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| **RSPH L2 Award for Young Health Champions Unit 2 Research Health Improvement Services** | | | |
| **Curriculum area and professional links** | **Assessment Criteria** | **6Cs/Care Certificate Criteria** | **Scenario task** | | **Timings** |
| **GCSE Health and Social Care**  **3.3 Unit 2** Health, Social Care and Early Years Provision  **3.4 Controlled Assessment Unit 2** Health, Social Care and Early Years Provision  **Level 2 Certificate in Health and Social Care**  **HSC O1 –** Anatomy and Physiology for Health and Social Care  **HSC O2 –** Common Care Disorders  **HSC O6:** Health and Well-being  **HSC O9:** Mental Health and Well-being  **PSHE Association Programme of Study – Key Stage 4**  **H6 –** To identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical or mental health (including sexual health services)  **H16 –** Understand the terms ‘habit’, ‘dependence’ and addiction’ in relation to substance use and where to access support if they have concerns  **R12 –** How to access such organisations and other sources of information, advice and support  **R18 –** How to recognise the impact of drugs and alcohol on choices and sexual behaviour | 1.1  1.3  1.2  1.2  1.3  2.1  2.2  3.1  3.2 | **Competence – The ability to understand an individual’s health and social needs and the expertise and technical knowledge to deliver effective care (through signposting)**  **Competence – The ability to understand an individual’s health and social needs and the expertise and technical knowledge to deliver effective care (through signposting)**  **Compassion – Understanding the importance of empathy, respect and dignity in delivering care**  **Competence – The ability to understand an individual’s health and social needs and the expertise and technical knowledge to deliver effective care (through signposting)**  **Care – People receiving care expect it to be right for them, consistently, at every stage of their life**  **Care – People receiving care expect it to be right for them, consistently, at every stage of their life**  **Courage – Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to embrace new ways of working**  **3.3c – Explain the importance of learning from comments and complaints to improve the quality of service**  **Compassion – Understanding the importance of empathy, respect and dignity in delivering care**  **5.1b – Describe why it is important to work in a way that promotes person-centred values when providing support to individuals**  **5.1c – Identify ways to promote dignity**  **5.2a – Describe the importance of finding out the history, preferences, wishes and needs of the individual**  **5.2 – Explain the importance of supporting individuals to plan for their future wellbeing and fulfillment** | **Introduction**  Tutor uses the learning outcomes for the unit to inform learners of what they will be able to do following completion of the unit. Tutor explains that this unit will help learners to map the health improvement services available within their local area, which will both inform the choice of topic for their health improvement campaign and give them the knowledge required to signpost audience members during their campaign.  **Tasks 1 - What are health improvement services? (booklet page 5)**    1. Tutor leads a group discussion on health improvement. Working as a group, learners share ideas around what constitutes a health improvement service. Learners make a note of these services in the Task 1 table, along with the area of health they support.    *Suggested responses:*    *Learners could talk about the more obvious clinical health services, including alcohol reduction, smoking cessation clinics, pharmacies, walk-in centres and addiction treatment centres.*    *The tutor should also encourage learners to think of non-clinical services. This could include libraries, council parks and gyms. Tutor to lead discussion of the ways in which these services contribute to better health and wellbeing.*      2. Tutor asks learners to think of how many of these services are available in a one mile, two mile and ten mile radius to where they are currently situated.    *This is a formative task designed to test the learners’ prior knowledge of health improvement services. They are not expected to do any research to answer this question.*    *The tutor may add to this task by asking learners to think about any organisations /businesses in the immediate local area which can have a negative impact upon health. This can range from fast food outlets and pubs/bars, to payday lenders and bookmakers.*    *The tutor uses this feedback to guide a brief discussion on what learners perceive to the balance in their local area between health improvement services and organisations/outlets which have the capacity to negatively impact upon health and wellbeing.*      3. The tutor leads a discussion on whether the health improvement services which learners have noted are free to access, or require payment. Learners then make a note of their answer next to the service in the Task 1 text box.        **Tasks 2 and 3— Pressure on health improvement services (booklet p.6)**    Tutor leads a discussion on factors creating pressure on health improvement facilities in the UK, taking in topics such as population growth and increasing childhood obesity.    Learners then complete a short quiz to aid their understanding of the financial pressures facing the NHS. **For each question, the answer is the highest figure listed**.      *Both of these activities are formative and have no assessment criteria attached to them.*    *As an extension to the questions, the tutor may wish to ask learners to consider the individual and social factors driving these changes. For example, the rise in childhood obesity could be considered to be caused by the proliferation of fast food outlets.*    *In doing so, learners can apply the knowledge developed in Unit 1 to understand how these behaviours translate into pressure on health services.*    **Task 4—Referrals to Health Improvement Services (booklet p.7 task is on p 10))**    Tutor introduces the scenario by reading out the introductory remarks on page 8. Tutor then reads out the five patient case studies covered over pages 8 and 9, inviting brief initial responses from learners on what they perceive to be the underlying health behaviours which need to be addressed.    *Patient 1—Ben*    *It is hinted that Ben’s chest pains are driven by a lack of physical exercise combined with an unhealthy diet. The fact that he has not exercised since breaking his leg could also indicate psychological issues which may be affecting his mental health and emotional wellbeing.