Level 2 Award in Improving the Public's Health

Unit 2: Understanding Mental Health and Wellbeing

Learner Workbook

Tutor / Internal Assessor Copy

Content

Information for tutors and internal assessors

How to use this workbook

The workbook provided for learners taking the RSPH Level 2 Award in Understanding Mental Health and Wellbeing contains a number of tasks that learners need to complete in order to provide evidence that they have met the assessment criteria and learning outcomes for the qualification.

The workbook is not write protected, so tutors can enlarge the spaces provided for learner answers to suit their individual needs before printing (the spaces are larger in the learner versions of the workbook). Alternatively if suitable facilities are available the workbook can be downloaded onto computers and completed by learners electronically. NB. The size of the space provided is not an indication of how much candidates should write, so candidates should not feel that they must fill the whole box with their answers, short answers may be sufficient for the majority of the tasks.

Learners can be provided with the entire workbook at the start of their course, or with individual sections for each assessment criterion / learning outcome for completion as they progress through the course.

Each section starts with the name of the learning outcome and assessment criterion, followed by a series of tasks for the learner to complete. At the end of the material for each learning outcome there is a page for the internal assessor to comment on the learner's work and state whether or not they believe the learning outcome has been met. There is no requirement for progression through the workbook to be in the order shown. The order can be varied to suit the course strategy of the tutor or the requirements of learners.

In order for a learner to achieve a learning outcome, the learner must provide evidence against each of the assessment criteria for that learning outcome. Evidence must be suitable and sufficient, learners who are able to provide appropriate answers for each of the tasks will meet the assessment criteria and achieve the learning outcomes.

Candidates with Special Assessment Needs

Tutors should contact RSPH in the event that reasonable adjustments need to be applied to learners' work. An example of a suitable reasonable adjustment would be a third person completing the workbook on behalf of the learner. The learner would need to dictate their responses to the tasks to the third person and have these read back to them to ensure that what is written is a fair reflection of the intentions of the learner. For further details please refer to the Regulations and Guidance for Candidates with Special Assessment Needs in the Centre area at www.rsph.org.uk

Additional Information for Tutors/Assessors

This tutor / internal assessor version of the workbook includes additional material and reference to specific points that should be covered by the tutor, and marking guidelines for the assessor for each of the tasks. These are contained within text boxes as shown below.

In all other aspects the workbook is the same as the Learner Workbook.

The workbook also includes as appendices a complete set of case studies that are used for some of the tasks. Learner versions of the work book do not contain these case studies; tutors should print off the case studies from the appendices as and when required, ensuring that different learners receive different case studies if appropriate.

Assessment Procedure

Centres must register candidates with RSPH using the candidate registration form as soon as they know how many candidates will be submitting work and in advance of submitting the internally assessed and verified work. Once candidates are registered RSPH will appoint an External Verifier (EV) to the centre and inform the centre of the EV's contact details. The centre will liaise with the EV before submitting workbooks for external verification. Workbooks for **all** candidates should be submitted, not just a sample. The Candidate Registration form can be downloaded from the Resources section of the Centre Area at www.rsph.org.uk

Centres will be invoiced for the candidates registered and should expect to receive results and certificates for successful candidates within four weeks of the EV receiving the workbook.

Completed Workbooks can be completed electronically via email or other suitable applications and centres will need to liaise with the EV about this. Centres should note that candidates' work will not normally be returned.

Learning Outcome 1

Understand own attitudes and beliefs about mental health and wellbeing

1.1 Assess own beliefs about mental health and mental illness

> **Tutor notes: the purpose of this element is to ensure the learner discusses and reflects on their own views and the views of others. It is important to facilitate the learners' discussion to include the assessment points below. Tutors can lead discussions by asking open-ended questions to stimulate debate. During or following these discussions tutors should take the opportunity to address any misconceptions and emphasise that mental health is not just about illness or distress and that good mental health is a positive factor in people's lives. This should be further emphasised during coverage of the theoretical models of mental health and wellbeing.**

You should discuss with others the group's beliefs, feelings and possible prejudices and preconceptions with respect to mental health and wellbeing. These discussions may be led by the course tutor. After these discussions you should consider your own beliefs, feelings and prejudices in order to answer the questions below.

Task 1

Briefly describe:
What mental health means to you and how this may mean different things to different people.
How you might yourself have been prejudiced against others due to preconceptions about mental health or witnessed others being prejudiced.
How you feel about mental health – For example, are you surprised at how many people are affected by poor mental health? Are there a large number of people with undiagnosed mental health issues? Can you tell if someone has poor mental health? NB The object of this discussion point is for learners to realise that a large proportion of the population will be affected by poor mental health at some point in their lives, that this is often undiagnosed (and therefore not treated) and poor mental health is often not obvious in an individual.

