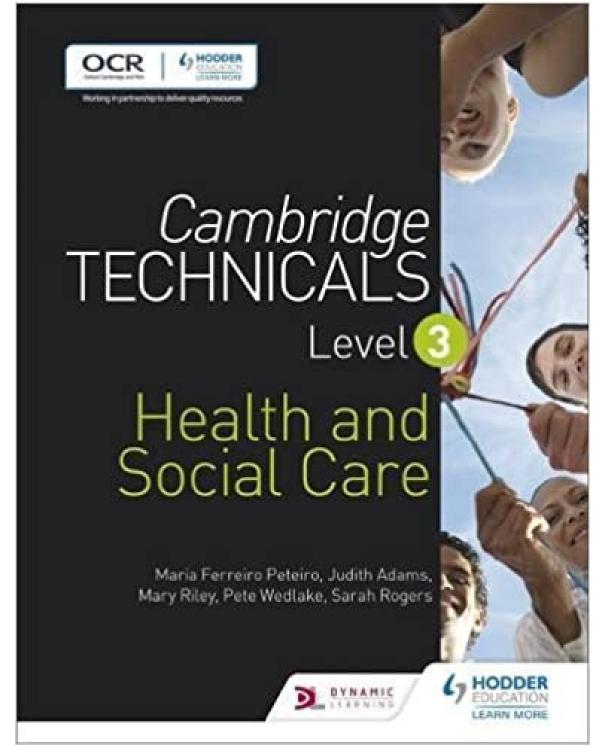
Level 3 OCR Cambridge Technicals Health and Social Care



Passport to Sixth Form



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You should aim to complete EITHER Extension Task A OR Extension Task B (unless you're REALLY looking for things to do, then do both!



What will I be studying?

Level 3 Health and Social Care is offered as two different qualifications: Extended Certificate - equivalent to 1 A Level – 6 units (3 coursework, 3 exams) Diploma - equivalent to 2 A Levels – 12 units (7 coursework, 5 exams)

The units you study will depend in part on which class you go into, though some units are compulsory for everyone.

Extended Certificate (Single)

Compulsory for everyone	Plus options (depending on class)
Unit 1 – Building Positive Relationships (CW)	Unit 16 – Dementia (CW, SCP)
Unit 2 – Equality, Rights & Diversity (EX)	Unit 17 – Mental Health (CW, SCP)
Unit 3 – Health, Safety & Security (EX)	Unit 22 – Psychology (CW, WJC)
Unit 4 – Anatomy & Physiology (EX)	Unit 24 – Public Health (CW, WJC)
So you will either do 1, 2, 3, 4, 16 & 17 with Mrs Palm	er OR 1, 2, 3, 4, 22 & 24. with Miss Carter

Diploma (Double) – you will have the 6 units from whichever single class you're in, plus another 6:CompulsorySame "options" for everyoneUnit 5 – Infection Control (CW)Unit 9 – Learning Disabilities (CW)Unit 6 – Person-Centred Care (EX)Unit 12 – Positive Behaviour (CW)Unit 7 – Safeguarding (EX)Unit 21 – Looked-After Children (CW)

The coursework units are divided in assignments graded at Pass, Merit or Distinction. You will need to complete every assignment (unless your target grade is Merit, (in which case you may choose not to do the Distinction assignments if you wish, though we would always advise attempting them to get yourself a higher grade or to give you a "cushion" to go into the exams.)

The final grading overall will combine with your grades from your other subjects to give you your UCAS points for university.

Most university courses ask for A level/Level 3 points in the 96-128 range (CCC - ABB), regardless of subject.

We would also advise, if your future timetable allows, and if it could be arranged, that you take on a **long-term work experience placement**. Not just the full week everyone gets in Y12, but a regular, same time every week placement. Many university and higher apprenticeship courses really value practical, hands-on experience – it shows your commitment, your willingness and will give you the sort of experiences you cannot get in a classroom, no matter how hard we try.

