproduction, and is triggered by the action of **hormones** that control sexual development.

During adolescence, males and females will experience a number of physical and growth changes. They may both experience a “growth spurt” when they grow taller at a faster rate than before.

Puberty also represents the development of **primary and secondary sexual characteristics** for males and females.

Primary sexual characteristics relate to the changes and development of reproductive organs, while **secondary sexual characteristics** are outward signs of development from a child into a man or woman.

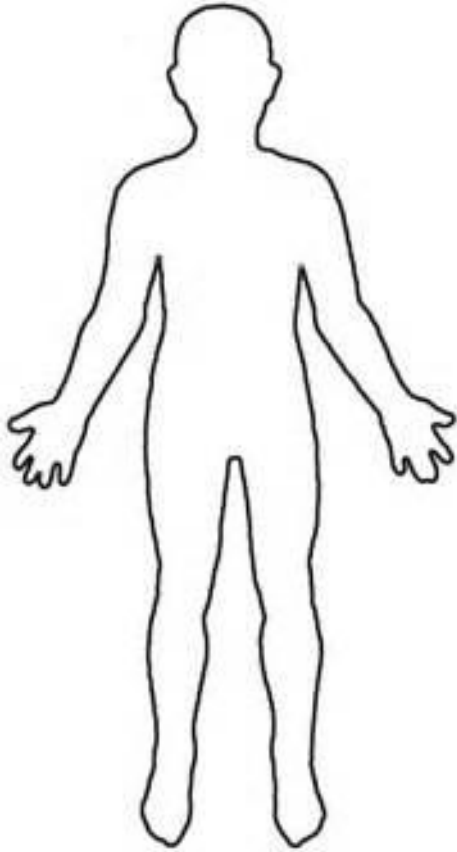
TASK: Research the development of primary and secondary sexual characteristics and label the diagrams on the next page:

<https://www.bbc.co.uk/bitesize/guides/zpwjk2p/revision/3>

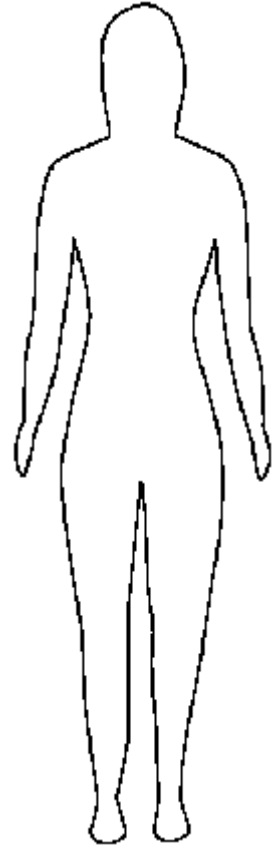
<https://www.bbc.co.uk/bitesize/guides/z89vw6f/revision/1>

<https://www.britannica.com/topic/human-behavior/Development-in-adolescence#ref391004>

Male



Female



The role of hormones in sexual maturity

Hormones are chemical messengers/substances produced in the body and transported in the bloodstream that control or regulate organs and cells in the body.

Sex hormones are responsible for the changes that occur in puberty. The pituitary gland (at the bottom of the brain) controls the release of sex hormones in both males and females. The release of sex hormones controls the onset and rate of puberty, the physical changes such as pubic and axillary hair growth and sperm and egg production. Puberty can be a difficult time emotionally for young people as levels of hormones going up or down can often cause mood swings.

TASK: Research the main male and female sex hormones and record your findings in the table below.

Hormone	Where produced	Effects on body	Responsible for
Oestrogen (female)			
Progesterone (female)			
Testosterone (male)			

Physical Development in Early Adulthood (19-45 years)

Physical strength peaks

Young adults usually reach the peak of their physical performance between the ages of 19 and 28. By this age, young adults have reached their full height and strength, and reaction time and manual dexterity are also at their peak.

After this age, adults may gradually lose some strength and speed, although these changes are often unnoticed outside of competitive sport.