> **Marking guide.**
>
> **Evidence of consideration is required for each of the bullet points above.**

1.2 Assess own level of awareness about mental health and wellbeing

> **Tutor notes: The learner must be able to demonstrate their understanding of the wider factors in mental health, including; physical, social, emotional, spiritual, intellectual and environmental aspects. They should consider and state how each area may have an impact on mental health and wellbeing, e.g.**
> - **Physical – being in constant pain is a potential risk factor for mental health and wellbeing. However, being physically active is a potential protective factor.**
> - **Social – being socially isolated can be a risk factor for mental health and wellbeing. However, having a supportive social network can be a protective factor.**
>
> **The learner should identify through the learning any areas that they consider they have limited knowledge or understanding of, or confirm that they have a good understanding for all areas.**

Task 2

Describe how well you think you understand the positive and negative impact of the following aspects of mental health and wellbeing: physical, social, emotional, spiritual, intellectual and environmental. Include a brief comment about any knowledge you already have regarding these aspects of mental health and wellbeing and if you consider that you have a good or limited understanding of the topic.

Physical (effect of the condition of your body or your physical ability to do something)
Negative impact
Positive impact

Social (friendships and relationships)
Negative impact
Positive impact

Emotional (feelings)
Negative impact
Positive impact

Spiritual (faith, beliefs and values)
Negative impact
Positive impact

Intellectual (thinking)
Negative impact
Positive impact

Environment aspects (your surroundings)
Negative impact
Positive impact

Task 3

Are there any areas of mental health and wellbeing that you think you need to find out more about? Give a reason for your answer. If there are no areas that you need to find out more about, explain why this is.

Marking guide:

Learners should be able to assess their level of awareness of mental health and wellbeing considering the positives and negatives;

- **physical, social, emotional, spiritual, intellectual and environmental aspects**

The learner should clearly identify any areas where they have limited or no knowledge and give a reason for their lack of knowledge, or justify why they feel that they already have sufficient awareness.

1.3 Outline the impact that negative attitudes and behaviours of others may have on the mental health and wellbeing of individuals

Attitudes can have a major impact on peoples' mental health and wellbeing. Positive attitudes can be supportive and nurturing whereas negative attitudes can be damaging.

Task 4

Outline **FOUR** ways in which the impact that negative attitudes and behaviours of others may have an effect on the mental health and wellbeing of individuals. Give an example of impact or consequence for each. For example, you could consider: **shame**, **blame**, **secrecy**, **isolation**, **social exclusion**, **discrimination** and **stigma**.

1
2
3
4

Tutor notes and marking guide. Answer could consider;

Shame / blame / secrecy / isolation / social exclusion / discrimination / stigma.

Impact:
- **may not talk about their mental health and wellbeing or seek help**
- **may restrict activities to avoid situations**
- **may experience discrimination at work / accessing goods or services**
- **may experience name calling / verbal or physical intimidation/assault**
- **may withdraw from friends/family**

Other answers are possible, but must refer to negative attitudes and behaviours.

Internal Assessor			
Assessment Criterion 1.1		Met	Not met
Assessment Criterion 1.2		Met	Not met
Assessment Criterion 1.3		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	
Internal Verifier			
Name	Signature	Date	
External Verifier			
Assessment Criterion 1.1		Met	Not met
Assessment Criterion 1.2		Met	Not met
Assessment Criterion 1.3		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	

Learning Outcome 2

Know how the theoretical models used to describe mental health and wellbeing are applied

2.1 Outline the theoretical models that are used to describe mental health and wellbeing

> **Tutor notes: Tutors should emphasise that the models describe mental health and wellbeing as a range, from serious distress to feeling happy and full of life. They are not used only to describe poor mental health. Tutors can draw comparisons between models used to describe physical wellbeing with those for mental health and wellbeing.**

2.2 Describe how the theoretical models are applied

The Single Continuum model (below) represents an individual's mental health and wellbeing as a point on a line between two extremes (for example from a state of serious distress to one of complete mental wellbeing).

Single Continuum Model for Mental Health and Wellbeing

Serious Distress   **Complete Wellbeing**

(after J.W Travis, 1975)

Experiences that we have that can make us happy or distressed place us at different positions on that line. This position can vary from day to day and at different points in the day (for example an individual may be at one position on the line when going to work, and another position when leaving work to go home).

Differences between individuals mean we experience life quite differently from one another, and factors that affect an individual's position on the continuum at different points vary widely from person to person.