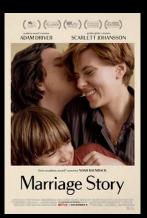
UCAS POINTS	A LEVEL	OCR LEVEL 3 GRADES SINGLE DOUBLE	
112			D*D*
104			D*D
96			DD
80			DM
64			MM
56	A*	DISTINCTION*	
48	А	DISTINCTION	PM
40	В		
32	С	MERIT	РР
24	D		
16	E	PASS	

NETFLIX

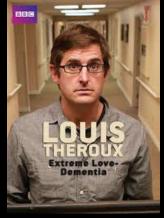
Babies



Marriage Story



Louis Theroux: Extreme love, Dementia



Five Feet Apart



Brain on Fire



Girl, interrupted





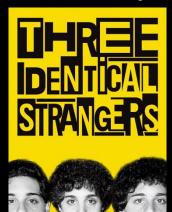
Theory of Everything



Call the Midwife



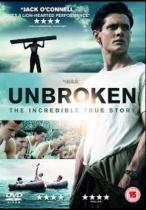
Three Identical Strangers



13 Reasons Why



Unbroken



Pandemic: How to prevent an outbreak



Recommended Watching for Health and Social Care



Elizabeth is Missing

Rio & Kate: Becoming a Step family



Jesy Nelson: Odd one out



Bohemian Rhapsody



Confessions of a Junior Doctor Born to be different Secret life of... Year Olds **Still Alice**

BBC iPlayer



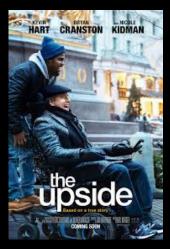




The Children Act



The Upside



AMAZON ORIGINAL Beautiful Boy

Beautiful Boy

Miss you Already

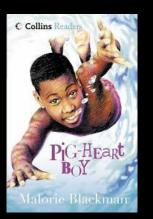


5



Beyond

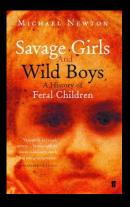
Pig Heart Boy by Malorie Blackman



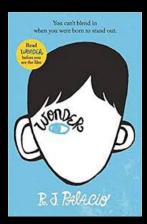
The Hate U Give by Angie Thomas

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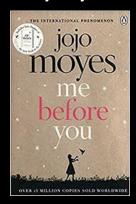
Savage Girls and Wild Boys by Michael Newton



Wonder by R.J. Palacio



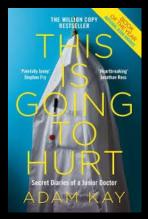
Me Before you by Jojo Moyes



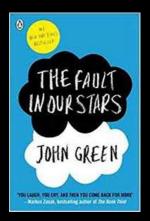
The Language of *Kindness* by Christie Watson



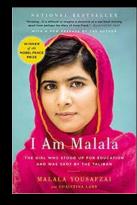
This is Going to Hurt by Adam Kay



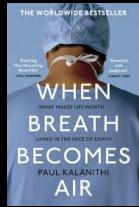
The Fault in Our Stars by John Green



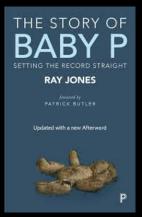
I am Malala by Malala Yousafzai



When Breathe becomes Air by Paul Kalanithi



The Story of Baby P by Ray James



The Boy Who Couldn't Stop Washing by Dr Judith Rapaport



Recommended Reading for Health and Social Care

Yes some of these are also films, if you prefer!

Health and Social Care in the Media



It is important to make the public realise about the issues which are prevailing in society relating to health and social care. One way in which public awareness is raised about health and social care in general and issues that exist within the health and social care sector is through the media. Your task is to pick...

- ≻ x2 Films
- ≻ x1 Book
- ➤ x2 Documentaries

You will then write a report with the following title:

'Discuss the portrayal of Health and Social Care within the media'

You should watch/read the some of the examples on the previous slides you have picked and create notes to help with your report.