Physical decline may happen at a quicker rate at this age if individuals have an unhealthy diet, do not take regular exercise and maintain an unhealthy lifestyle. Exercise and a healthy diet can help to develop physical fitness and athletic skills into middle adulthood.

Pregnancy and lactation

During early pregnancy, women experience many physical and emotional changes in preparation for parenthood. Hormonal changes take place.

Task: Research the effects of the female hormones during pregnancy and record your findings below:

Hormones	Effects
Oestrogen	
Progesterone	

Perimenopause

By the time a woman is in her forties her ovaries gradually begin to make less oestrogen. This means that the ovaries stop producing an egg each month. This stage is usually referred to as the **perimenopause transition**. This usually lasts for four years but can vary between lasting for a few months or as long as ten years. Perimenopause ends when a woman has not had a monthly period for twelve months, when the woman is said to have gone through the **menopause**.

The menopause is the ending of female fertility, including the end of menstruation and reduction in production of female sex hormones.

During the perimenopause, the reduction in oestrogen causes physical and emotional symptoms. Research the main ones:

Physical Development in Middle Adulthood (45-65 years)

The menopause

Women are most fertile (able to conceive children) in their late teens and early twenties. The risk of miscarriage and pregnancy complications rises with age. Between 45 and 55 years of age fertility reduces and then comes to an end in a process called the menopause, which can take several years to complete.

The menopause involves:

- The gradual ending of menstruation and a large reduction of fertile eggs in the ovaries
- An increase in the production of hormones called **gonadotropins** that try to stimulate egg production, which can cause irritability, hot flushes and night sweats
- A reduction in the sex hormones (oestrogen and progesterone) produced by a woman's ovaries, resulting in some shrinkage of sexual organs and sometimes a reduction in sexual interest
- Associated problems such as osteoporosis, which can be caused by a reduction in the production of sex hormones

For some women, the general hormonal changes, especially the reduction in oestrogen experienced during the perimenopause and menopause, can lead to mood changes, depression and anxiety. This can make a woman feel that she is on an emotional rollercoaster. Some women experience overwhelming sadness that they are no longer able to have children and this can affect their self-image of being a 'desirable' woman. Self-esteem and self-image can become low, which may impact on self-confidence and on quality of life during this transitional stage of the lifespan.

Effects of the ageing process

Adults often put on weight as they age, because many still eat the same amount of food as they did when they were younger although they have become much less active.

Along with a change in body shape – increased weight and waistline, loss of skin elasticity and loss of muscle tone and strength – people also begin to show other signs of ageing in middle adulthood, such as greying and thinning of hair, and hair loss

Physical Development in Later adulthood (65+ years)

TASK: Research what is meant by life expectancy:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/whatismylifeexpectancyandhowmightitchange/2017-12-01>

Predicting the course of life becomes much more difficult in the later life stages. Where 'old age' was once deemed to be from 65 years of age until the end of one's life, as **life expectancy** has risen, people's ideas of 'old' are also changing.

Deterioration of health

Task: Research the main ways that health deteriorates in later adulthood and annotate the diagram on the next page:

Brain

Hearing

Vision

Dexterity (fine motor skills)

Height

The heart

Stamina

Muscles and strength

Mobility (gross motor skills)



Older people can retain reasonable health, especially if they follow a lifestyle that includes a healthy diet and plenty of exercise. It can be a time when people take up new interests and hobbies that help to keep them physically mobile and their mind active.

Deterioration of intellectual abilities

Although many older people have good mental health, major depressive disorders tend to be undiagnosed. Diseases and conditions that can affect health and wellbeing, for example Parkinson's disease and Alzheimer's disease are more common in older people. As people are now living longer, Alzheimer's disease has become more widespread. Mild **cognitive impairment** may be an early sign of the memory disease.

TASK: Research what is meant by the term cognitive impairment:

Ageing can involve a loss of nerve cells in the brain and a reduction in the ability of nerves to transmit electrical signals. However, this does not mean that people lose their ability to think logically or to reason as they have a wealth of experience to draw on. Many older people experience **cognitive impairment** and report problems with memory recall, for example, finding themselves often asking, 'Where did I put my glasses?' Older people may say that it takes longer to do things and they may feel they are becoming slower. However, older people often compensate for these changes, e.g. by driving more carefully. Although older people may worry, these changes are a natural process of ageing and not necessarily symptoms of dementia.