Task 5

You are provided with two case studies by your tutor. In the model below, mark the position where you think the individual in each of these case studies would be:

Distress   Wellbeing

0	1	2	3	4	5	6	7	8	9	10

> **Appendix 1 contains the case studies for Task 5. Please provide candidates with two case studies, one from group A and one from group B.**

Marking Guide:

Ruth. R1 should be to the 'distress' end of the continuum. R2 should be further towards the 'wellbeing' end.

Manuel. M1 should be to the 'distress' end of the continuum. M2 should be further towards the 'wellbeing' end.

Sharon. S1 should be to the 'wellbeing' end of the continuum. S2 should be further towards the 'distress' end.

Cameron. C1 should be to the 'distress' end of the continuum. C2 should be further towards the 'wellbeing' end.

John. J1 should be to the 'wellbeing' end of the continuum. J2 should be further towards the 'distress' end.

Anne. A1 should be to the 'wellbeing' end of the continuum. J2 should be further towards the 'distress' end.

Tom. T1 should be to the 'distress' end of the continuum. T2 should be further towards the 'wellbeing' end.

Lynne. L1 should be to the 'distress' end of the continuum. L2 should be further towards the 'wellbeing' end.

Task 6

Mark on the model below the position where you think **you** are at the moment and give a reason for this (you can make this up).

Distress   Wellbeing

| 0	1	2	3	4	5	6	7	8	9	10

Reason:

What could you do, or what could happen to you in order for you to:

a) move your position on the line to the left (distress)?

b) move your position on the line to the right (wellbeing)?

Marking Guide:
Any reasonable answer acceptable.

The activation-pleasure model (below) provides a way of understanding how we feel that goes beyond simply "good" or "bad". We can see here that our feelings can be described by both the level of activation or psychological arousal that we experience, as well as whether we feel positive or negative. Thus we can feel pleasant, but in a state of low activation (perhaps having a lazy Sunday morning) or we can feel highly activated, but unpleasant – for instance if we have an argument with somebody about something we feel strongly about.
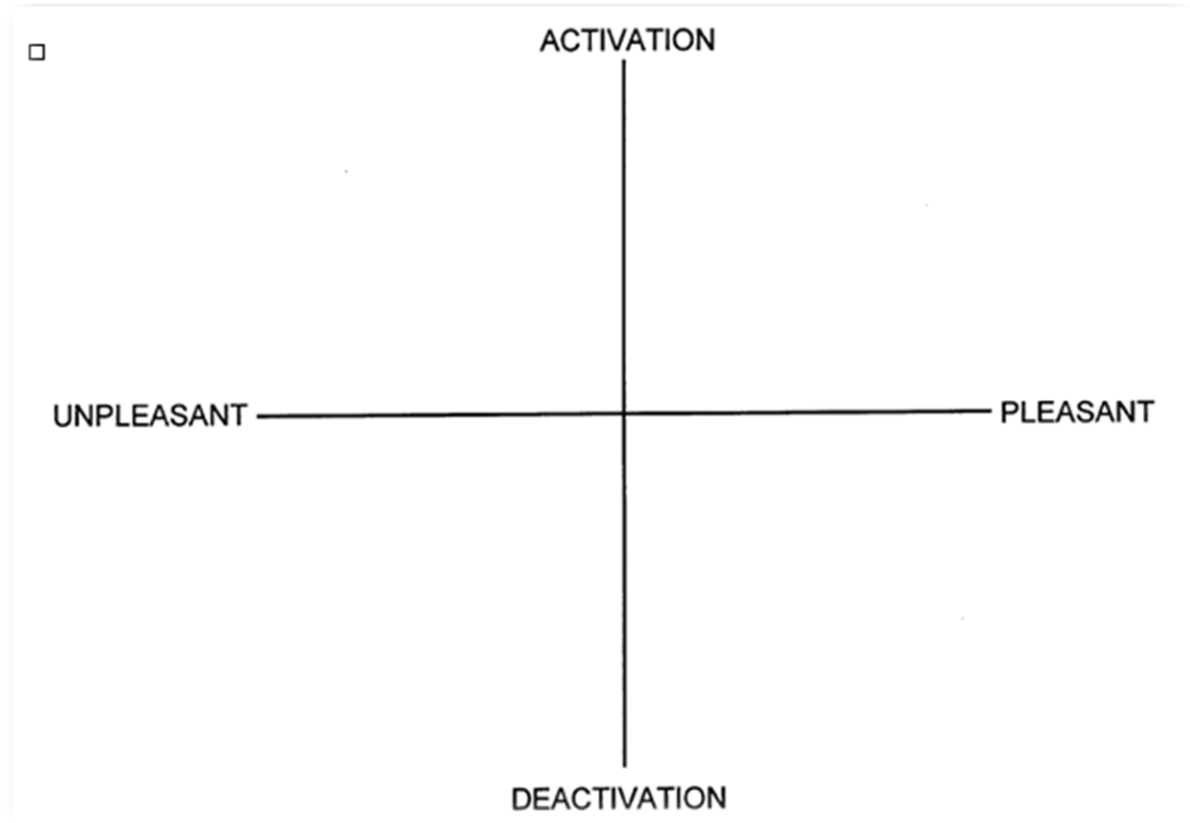
Task 7