Consider the following:

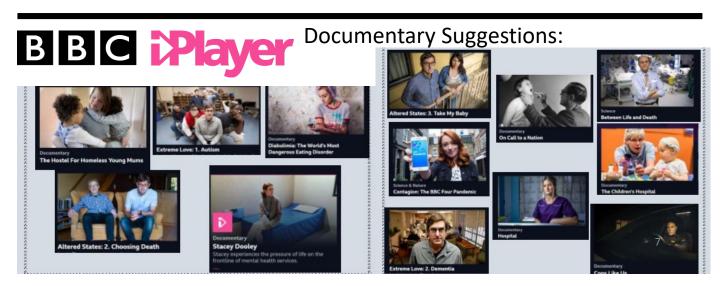
*What issues, if any, are being raised in the stimulus?

*How does the stimulus present roles within H&SC?

*Is the stimulus informative/helpful and why?

*Are there any quotes/scenes etc that stand out to you and why? *How effective is the stimulus in raising public awareness about H&SC issues?

This list is NOT exhaustive there may be other questions/ideas you wish to consider as you watch or read.



Learning Log

Record here any additional reading/viewing you are undertaking in order to show what you have been completing in order to prepare you for the course. Use the reading list on the previous slides you have been given for guidance on what you could you watch/read.

Date	Title	Summary of content	My thoughts
			8



Task: Research and define the following words which are central to an understanding of Health & Social Care, then give and example from a HSC job or setting where this could apply or be relevant.

Term	Definition	Example
Adolescence	An important status change following the onset of puberty during which a young person develops from a child into a adult.	Adolescent brains behaviours are very susceptible to influence from role models, both positively and negatively and can lead to mental health problems
Advocate		
Attachment		
Care package		
Clinical Commissioning Groups (CCGs)		
Development		
Discrimination		
Diversity		
Empathy		
Ethical		9



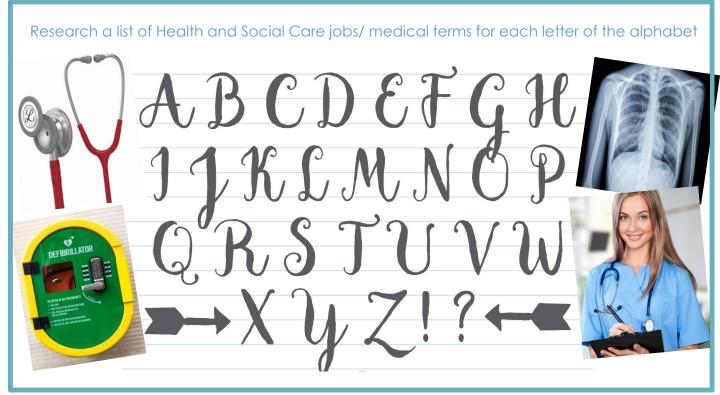
GLOSSARY

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Term	Definition	Example
Fine Motor Skills		
Growth		
Holistic Approach		
Milestones		
Nature		
Nurture		
Risk Assessment		
Safeguarding		
Self-Concept		
Self-Esteem		10



Α В С D Ε F G Η J Κ L Μ

Ν 0 Ρ Q R S Т U V W Χ Y Ζ



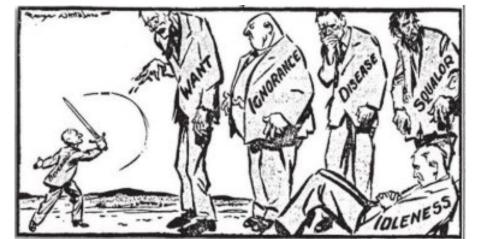
The Beveridge Report, 1942

In 1942, a plan had been presented by William Beveridge, a senior civil servant, detailing key areas for post-war reconstruction, aimed at establishing a national system of welfare for the people. It identified 'five giants' that were to be overcome: want, disease, ignorance, squalor and idleness.