TASK: Now have a go at some examination questions on pages 16 - 18 taken from the Unit 1 exam June 2019.

Once you have completed them then mark and correct in a different coloured pen using the mark scheme provided on pages 17 and 18.

Answer ALL questions. Write your answers in the spaces provided.

The Khan family lives in a large house in London. Tanzilla has been married to her husband, Amir, for 15 years.

They have three children, Aisha who is 10 years old, Asif who is six years old and Munira who is two years old. Amir's mother, Zainab, also lives in the house.

Munira has been walking without assistance since she was 14 months old.

- 1** (a) Identify **two** gross motor skills that Munira would have developed before she began to walk.

(2)

1

2

- (b) Describe how Munira's fine motor skills may have developed by the age of two years.

(4)

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Aisha has just entered the life stage of adolescence.

(c) Identify **two** primary and **two** secondary sexual characteristics.

(4)

Primary sexual characteristics

1

.....

.....

2

.....

.....

Secondary sexual characteristics

1

.....

.....

2

.....

.....

MARK SCHEME

Question Number	Answer	Marks
1 a)	<p>Award one mark for each identification of gross motor skills up to a maximum of two marks.</p> <p>Rolling over (1) sitting up (1) standing (1) cruising (1) lifting/control of head (1) crawling (1) climbing up furniture/stairs (1).</p> <p>Accept any appropriate alternatives</p>	2

Question Number	Answer	Marks
1 b)	<p>Award one mark for each descriptive point to a total of four marks (award up to two marks for appropriate examples).</p> <p>Fine motor skills are small movements (1). Precision will improve over time (1). They develop later than gross motor skills (1). They require practise (1). They use the small muscles of the fingers, toes, wrists, lips, and tongue (1).</p> <p>Examples may include: - picking up small objects - holding a spoon - grasping - pointing - pincer grip</p> <p>Accept any other appropriate examples.</p>	4

Question Number	Answer	Marks
1 c)	<p>Award one mark for each accurate identification up to a total of four marks.</p> <p>Primary sexual characteristics</p> <ul style="list-style-type: none"> • penis • testicles • clitoris • fallopian tubes • uterus • vulva • vagina <p>Secondary sex characteristics</p> <ul style="list-style-type: none"> • pubic hair • enlarged breasts • widened hips for females 	4

	<ul style="list-style-type: none"> • facial hair • Adam's apple/voice deepening for males • broadened shoulders <p>Do not accept puberty or menstruation.</p> <p>Accept any other appropriate wording.</p>	
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BTEC Level 3 National Extended Certificate Health & Social Care

Unit 1 – Human Lifespan Development

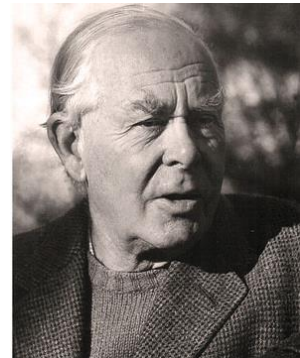
Theories of Human Development



Piaget



Chomsky



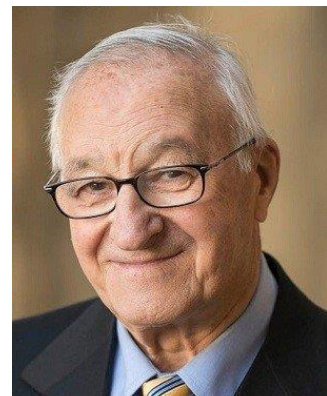
Bowlby



Ainsworth



Gesell



Bandura

Name: _____

As part of your studies for all units of this course you will be required to research, learn and show understanding and evaluation of a range of theories that academics in the field of health and social care studies have put forward. Some of these are recent ideas whereas others are theories from other decades / centuries. These theories of human development cover a range of aspects of PIES development with many from sociologists and psychologists.