Place **SIX** of the words below in the correct quadrant of the diagram above. You should use one word from each column and ensure that each quadrant of the diagram contains at least one word

| Alert	Angry	Annoyed	Anxious	Calm	Contented
Down	Eager	Excited	Happy	Relaxed	Nervous
Sad	Satisfied	Upset	Weary	Withdrawn	Worried

> **Marking guide**
> **Unpleasant-Activation: Upset, Nervous, Annoyed, Angry**
> **Pleasant-Activation: Happy, Excited, Alert, Eager**
> **Pleasant- Deactivation: Contented, Calm, Relaxed, Satisfied**
> **Unpleasant –Deactivation: Weary, Sad, Down, Withdrawn.**
>
> **Each quadrant should contain at least one correct word.**
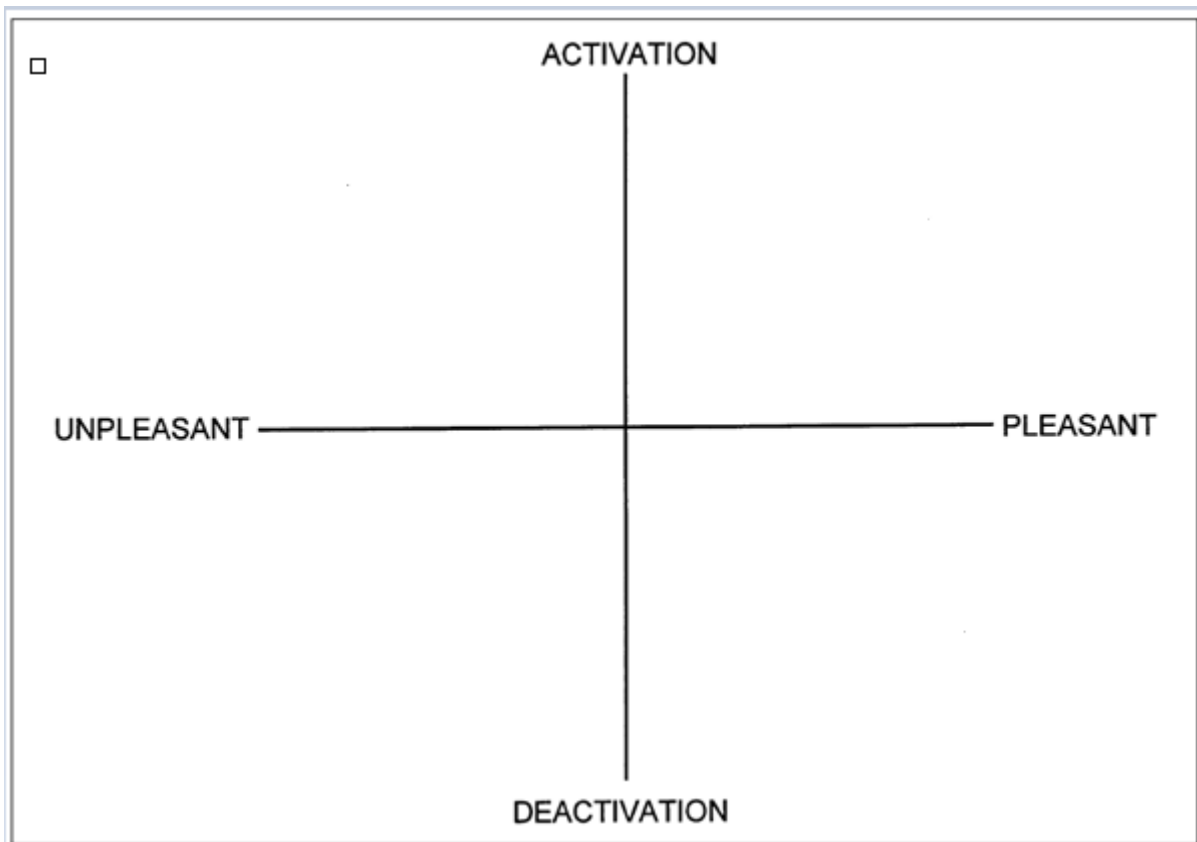
Task 8

Mark a cross on the diagram above in the place that describes **your** feelings at this moment.