When the Beveridge Report first appeared, it was welcomed by all the parties. There was broad agreement that protection needed to be provided for all members of society, and so when Labour came to power in 1945, they implemented the proposals in this report, thereby establishing the welfare state, a system which all governments after 1951 accepted in its essentials. This common acceptance became known as **consensus**.

Giant	The 1945 Labour Government's Solution		
Want	To be ended by National Insurance. The National Insurance Act created a system whereby the government, employers and employees all paid for insurance which would pay out in the event of unemployment, sickness, maternity and retirement.		
Disease	To be ended by a comprehensive health service. The National Heath Service Act provided free medical and hospital treatment for all (the NHS).		
Ignorance	To be ended by an effective education system. The Labour Party continued to support the Conservative's 1944 Butler Education Act which provided free education within grammar schools, technical schools or secondary schools.		
Squalor	To be ended by slum clearance and rehousing		
Idleness	To be ended by full employment		

The idealism that inspired the government's welfare programme came at a heavy financial cost, which added to the financial burdens it inherited in 1945.



Research task

Chose a professional from the following:

- Midwife
- Paramedic
- Paediatric nurse
 - Nutritionist
- Physiotherapist

You could also choose your own idea from health and social care roles if you prefer.

Create a fact file for your chosen job role You could include:

- A day in the life of.....
- General roles and responsibilities
- Routes into the role/ qualifications required
 - Skills & qualities
 - Average pay
 - Where they work
 - Who they work with

And anything else you think may be suitable

The login code for JED is: bz9um6sa



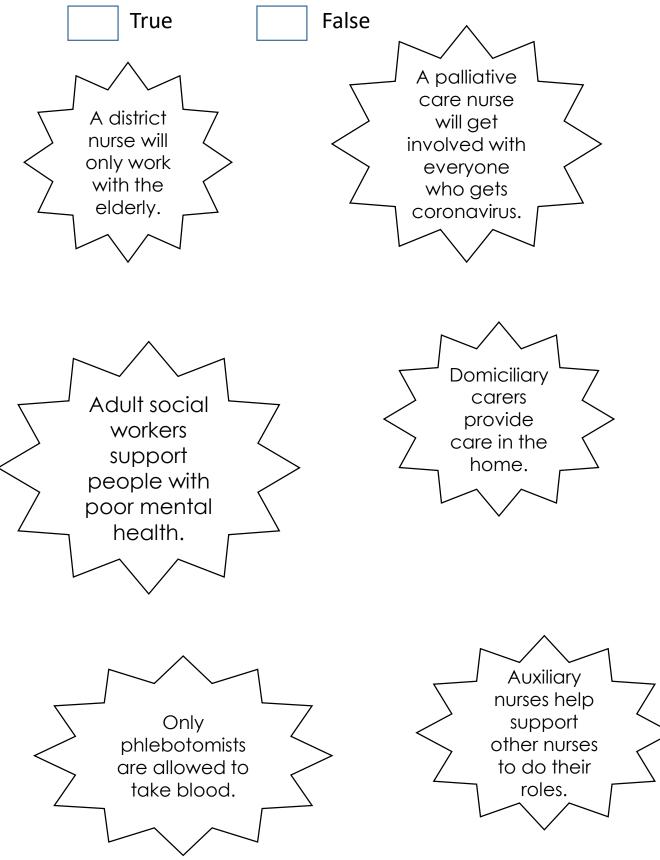
On 'The front line'
 What does it mean when people talk about being 'on the front line'?
The World Health Organisation and UK Governments declared a 'pandemic'
 What does it mean when people talk about the situation as a pandemic?

Job Role	Definition	Roles and Responsibilities	How do they respond in a pandemic?
District Nurse			
Auxiliary Nurse			
Palliative Care			
Phlebotomist			
Domiciliary Carer			
Adult Social Worker			
Paramedic			



True or False?