To start preparing you for some of the theories you will be required to study in unit 1 you will need to complete the task below. Just remember that many theorists develop their ideas over time so there may be a number of different dates cited in the research you complete.

TASK: Use the resources given plus any other independent research you choose to complete to help you fill in the tables below and on the next page.



Name of theorist:	Piaget
Date theory published:	1936
Name of theory:	Theory of cognitive development
Research sources recommended:	<ul style="list-style-type: none"> • https://www.simplypsychology.org/piaget.html • https://www.verywellmind.com/piagets-stages-of-cognitive-development-2795457 • https://www.youtube.com/watch?v=lhcgYgx7aAA • https://www.youtube.com/watch?v=TRF27F2bn-A
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	



Name of theorist:	Chomsky
Date theory published:	1959
Name of theory:	Theory of Language Acquisition (Language Acquisition Device - LAD)
Research sources recommended:	<ul style="list-style-type: none"> • https://www.simplypsychology.org/language.html • https://www.tutor2u.net/hsc/reference/chomsky-language-acquisition-in-infancy-and-early-childhood • https://www.youtube.com/watch?v=7Cgpfw4z8cw
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	



Name of theorist:	Bowlby
Date theory published:	1953
Name of theory:	Attachment theory
Research sources recommended:	<ul style="list-style-type: none"> • https://www.simplypsychology.org/bowlby.html • https://www.youtube.com/watch?v=kwxifuPIArY • https://www.tutor2u.net/psychology/reference/bowlbys-theory-of-attachment
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	



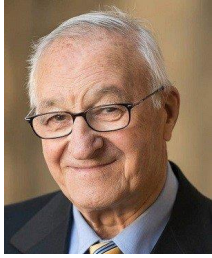
Name of theorist:	Ainsworth
Date theory published:	1969
Name of theory:	Strange Situation Classification (SSC)
Research sources recommended:	<ul style="list-style-type: none"> • https://www.simplypsychology.org/mary-ainsworth.html • http://www.attachfromscratch.com/mary-ainsworth.html • https://www.youtube.com/watch?v=m_6rQk7jlrc • https://www.youtube.com/watch?v=gljyEHaD6BU
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	



Name of theorist:	Gesell
Date theories published:	1940's – 1950's
Name of theory:	Maturation theory
Research sources recommended:	<ul style="list-style-type: none"> • https://www.tutor2u.net/hsc/reference/maturation-theory-gesell • https://www.youtube.com/watch?v=iRsbCL6bX94 • https://www.youtube.com/watch?v=Cl97_0inQls
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	

Extension research: Why not try to read an academic paper about Gesell's ideas available at:

<http://www.psych.nyu.edu/adolph/publications/1992Thelen%20E%20%20Adolph%20K%20E-Arnold%20L%20Gesell%20The%20paradox%20of%20nature%20and%20nurture.pdf>



Name of theorist:	Bandura
Date theory published:	1961
Name of theory:	Social Learning Theory
Research sources recommended:	<ul style="list-style-type: none"> • https://www.simplypsychology.org/bandura.html • https://www.tutor2u.net/hsc/reference/social-learning-theory-bandura • https://www.youtube.com/watch?v=NjTxQy_U3ac
Explanation of theory:	
Any criticisms of his ideas by other academics / theorists:	

TASK: Now have a go at an essay examination question taken from the Unit 1 examination in January 2018.

Once you have completed it then mark and correct in a different coloured pen using the mark scheme provided on pages 27 and 28.

Patricia is 20 years old. She has a two-year-old daughter called Joy.

Patricia has recently separated from her long-term boyfriend and has decided to move out of the flat she shared with him. Patricia has decided to live with her grandmother, Beatrice.

Beatrice is 78 years old and has been widowed since her husband, Derek, died at the age of 56.

Patricia left her sixth form early and did not complete her BTEC Health and Social Care course.

As Beatrice has offered to look after Joy and take her to playgroup, Patricia has now decided to return to college and complete her education.