> Explain why you put the cross where you did. Remember to describe where you feel you are on **both** lines: Unpleasant to Pleasant, and Deactivation to Activation.

Dynamic Model of Wellbeing
(Developed by the Centre for Wellbeing at the New Economics Foundation as part of the Foresight Mental Capital and Wellbeing Project.)
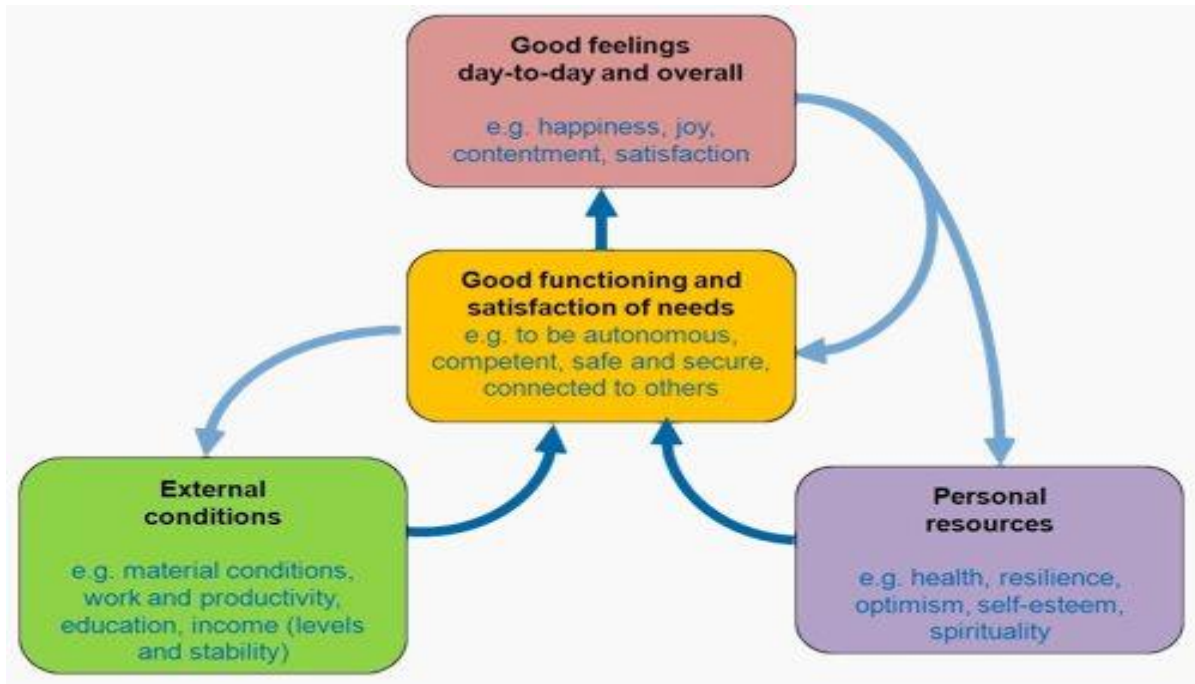
The model describes how an individual's external conditions (bottom left in the model) — act together with their personal resources (bottom right) — to allow them to function well (middle) in their interactions with the world and therefore experience positive emotions (top).

Task 9

Give an example of an external condition and describe how it could have a positive effect on mental wellbeing.
Give a different example of an external condition and describe how it could have a negative effect on mental wellbeing.
Give one example of a personal resource and describe one way in which it could affect mental wellbeing. Is this a positive or negative effect?

2.3 Describe the main features of the following mental health conditions:

- **Anxiety**
- **Depression**
- **Bipolar disorder**
- **Schizophrenia**

Two categories or groups of mental illness are neurotic disorders (or neurosis) and psychotic disorders (or psychosis). Although most medical practitioners these days are more likely to diagnose a specific disorder (such as depression) than to use these categories, it is useful to understand them.

Neurosis describes mental health conditions that are similar to many of the normal range of human moods or feelings, but experienced more strongly. For instance we can all feel a little depressed or anxious, but when this feeling interferes with an individual's normal functioning it may be diagnosed as a depressive disorder (or anxiety disorder).

Psychosis describes mental illness that involves a changed view of reality. This might include seeing or hearing things that are not there (hallucinations) or having very strong, but false, beliefs (e.g. paranoia).