Colour code the statements in order to show if they are true or false.



Optional Extension Task A:

DO THIS, OR EXTENSION TASK B

Health and Social Care in a Pandemic.

At the moment, we are living through a time when health and social care services are needed more than ever! Those who have chosen this as a profession have stepped up to look after those affected by the COVID-19 pandemic, some, even before they have graduated. You will be seeing on the news constant stories about the amazing work that is going on in the British NHS and Care system and this task is your opportunity to find out more about pandemic control in the area and also the work of the World Health Organisation (WHO) in organising a global response. This will require you to research and understand why the steps have been taken around us and how this fits into the global picture.

As this is an extension task you can complete as much of this as you like or are able to but this level of thinking and also detail will help build the skill required for distinction or distinction* in your level 3 course.

Task 1 – What is the role of health promoters?

You will need to read through the following information and complete some research in order to explain the roles of the following organisations in maintaining the health of the population:

World Health Organisation (WHO).

Department of Health

Public Health Agency

Clinical Commissioning Groups (CCGs)

Health professionals

Find out about the organisation of public health promotion within Cumbria.



The role of Health Promoters

Aims

Health promoters aim to improve the health of individuals and the population and reduce health inequalities globally, nationally and locally.

Global health promotion

The World Health Organization, within the United Nations, promotes and protects good health worldwide, by providing information about disease outbreaks, co-ordinating crisis intervention and the response to humanitarian emergencies; establishing International Health Regulations and an international system of classifying diseases.

National, regional and local health structures in England include the

- Department of Health
- Public Health Agency
- Clinical Commissioning Groups (CCGs)
- Health professionals

In England, the Department of Health (DH) leads, shapes and funds health and care while Public Health England protects and improves the nation's health and well-being, and reduces health inequalities. Local authorities are responsible for public health and do this through health and well-being boards which include representatives for all CCGs in the area, among others. Health and well-being boards assess the needs of their local community through Joint Strategic Needs Assessments (JSNAs) then agree priorities in Joint Health and Well-Being Strategies (JHWSs). Together JSNAs and JHWSs form the basis of commissioning plans for public health for CCGs.

Task 2: Why do you think is necessary for local authorities to have control over the needs of the people in their area? For instance, think about the people living in West Cumbria and then compare that to the population living in Manchester; do they have the same needs? What would their focus for health be on?

Have a look at North Cumbria CCG, they are having a funding crisis due to the high proportion of elderly residents needing care.





Department of Health



Approaches to promoting public health and well-being

Promoting public health and well-being includes:

- 1. Monitoring the health status of the community and identifying those most at risk, e.g. children, unemployed, older people, minority ethnic groups.
- 2. Health surveillance programmes.
- 3. Targeted education and health awareness and health promotion programmes.
- Socio-economic support to reduce health inequality between individuals and communities, e.g. winter fuel payments, free school meals, housing support.
- 5. Improving access to health and care services.
- 6. Co-ordinating national and local services.
- 7. Disease registration to inform of health trends and for strategic health planning.
- 8. Statutory duty to notify certain communicable diseases e.g. measles, tuberculosis (in this case COVID-19).

Task 3 – Find examples of the British Government and relevant agencies putting these measures into practice; e.g. what have they done for those receiving free school meals? How have they identified those most at risk and supported them?

Task 4: Compare Britain's response to at least one other country and its response to the pandemic. Assess the strengths and weaknesses in each approach to looking after public health.

<u>Challenge:</u> Look at least 3 news articles from a variety of sources and consider what they say about the British approach to the pandemic. Do you think it could have been improved? Justify your suggestions.





Pandemic Phases

2018 marked the 100th anniversary of one of the largest public health crises in modern history, the 1918 influenza pandemic known colloquially as "Spanish flu." The intensity and speed with which it struck were almost unimaginable – infecting one-third of the Earth's population, which at the time was about 500 million people. By the time it subsided in 1920, anywhere between 30 and 50 million people are thought to have died. This was a time before widespread vaccines for ANY disease, before the NHS, before any sort of advance or electronic technology...