Now that Patricia (Joy's mother) is going to college, Joy spends more time at playgroup, or being looked after by her great-grandmother or family friends.

Evaluate the impact of effective bonding on an individual's emotional and social development. Refer to relevant theories in your answer.

(10)

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MARK SCHEME

Evaluate

Learners draw on varied information, themes or concepts to consider aspects such as strengths or weaknesses, advantages or disadvantages, alternative actions, and relevance or significance.

For example, 'Evaluate possible explanations for the development of...'.

Question number	Indicative content	
1 (f)	<p>May refer to the four stages of attachment, e.g. Secure; avoidant; Ambivalent; Disorientated.</p> <p>Early relationships: e.g.</p> <ul style="list-style-type: none">• Early bonding with mother and father.• Examples of what this bonding may entail.• If mother or father absent or not able to bond, there should be bonding with a key carer.• Reference to Bowlby/Ainsworth's or other relevant theories of attachment. <p>Adult relationships: e.g.</p> <ul style="list-style-type: none">• Ability to form close relationships, e.g. with a husband/wife/partner.• Ability to understand another person's point of view or wishes.• Individuals may find it difficult to trust others.• Ability to form professional relationships. <p>Adult behaviour: e.g.</p> <ul style="list-style-type: none">• Should behave in a polite and civil way towards others.• Should respect other people's differences.• Ability to be compassionate.• Ability to forgive.	
Mark scheme (award up to 10 marks) refer to the guidance on the cover of the document for how to apply levels-based mark schemes*.		
Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<ul style="list-style-type: none">• Demonstrates isolated knowledge and understanding of relevant information; there may be major gaps or omissions.• Provides little evidence of application and links between relevant information. Evaluation likely to consist of basic description of information.• Conclusions may be presented, are likely to be generic assertions rather than supported by evidence.

		<ul style="list-style-type: none"> • Meaning may be conveyed but in a non-specialist way. • Response lacks clarity and fails to provide an adequate answer to the question.
Level 2	4-6	<ul style="list-style-type: none"> • Demonstrates accurate knowledge and understanding of relevant information with a few omissions. • Evidence of application demonstrating some linkages and interrelationships between factors leading to a judgement/judgements being made. • Evaluation is presented leading to conclusions but some may be lacking support. • Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language.
Level 3	7-10	<ul style="list-style-type: none"> • Demonstrates accurate knowledge and understanding of relevant information with a few minor omissions. • Evidence of application demonstrating linkages and interrelationships between factors leading to a supported judgement/judgements being made. • Displays a balanced evaluation, demonstrating an awareness of competing arguments, leading to conclusions. • Demonstrates the use of logical reasoning, clarity and appropriate specialist technical language.



There are so many ways to engage with Health and Social Care between now and your return to school in September. We have compiled a list of top websites, online newsrooms, journals, documentaries, films, podcasts and literature to develop your understanding of Health and Social Care key terminology, issues and case studies to develop your understanding ahead of your Key Stage 5 studies. There is even an online course that you can complete.

'Pick' and complete at least 5 items from the lists below to watch, look at, read, listen to or research from.

Make a written record of the items you have completed and any interesting facts / observations that may help you with your studies.

Online News articles and journals



BBC News <https://www.bbc.co.uk/news>

An excellent source of Up-to-date articles – explore the links on Health, Family, Science and Coronavirus!



NHS Digital <https://digital.nhs.uk/services>

They deliver systems and services to the NHS and the wider health and social care sector which help providers deliver better care. A useful source of information and data used by health professionals that you can access as well. Use the alphabetical search facility to look for articles required.

THE CONVERSATION

The Conversation.com <https://theconversation.com/uk>

A really useful source of support for many Level 3 / A Level studies. It provides Up-to-date articles from academics and specialists in their fields written in a way that are accessible to all, summarising key points in short but insightful articles. Links on Health and Medicine, COVID-19, Politics AND Society and Science and Technology are useful.



The Guardian <https://www.theguardian.com/uk>

Many useful articles. Keep an eye on the Science, Health, Society and Coronavirus stories in particular.