Very often these symptoms will last for just a period of time called an episode. For example individuals can have psychotic episodes or depressive episodes. Just feeling down or even having a hallucination, is not a diagnosis of mental illness. In fact most of us will experience hallucinations of one type – just before we fall asleep – at some time in our life. Diagnosis is made by a qualified practitioner using a number of well-designed tools.

Task 10

Many mental health conditions can share common symptoms, however some symptoms are closely associated with specific conditions. For each of the conditions listed below, enter two symptoms that are often associated with it.

Anxiety		
Bi-Polar		
Depression		
Schizophrenia		

Marking Guide:

Anxiety: Panic, Being worried
Bi-Polar – Episodes of mania and depression
Depression: Feeling 'down', Not wanting to do anything
Schizophrenia: Obsessions, Hallucinations

Tutors could discuss with their learners how useful these diagnostic labels are; are they misleading, accurate, helpful or unhelpful?

Internal Assessor			
Assessment Criterion 2.1		Met	Not met
Assessment Criterion 2.2		Met	Not met
Assessment Criterion 2.3		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	
Internal Verifier			
Name	Signature	Date	
External Verifier			
Assessment Criterion 2.1		Met	Not met
Assessment Criterion 2.2		Met	Not met
Assessment Criterion 2.3		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	

Learning Outcome 3

Understand how mental health and wellbeing can be improved

3.1 Describe how environmental, social and emotional/cognitive factors can impact on and protect mental health and wellbeing

Task 11

A range of factors can have a positive effect on an individual's mental health and wellbeing. You are given three of these factors below. For each of these factors, give **TWO** examples that may improve or maintain an individual's mental health and wellbeing. For **each** example that you give, state how it can protect mental health and wellbeing.

Environmental Factors

Example 1 **Effect**
Example 2 **Effect**

Social Factors

Example 1 **Effect**
Example 2 **Effect**

Emotional/cognitive Factors

Example 1 **Effect**
Example 2 **Effect**

In task 4 you outlined **FOUR** ways in which negative attitudes and behaviours of others may have an effect on the mental health and wellbeing of individuals.

Using the examples you provided for this, suggest how the mental health and wellbeing of an individual may be protected from these negative attitudes. You should consider **encouragement, support, sharing** and **inclusion.**

1.
2.
3.
4.

Marking Guidelines:

Candidate should be able to refer back to their examples given for task 4 and include all of encouragement, support, sharing and inclusion in their answers.

Task 13

You are provided with two case studies. For each of these suggest ways the 'Five Ways to Wellbeing' can be applied.

Connect

Be active

Take notice

Keep learning

Give

Tutor guide and marking guide, answer should show consideration for;

Age, gender, occupational status, time/opportunity, access, physical ability

For example

- **Connect with neighbours/colleagues/family at home/work /school/community**
- **Be active; walk/run/cycle/garden/dance/play a game**
- **Take notice of the world around you and savour the moment/ reflecting on experiences**
- **Keep learning; try something new/rediscover an old interest/sign up for a new course/learn to play an instrument/learn to cook**
- **Give; do something nice for a friend or a stranger/volunteer your time/join a community group**

Learners should be able to suggest appropriate activities for each of the 5 ways to wellbeing for both of the subjects of the case study.

Internal Assessor

Assessment Criterion 3.1	Met	Not met
Assessment Criterion 3.2	Met	Not met

Comments / feedback

Learning Outcome Achieved	YES	NO

Name	Signature	Date

Internal Verifier

Name	Signature	Date

External Verifier

Assessment Criterion 3.1	Met	Not met
Assessment Criterion 3.2	Met	Not met

Comments / feedback

Learning Outcome Achieved	YES	NO

Name	Signature	Date

Learning Outcome 4

Identify opportunities to improve the mental health and wellbeing of individuals or populations

4.1 Outline a framework to develop a personal action plan to improve mental health and wellbeing

Task 14

> **Case studies for task 14 are provided in appendix 3. Please provide each candidate with ONE of the case studies.**

Outline a framework for a personal action plan

Using the case study provided by your tutor, explain how you would work with the individual to improve their mental health and wellbeing. In your answer, you must refer to the underpinning framework you would use.

Please state the case study your response is based on	

Brief description of issues identified in the case study
Outline of personal action plan showing key points
Description of the framework used to underpin the personal action plan

Explanation of how the framework described previously shapes the actions outlined in the plan and how these benefit the individual's mental health and wellbeing

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Frameworks can include the Five Ways to Wellbeing, setting SMART goals or assessing the individual's readiness for change.

Marking Guide:

Learners should be able to highlight the issues raised in the Case Study. They should then be able to describe or set out the key points in the personal action plan designed to improve the mental health and wellbeing of the individual, showing how they link to the underpinning framework.