By 1952, it was decided that an influenza surveillance system was needed for the "collection, correlation, and distribution of information regarding occurrence, epidemiology and laboratory findings". This is known as the Global Influenza Surveillance and Response System (GISRS). It was predicted that the next pandemic would most likely be caused by influenza. This has lead WHO to conduct and watch outbreaks of strains of flu and cold across the world and create detailed reports on the readiness of countries and also to map out the stages of a pandemic and main actions to be taken in order to minimise the impact of this type of event.

Task 5: Below is a link to the WHO pandemic phase descriptions; use these alongside research on the response to the COVID-19 Pandemic in order to complete the table on the next slide.

https://www.who.int/influenza/resources/documents/pandemi c phase descriptions and actions.pdf



Epidemic Event in which a disease is actively spreading Often used to describe problem that has grown out of control



 Describes disease that affects a whole country or the entire world



Phase	WHO Suggested Actions	UK Actions	Effectiveness of response	Recommendations for future pandemic planning
1				
2				
3				
4				
5				
6				
Post Peak				

Optional Extension Task B:

DO THIS, OR EXTENSION TASK A

Looking After the Vulnerable

Many of you will choose to go into professions where you will be working with people who are vulnerable in one way or another.

Everyone has 5 fundamental rights in Health & Social Care settings:

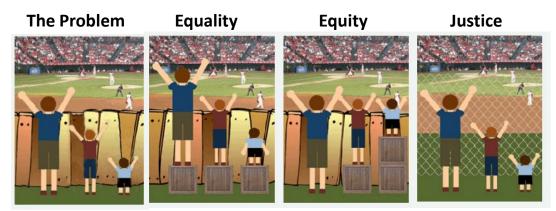
Choice (within reason, the service user should be given the right to choose for themselves – what to eat, where to go, who to see, what to do etc)

Consultation (within reason, and practitioner or carer should discuss any care or treatment with the service user and they have the right to choose to say no.)

Confidentiality (all personal information regarding the service user, their care and medical history must be shared only with people directly responsible for their care)

Protection from Harm & Abuse (the service user must be treated and cared for in a way that does not cause them harm or put them in any physically, mentally, sexually, financially etc. vulnerable situation)

Equal & Fair Treatment (the service user should be given whatever help, support or equipment they need to allow them to access the same opportunities as everyone else)



Task 1 – Explain this picture in your own words.

Task 2 – Give a real world example of this in action.

Task 3 – SCENARIO:

You are one of the team of part-time support workers who help out in a block of "sheltered accommodation" flats, occupied by adults who, while they do not need 24 hour residential care, benefit from knowing that a carer is only minutes away if they press the alarm button.

Your job is checking on the residents, keeping them company if they want it, helping them with day-to-day living tasks, organising activities in the communal areas or day trips out.

You have planned a two-day trip to visit the Newcastle area.

You must find FOUR activities to do in the area for two days that the 6 residents would enjoy, would be able to take a full part in and which would be accessible to all of them. You will also need a reasonably-priced accessible hotel to stay at for one night.

You must create an information pack to be distributed to, and read by, all the volunteers accompanying the trip. You should also decide how many volunteers will be necessary, given the needs of the individuals going.

The pack must include:

- The itinerary for the two days where you're going, when, for how long; where you're staying, when meals will be etc.
- Health and safety considerations for the various places you're visiting and activities you're doing, with at least one risk assessment for 1 of the activities.
- An equality and diversity document with information about how the physical, emotional and spiritual rights of each individual will be taken into account and what dietary, cultural or religious considerations need to be made.
- Examples of good communication skills needed when speaking to the group.
- A safeguarding document with outline information on TWO of the individuals, any dangers they may pose to themselves or other people and ways that risks can be minimised for each individual.
- Outline information on the individuals about the difficulties they may have or cause because of their physical/mental/learning disabilities.