The King's Fund Library support for further education colleges
<https://www.kingsfund.org.uk/consultancy-support/library-services/further-education>

Online Course

The NHS explained: how the health system in England really works

<https://www.kingsfund.org.uk/health-care-explained/online-course>

A free on-line course run through the **FutureLearn website**. You'll need to set up a free FutureLearn account to take part. The course will run for four weeks. Each week will take around two hours to complete.

This is a course for anyone considering a career in the NHS in England. This includes A-Level students who are making career decisions or overseas staff who are interested in working in the NHS in England.

The NHS is a unique health care system placed above the Royal Family and the BBC as a source of national pride. But how much do you know about the history of the NHS and how it all works and fits together? What will it look like in the future?

The course will help you understand the building blocks that make up the health care system in England through videos with experts from The King's Fund, articles and quizzes. You will learn about the intricate parts that contribute towards the running of the fifth largest employer in the world. You will explore the challenges facing the NHS and how we can tackle these to ensure a health and care system that's fit for the future.

'This was a fantastic course... access to the course was easy, can be done in your own time, interesting, clear and you actually learn something!' - Previous course participant

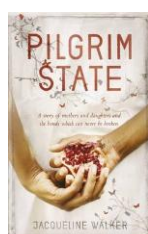


Literature

Evidence suggests that students who read for enjoyment not only perform better in tests than those who don't but also develops a broader vocabulary, increased general knowledge and a better understanding of other individuals, cultures and societies. Try to read something other than the set text books from the exam board to broaden your knowledge and understanding.



- **Elizabeth Is Missing** is the debut novel of **Emma Healey** and follows 82-year-old Maud as she tries to unravel the mystery of her friend Elizabeth's disappearance. Maud has a form of dementia, or severe memory problems, and her unreliable narration forms a key part of the plot. *

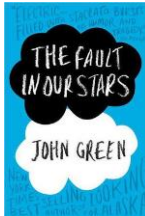


- **Pilgrim State** by **Jacqueline Walker**. The book is a memoir of Jacqueline's mother, Dorothy, who was sectioned in a New York psychiatric facility in the 1950s. The family

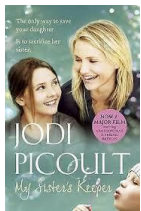


moved to Jamaica and then London, and *Pilgrim State* covers Dorothy's depression and Jacqueline's time in the care system.

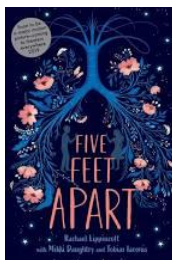
- **The Children Act** by **Ian McEwan**, follows the life of a high court judge in the family division. It centres on a case where a teenager is refusing a blood transfusion due to his religious beliefs. It covers the issues of human rights, child protection and impossible decisions. *



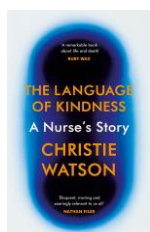
- **Fault in Our Stars** by **John Green**. Despite the tumour-shrinking medical miracle that has bought her a few years, Hazel has never been anything but terminal, her final chapter inscribed upon diagnosis. But when a gorgeous plot twist named Augustus Waters suddenly appears at Cancer Kid Support Group, Hazel's story is about to be completely rewritten. *



- **My Sister's Keeper** by **Jodi Picoult**. Anna is not sick, but she might as well be. By age thirteen, she has undergone countless surgeries, transfusions, and shots so that her older sister, Kate, can somehow fight the leukaemia that has plagued her since childhood. The product of preimplantation genetic diagnosis, Anna was conceived as a bone marrow match for Kate—a life and a role that she has never challenged... until now. Like most teenagers, Anna is beginning to question who she truly is. But unlike most teenagers, she has always been defined in terms of her sister—and so Anna makes a decision that for most would be unthinkable, a decision that will tear her family apart and have perhaps fatal consequences for the sister she loves. *