For example, describing how the action plan would support a person to adopt and sustain Five Ways to Wellbeing actions in order to improve mental health and wellbeing.

E.g. building physical activity into the individual's routine by accessing local clubs; or connecting and becoming active by accessing a walking group; keep learning and connecting by joining a local museum group etc.

Learners should be able to give a valid outline of how the framework shapes the action plan and how each action increases or maintains mental health and wellbeing.

Task 15

4.2 Outline actions to include in a plan to improve mental health and wellbeing in an organisation or population

Using a policy initiative from your own organisation or local community, describe how its proposed actions seek to improve the mental health and wellbeing at a population level.

Context (Organisation or Community initiative):
Target group:
Details of Plan or Policy initiative
Actions included in Plan or Policy initiative **1.**   **2.**   **3.**   **4.**
Outline of intended benefits to mental health and wellbeing of actions given above

Marking Guide:

Learners can use any example of a policy initiative in their own organisation such as its Stress Policy, Flexible Working policy or Anti-Bullying measures. Alternatively, examples from a Community Action plan or similar can be given. They must justify how their example increases the mental health and wellbeing of the population.

To illustrate, learners can submit hard or soft copies of the policy or plan accompanied by a commentary describing the intended impact of the enclosed actions eg how the policy/plan supports people to: Connect/Be active/take notice/keep learning/Give.

Internal Assessor			
Assessment Criterion 4.1		Met	Not met
Assessment Criterion 4.2		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	
Internal Verifier			
Name	Signature	Date	
External Verifier			
Assessment Criterion 4.1		Met	Not met
Assessment Criterion 4.2		Met	Not met
Comments / feedback			
Learning Outcome Achieved		YES	NO
Name	Signature	Date	

The internal assessor and external verifier should sign below once the learner has achieved all of the learning outcomes for Unit 2 of the Level 2 Award in Improving the Public's Health.

I confirm that the learner has achieved the learning outcomes for the Level 2 Award in Understanding Mental Health and Wellbeing and is eligible for the award of a Certificate for this qualification.

Internal Assessor

| Name | Signature | Date |

External Verifier

| Name | Signature | Date |

Appendix 1: Case studies for Task 5

Please provide each candidate with two case studies, one from each of the groups.

Group A

> **John** has been doing very well at work and has recently been promoted, he is thinking of buying a flat for himself and his fiancée and has been able to arrange a mortgage based on his new salary. Place "J1" on the model to indicate John's mental health and wellbeing at this time.
>
> A couple of months later John learns that his company is not doing very well and his job may be at risk. His application for a mortgage has just been agreed and he has made an offer on a 2-bedroom flat in a good area of the town. Place "J2" to show where John is now.

> **Anne** is an enthusiastic dancer and enters a number of dance contests. She has recently won a qualifying heat for the county championship and is training hard for this competition. Place "A1" on the model to show where Anne is at this point.
>
> Two weeks before the contest the heel of Anne's shoe snaps off while she is practising and she twists her ankle, meaning that she will miss at least a week of training. Place "A2" on the model to show where Anne is now.

> **Tom** is applying for university; he has just had an interview at his first choice university but doesn't think it went very well. On the way home the train in front of his is derailed and his train is stuck for over an hour before it can move. Place "T1" on the model to show where Tom is at this time.
>
> A week later, Tom has still not heard from his first choice university, but he has received an offer from his second choice and he is confident that he will get the A level grades required. Place "T2" on the model to show where Tom is now.

> **Lynne** has just finished work for the evening at a local pub where she is a barmaid. She is upset because she gave a group of customers the wrong change and they were abusive to her. She also has a cold and has developed a cold sore on her lower lip. Place "L1" on the model to show where Lynne is at this time.
>
> A few days later her cold sore has nearly cleared up and she is able to hide it with make-up. Her tips for her evening shift in the pub came to more than £20, the highest amount she has earned since starting work. Place "L2" on the model to show where Lynne is now.

Group B

> **Ruth** was not feeling herself and stopped speaking to her friends. Mark "R1" where Ruth is at this point. After seeing her doctor Ruth was given treatment which improved how she felt. Ruth slowly started to socialise again. Mark R2 where Ruth is on the model now.

> **Manuel** used to feel very scared and anxious about going to new places, or meeting new people. Place "M1" to show where Manuel is on the model at this point. Manuel went to his doctor who provided him with some techniques to control his anxiety. He still occasionally feels nervous but he is usually able to cope with this and last week he started a new job in a large factory. Place "M2" to show where Manuel is on the model now.

Sharon has been diagnosed with a condition which affects her mental wellbeing. She has been prescribed medication and has been able to work normally and rarely notices the symptoms. Place "S1" to show where Sharon is on the model at this point.