The 6 individuals on the trip are on the next page:

SAMIR

39 yrs old Cerebral palsy Electric wheelchair user Parents not able to take care of him at home anymore but very supportive of him and visit him often.



Samir is a practising Muslim who likes to pray 5 times a day and requires a halal diet. He loves listening to audio books as the spasticity of his arms will not allow him to hold a book steady to read. Samir has some speech difficulties He has recently been gifted a laptop with voice synthesiser software and he is learning how to use it. He has a quiet and serious personality but enjoys going to new places to learn things.

PETER

55 yrs old Gay Many health complications after suffering for years with diabetes that the doctors struggled to control. Never married, no immediate family.

Peter's eyesight has begun to fail due to diabetic retinopathy and this, coupled with the problems that he has with his feet and circulation and the regular hypos he suffers from, mean that he needs more help than he would get living completely by himself. Peter was a very outgoing character and works part time at a café run by Help The Aged in town. He loves meeting new people but now he in increasingly unable to walk much or see clearly, he is in danger of becoming withdrawn.

JONNY

50 yrs old General learning difficulties Suffers from Cystic Fibrosis His sister and her family live in Edinburgh and he doesn't have much contact with them.



Jonny is quite a big man who likes being "the boss" of things. He has been spoken to by the wardens and care workers several times about the way he speaks to his neighbours. He doesn't mean to be nasty, but he does not understand when other people are hurt by his words and behaviour. Following recent news reports, he has begun to talk about Samir and his family as terrorists. He calls himself Karen's "boyfriend" but she doesn't want this and gets upset when Jonny touches her.

KAREN

42 yrs old Down's Syndrome Looked after by her parents until last year when her father died and her



mother is now too frail to cope with Karen by herself.

Karen has lived in her flat since she left her childhood home last year. She is in regular phone contact with her mum, who also visits once a week.. Alzheimer-like dementia is known to develop in middle-aged individuals with Down's syndrome and the wardens are keeping an eye on Karen as she is starting to show signs of forgetfulness. Karen has made several complaints about Jonny touching her and trying to kiss her as her mum told her to report people doing things to her that she didn't like. Karen won't eat food with bits in.

CARMEN

58 yrs old History of depression and suicide attempts. Diagnosed bipolar 10 years ago and is taking medication to regulate the condition.



Carmen walked out on her family and children when they were 8 and 5, believing she was doing them a favour. After several suicide attempts in her late 30s and early 40s, Carmen was sectioned for her own safety. She spent the next few years in and out of secure facilities until the doctors found a combination of drugs that has stabilised her mentally. The medications leave her open to suggestion and very passive. She is most friendly with Peter and Karen and doesn't like to be alone for long periods. Carmen is lactose-intolerant.

PETRA

59 yrs old Deaf since birth Signer and lipreader Suffered several mild strokes last year, leaving her speech more indistinct than it had been before.



Petra is originally from Croatia but came to the UK in 1976. Her husband died 3 years ago from cancer and she moved in with her only son and his family. However, after her strokes, she felt she was a burden to the family and moved out into the flats. She is an outgoing person but as the newest residents, doesn't really know the others well yet. Carmen, Karen and Peter have expressed an interest in learning some sign language to the wardens. In her younger days, Petra was a classroom assistant at a special school.

Passport to Sixth Form Check list

Use this list to make sure you have everything you need to hand in in September in order to start your Level 3 in Health and Social Care.



Report about representations in the media, p7.



Complete at least 6 sections of the learning log, p8.

Completed glossary of key terms, p9-10.

Filled in A-Z of Health and Social Care, p11.



Leaflet on the history of the NHS, p12.



One in depth fact file on a role within the Health and Social Care sector, p13.



Completed front line roles table, p14.



Highlighted true or false sheet, p15.



Optional, Extension task – Either A, p16 or B p21