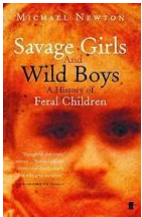
- **Five Feet Apart** by **Rachael Lippincott**. Stella Grant likes to be in control—even though her totally out of control lungs have sent her in and out of the hospital most of her life. At this point, what Stella needs to control most is keeping herself away from anyone or anything that might pass along an infection and jeopardize the possibility of a lung transplant. Six feet apart. No exceptions. The only thing Will Newman wants to be in control of is getting out of this hospital. He couldn't care less about his treatments, or a fancy new clinical drug trial. Soon, he'll turn eighteen and then he'll be able to unplug all these machines and actually go see the world, not just its hospitals. Will's *exactly* what Stella needs to stay away from. If he so much as breathes on Stella she could lose her spot on the transplant list. Either one of them could die. The only way to stay alive is to stay apart. But suddenly six feet doesn't feel like safety. It feels like punishment. *



- **The Language of Kindness. A Nurses Story** by **Christie Watson**. Christie Watson was a nurse for twenty years. Taking us from birth to death and from A&E to the mortuary, *The Language of Kindness* is an astounding account of a profession defined by acts of care, compassion and kindness. We watch Christie as she nurses a premature baby who has miraculously made it through the night, we stand by her side during her patient's agonising heart-lung transplant, and we hold our breath as she washes the hair of a child fatally injured in a fire, attempting to remove the toxic smell of smoke before the grieving family arrive. Christie encourages us all to stretch out a hand.



- **Wonder** by **R. J. Palacio**. August Pullman was born with a facial difference that, up until now, has prevented him from going to a mainstream school. Starting 5th grade at Beecher Prep, he wants nothing more than to be treated as an ordinary kid—but his new classmates can't get past Auggie's extraordinary face. WONDER, now a #1 New York Times bestseller and included on the Texas Bluebonnet Award master list, begins from Auggie's point of view, but soon switches to include his classmates, his sister, her boyfriend, and others. These perspectives converge in a portrait of one community's struggle with empathy, compassion, and acceptance. *



- **Savage Girls and Wild Boys: A History of Feral Children** by **Michael Newton**. Wild or feral children have fascinated us down the centuries, and continue to do so today. This book looks at Peter the Wild Boy, and Victor of Aveyron who roamed the forests of revolutionary France. He tells the story of a savage girl lost on the streets of Paris; of two children brought up by wolves in the jungles of India; of a boy brought up among monkeys in Uganda; and in Moscow, of a child found living with a pack of wild dogs.



- **This is Going to Hurt: Secret Diaries of a Junior Doctor** by **Adam Kay**. Welcome to the life of a junior doctor: 97-hour weeks, life and death decisions, a constant tsunami of bodily fluids, and the hospital parking meter earns more than you. An account of Adam's time on the NHS front line.

Films

The books above indicated by a * have all been made into films which you may want to watch. These are available on a range of viewing platforms including BBC iPlayer, Netflix, Amazon Prime, ITV Hub, All 4 and My 5. Other films that include issues linked to our course content include:

- **The Perks of Being a Wallflower** – fictional plot based on clinical depression / mental health
- **Atypical** – mental health
- **Don't Take my Baby** – disability / social work / adoption / safeguarding / discrimination
- **Three Girls** – abuse / social work / safeguarding / discrimination
- **Nell** – neglect / language development / feral children
- **Me Before You** – paralysis / assisted suicide



Documentaries and TV programmes

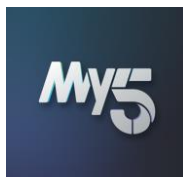
These are available on a range of viewing platforms including BBC iPlayer, Netflix, Amazon Prime, YouTube, ITV Hub, All 4 and My 5. Other films that include issues linked to our course content include:

- **OCD and Me** – documentary about living with Obsessive Compulsive Disorder
- **Driven: The Billy Monger Story** – accident / injury / disability
- **Genie: Secret of the Wild Child** – feral children / nature verses nurture debate
- **Child of Our Time** – child development
- **The Mind Explained** – human brain / mental health
- **Life and Birth** – maternity services / childbirth
- **The Truth About series– episode 9. Healthy Eating**