As she does not seem to have any trouble with her mental wellbeing, Sharon makes the decision to stop her medication without consulting the doctor. She soon finds that her feelings are getting out of control and that she often feels unable to attend work or meet friends. Place "S2" on the model to show where Sharon is now.

Cameron has a history of illness which makes him unable to work. Place "C1" on the model to show where Cameron is at this point.

After some changes to his medication, Cameron finds that his illness is less severe. After some time he begins to work part time and hopes to get full time work soon. Place "C2" on the model to show where Cameron is now.

Please provide each candidate with two case studies, one from each of the groups.

Group A

Bob is 66 years old. He is recently retired from a physically demanding job as a gardener. He lives in a flat on his own since his wife passed away two years ago. He has two daughters and a son but all three live some distance away.

Colleen is 54 years old and has recently been made redundant from her job as a bank clerk. She lives with her dog and enjoys walking him, however her confidence has dipped since the loss of her job and she now feels anxious when out and about. Her daughter lives a three hour train journey away and is difficult for Colleen to manage as she can't leave her dog that long and he doesn't travel well. Colleens enjoys socialising but is becoming isolated as her former work colleagues are her circle of friends which since being made redundant she is becoming distanced from.

Pete is 67 years old. He has suffered back pain for the past 12 years. Pete lives with his wife who is 10 years his junior. Pete used to enjoy a busy social life as captain of his local darts team but since his back pain has gotten worse he has had to stop playing. Pete was a motor mechanic and ran his own business for 30 years. He is well known in his neighbourhood as he used to repair many of his neighbours' cars. Both his sons live overseas, one in New Zealand, the other in Canada. Pete misses his sons and seeing his grandchildren grow up.

Jan is 82 years old. She has limited mobility and walks with a walking frame. Jan lives on her own in a warden-assisted flat. She used to like socialising, in particular playing bingo. Before retiring Jan was a teacher.

Group B

Jasmine is 20 years old. She is in her first year studying at Bournemouth University having moved down from Birmingham where all her friends are. Jasmine has never lived away from home before.

Clare is 39 years old and works part time in a department store as a sales assistant. She is a single parent of two children Jon (19) and Kelly (9). Every other weekend and one night every week Kelly stays with her father.

Jono is 23 years old and unemployed. He studied I.T at college but has been unable to find a job since getting his diploma. He lives in a high rise block of flats with his mum. He is well

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known and liked on the estate. Jono enjoyed sports at school and was a keen footballer but hasn't played since going to college.

Melanie is 32 years old. She has four children, Tommy 9, twins Annabel and Alex 7 and Sally 3. Melanie also has a part time job as a classroom assistant three mornings a week. Melanie's husband works shift patterns and every other week works nights. Before having her children, Melanie was a dancer.

Appendix 3: Case studies for Task 14

Please provide each candidate with ONE case study to base their response to task 14 on.

Leigh is 27 years old, engaged to be married and has recently gone back to full time work after having her first child (the baby is 18 months old). Her husband works for a large supermarket and is rarely at home, except on Saturday mornings. He plays football on Saturday afternoons and then goes to the pub in the evenings.

Leigh has found out that she is four months pregnant and is worried about childcare as both sets of grandparents live over 2 hours away. The family lives in a two-bedroom rented flat, but hope to buy their own place one day. She is always anxious about the rent and other bills as they are only just managing enough income.

To add to her anxiety, she worries about getting her children into good schools as the local provision is good but oversubscribed. She would like to socialise more as she feels isolated.

Joe is 23 and unemployed. He graduated with a degree in Town Planning 2 years ago and has returned home to live with his father (his parents divorced when he was 18). He has applied for over 50 jobs but has only had a handful of interviews. He usually performs quite badly as he gets extremely nervous. He used to be a keen sportsman and excelled at rugby. Since he was concussed playing in the University team, he has not been able to play and become quite irritable and withdrawn. He spends a lot of his Universal Credit on fixed odd betting machines now that he spends time with his old school friend Charlie. Increasingly, he is having to borrow money from his father. He would love to get a job in town planning but there are too many graduates chasing too few jobs. Joe did not think his 20s would be like this.

Margaret is 70 years old and working as a Social Care Assistant to the elderly. She doesn't drive and has to get to clients' houses by bus or by walking. Her sons worry about her being out in the harsh winter. Margaret's husband died of cancer just over a year ago, followed by her 92 year old mother who had dementia. She talks about how much she misses them.

Margaret spends all her free time going to the bingo. She would like to see more of her grandchildren but they live over an hour away.