*    *Patient 2—Drew*    *It is indicated that Drew may be smoking, which has in turn precipitated an asthma attack. He is clearly nervous about talking about this in front of an authority figure in his mum. This provides an opportunity to talk about the potential and importance of peer mentoring by YHCs.*    *Patient 3 —Lucy*    *It is suggested that Lucy is suffering from poor emotional well-being or mental ill health, which has caused her to self-harm.*    *Patient 4—Ali*    *It is hinted that Ali has contracted a sexually transmitted infection from a recent night out. Given that he doesn’t drink regularly, this could also be an opportunity to talk about the issues related to binge drinking.*    *Patient 5 —Melissa*    *It is indicated that Melissa has suffered a cardiac arrest prompted by use of cocaine. This provides an opportunity to talk about the hidden impact of drugs upon the heart and the other internal organs, and the way in which stimulants such as cocaine can accelerate the heart rate and cause it to malfunction.*    *An example to illustrate this point is the former football Fabrice Muamba. He suffered a cardiac arrest whilst playing on live television, with the heart malfunction in this case caused by his heart rate being elevated through physical task.*    Tutor then introduces the task objectives found on the lower half of page 8.    *Learners should make the following referrals:*    ***Reducing Alcohol , Tobacco or Drug Consumption***    *Essential—Drew, Melissa*    *Optional—Ali*      ***Increasing Physical Task***    *Essential—Ben*    *Optional—Drew*      ***Promoting a Healthy Weight***    *Essential—Ben*    *Optional—Drew*      ***Sexual Health***    *Essential—Ali*    ***Mental Health and Emotional Support***    *Essential—Lucy*    *Optional—Ben*      Tutor should direct learners to work in small groups to identify the local information needed to complete the table provided on page 11. Once completed, the tutor should then bring the whole group back together to discuss their responses together.  *In cases where learners make recommendations which are not included in the suggested answers above, the tutor should explore this answer with the learner and the group. Learners should make the referrals marked as Essential, in order to meet the assessment criteria.*  **Task 5. Identify reliable sources of information (booklet p 12)**  The tutor leads a discussion on what forms a reliable source of information. The learners use this discussion to record three sources of reliable information in the Task 2 text box, along with one source of unreliable information.    *Tutor should guide learners to consider which sources of information are likely to be both impartial and up-to-date. For example, an article on the NHS website is more likely to be both accurate and well-maintained than a stand-alone news article from five years ago.*    *To guide the discussion on unreliable information, the tutor may give learners the following examples to consider the factors which may influence their reliability and impartiality.*    1. *Adverts - not always objective, issues are framed in order to market a solution proposed by the seller.*  2. *Newspaper Articles - can be influenced by the views of the editor and only represent a snapshot in time, so may not be up-to-date*  3. *Advice from peers—can sometimes be out of date or information could be misunderstood by a peer.*  **Tasks 6 and 7—Health Improvement Resources (booklet p 14)**    The tutor explains that learners are now due to take a closer look at the health improvement services they are making referrals to.  This will enable the learners to say with confidence that the referral they are making will have the required impact upon the health and wellbeing of the patient they are working with.    Learners are asked to select one of the health improvement services they identified in Task 5. They need to obtain one piece of information or equipment available at that service, along with one example of advice, guidance and referral support available at the service.    Learners list both pieces of information in the table provided on page 10.    *Examples of information and equipment are listed in the workbook and include smoking cessation aids, gym equipment, fresh fruit and condoms.*    *Examples of advice, guidance and referral support could range from a referral to specialist counselling services to the prescription of methadone for substance misuse.*    *In both cases, learners can either obtain a physical resource (poster, leaflet, brochure) from the service if appropriate, or can provide a screenshot/photograph of that resource to submit as portfolio evidence.*    **Task 8—Suitability of Health Improvement Resources (booklet p17)**    Tutor introduces the scenario by using the introductory remarks included under Task 8 on page 17.    Learners are to use their knowledge of the health improvement service identified in Task 7 in order to suggest two strengths and two weaknesses of the service.    Learners complete this task in the groups in which they worked for Task 7. Tutor then encourages feedback to the group as a whole.    *Strengths of the service could include the provision of 24 hour access, the transport links to the service, the provision of a free service or product and the overall reliability of the service provided.*    *Weaknesses of the service could include restricted hours of access, any cost implications for the clients and any difficulties which we could be incurred in travelling to the service.*    **Summary**    Tutor splits learners into three groups and ask each to briefly sum up what they have covered during the training. Tutor should assign a minimum of one learning outcome per group and ask learners to present their summaries back to whole class.    *Explain to learners that a key part of being a young health champion is being to effectively signpost other young people to services where they can receive health and wellbeing support and advice.*    *Tutor facilitates a whole class discussion or splitting into small groups to consider techniques for encouraging people take up these services Considerations around the important of empathy, persuasion, and the blending of positive (the positive impact they will enjoy if they do use the service) and negative messages (the negative impact they are likely to face in the short and long-term if they do not use the service) are important here.*    *This links to Unit 3 of the qualification.*    Tutor assigns one of the five patients from Task 5 to each of the small groups. Learners are asked to consider how they would employ the above techniques to convince this particular patient to take up the service to which they have been referred. | | 5 mins  60 mins  20 mins  90 mins  45 mins  45 mins  45 mins |