15. Getting Fit

18. The Menopause

- **Living with me and my OCD** – Obsessive Compulsive Disorder / mental health
- **Rich House Poor House** – social inequality / social class / poverty / income
- **Hospital** - NHS services and provision / roles and responsibilities of health care workers
- **Children's Hospital** - NHS paediatric services and provision / roles and responsibilities of health and social care workers
- **Panorama - Undercover Hospital Abuse Scandal** – abuse/ Winterbourne View care home investigation / vulnerable adults / government review and reform / whistleblowing
- **Rhod Gilbert's Work Experience – Series 9 episode 1. Care Worker** – roles and responsibilities of a care worker
- **Supersize Me** – balanced verses unbalanced diets and human development
- **Supersize Vs Super Skinny** - balanced verses unbalanced diets and human development
- **Jesy Nelson: Odd One Out** – bullying
- Plus anything connected with **COVID 19 / CORONAVIRUS** including vaccination / epidemiology / impacts on society including safeguarding vulnerable adults and children / impacts on NHS and Social Care system



Podcasts

Super psychology podcasts are available on:

- The Strange Situation: Mary Ainsworth
<https://open.spotify.com/episode/7EQnOcZ6A9KeHCAmXNpT0A>
- Stages of Attachment: Schaffer and Emerson
<https://open.spotify.com/episode/3RqgOo8iizmuESdTuyGdUJ>



Radio

There are some great radio programmes to listen to via the BBC about:

Health:

- https://www.bbc.co.uk/programmes/topics/National_Health_Service
- <https://www.bbc.co.uk/programmes/b019dl1b>
- <https://www.bbc.co.uk/programmes/m000h7y8>

Social Care:

- <https://www.bbc.co.uk/programmes/b09541k4>



Public / Private / Voluntary organisations websites recommended to view by the examiners:

- **National Health Service (NHS)** - <https://www.nhs.uk>
- The **Department of Health and Social Care** are the government department responsible for health and social care research, policies and guidelines and provision to ensure the quality of care for users – <https://www.gov.uk/government/organisations/department-of-health-and-social-care>
- **Community Care** is a specialist website involved with all aspects of social care - <https://www.communitycare.co.uk>
- The **Joseph Rowntree Foundation** is a charity supporting a wide range of research and development projects in housing, poverty and social care – <https://www.jrf.org.uk>
- **Office for National Statistics (ONS)** produces statistics on a wide range of topics including health and social care - <https://www.ons.gov.uk>
- **Public Health England (PHE)** works to [protect and improve the health and wellbeing of the national population - <https://www.gov.uk/government/organisations/public-health-england>
- The **Health and Care Professions Council (HCPC)** regulates many health care workers - <https://www.hcpc-uk.org>

- **Care Quality Commission (CQC)** regulates Health and Social Care in England including care homes and hospitals- <https://www.cqc.org.uk>
- The **Office for Standards in Education, Children's Services and Skills (OFSTED)** including Local Authority Children's Services - <https://www.gov.uk/government/organisations/ofsted>
- The **General Medical Council (GMC)** regulates doctors in the U.K. - <https://www.gmc-uk.org>
- The **Nursing and Midwifery Council (NMC)** regulates nurses and midwives in the U.K. - <https://www.nmc.org.uk>
- The **Royal College of Nursing (RCN)** is a union and professional body for U.K. nurses - <https://www.rcn.org.uk>
- **National Institute for Health and Care Excellence (NICE)**- <https://www.nice.org.uk>
- **Age U.K.** is a charity that helps and supports older people - <https://www.ageuk.org.uk>
- **MIND** is a charity that supports people with mental health issues - <https://www.mind.org.uk>
- **MENCAP** is a charity that supports people with learning disabilities - <https://www.mencap.org.uk>
- **Child Poverty Action Group** is a charity producing research and support for children and families living in poverty - <https://cpag.org.uk>
- The **British Heart Foundation** is a charity providing information and support about heart disease and research - <https://www.bhf.org.uk>

