



Accredited

**OCR LEVEL 3  
CAMBRIDGE TECHNICAL  
CERTIFICATE/DIPLOMA IN  
HEALTH AND  
SOCIAL CARE**

**PROMOTING HEALTH EDUCATION**

**J/601/2406**

**LEVEL 3 UNIT 15**

**GUIDED LEARNING HOURS: 60**

**UNIT CREDIT VALUE: 10**



# PROMOTING HEALTH EDUCATION

J/601/2406

## LEVEL 3 UNIT 15

### AIM OF THE UNIT

In our modern society too many of us over eat, eat the wrong foods, smoke, drink too much alcohol, have unprotected sex, do too little exercise and spend too long in the sun or under sun beds. Most of us know we shouldn't be doing any of these and most of us know the dangers. How do we know? Because at some point, somewhere, we have been exposed to some form of health education. We are all used to seeing adverts on the television, on buses, billboards and in health centres. Most of us have heard of '5 a Day', Change 4 life' and 'Sun awareness'. They are examples of health education campaigns and that is the focus of this unit. Health education aims to improve individuals' physical, intellectual, emotional or social health. In order for this to happen, behaviour must change or adapt as a result of health education campaigns

It is the aim of this unit to introduce learners to the different approaches used in health education and its promotion including the role of the media. They will learn that health education depends on changing peoples' behaviour and they will have an opportunity to understand the various models of behaviour change and the factors that will influence individuals and their will to change – either positively or negatively.

Whilst many of us may be familiar with campaigns, few of us have heard of the green and white papers produced by the Government that spawn them. Learners will have the opportunity to investigate some of them, such as Our Healthier Nation and Choosing Health, and will discover the targets that drive initiatives and campaigns, both local and national. As unfamiliar as we may be to these, we are used to seeing their effects, for example improved food labelling, free Chlamydia test kits and huddles of people smoking in doorways and in cold, wet beer gardens as they obey the smoking ban!

Learners will discover how health education campaigns are planned, resourced and implemented and their success measured.

This unit also aims to equip learners with the skills to plan and carry out their own small-scale health-education campaign, relating it to appropriate models of behaviour change and reflecting on its success, or otherwise.

### PURPOSE OF THE UNIT

Whilst only a small number of learners may be contemplating a career directly in health education it should become clear from studying this unit that many jobs within the health and social care sectors involve some aspect of this important subject area. Tutors, practice nurses, GPs, midwives, health visitors, dieticians, social workers and leisure centre staff, to name but a few, all have a role to play. Working in the health and social care sectors will involve working alongside people with a range of needs. One of these is the need to be educated; another is to be kept safe from harm. Both these needs are reflected within health education. Learners will discover how and why behaviour should change in order for individuals to lead a healthier life.

Health education is not a new concept and this unit briefly considers its history and follows it through to current day practices. Learners will have the opportunity to investigate how the current thinking on health education has developed. The terminology of promoting health education can appear confusing and so it is the purpose of the unit to allow learners to understand the language of the subject. They will study victim blaming and empowerment which are two models of health education. They will then discover that modern day health education has to be promoted as would any commercial product. Learners will investigate approaches to health education such as social marketing and the role played by the media. They will also look at the community development approach, having first learnt about holistic health. This will enable learners to understand that there are large inequalities in health and that such disadvantaged communities will need help and stimulation. Learners will research the roles of health educators and approaches such as two-way communication and the peer-led approach that may be used alongside more innovative methods such as theatre and interactive computer programmes.

Promoting health education is a major responsibility for many who work within health and social care. It is therefore important that learners should understand the different models of behaviour change as all health education campaigns are designed with these in mind. These are the complex processes that may influence an individual into bringing about a resultant behaviour change. Learners will equally need to understand that not everyone has the same

ability to change, so learners will be able to investigate the effects of peer pressure and social conditions on the behaviour of individuals.

The unit gives learners an opportunity to study a number of health initiatives, strategies and existing campaigns, discovering how they are designed, planned, resourced, implemented and reviewed.

This unit then gives learners the opportunity to plan and carry out their own small scale health education campaign. Learners will undertake research and use the information from a wide range of sources to plan a health campaign. Learners will need to apply learnt design principles to plan their health education campaign as well as appreciating any ethical issues involved. Learners will have the opportunity to reflect on their campaign and evaluate the impact it may have had on their target group.

The unit is therefore essential to anyone considering a career in health and social care as health education is of paramount importance to improving the health and wellbeing of all individuals.

## ASSESSMENT AND GRADING CRITERIA

<b>Learning Outcome (LO)</b>	<b>Pass</b>	<b>Merit</b>	<b>Distinction</b>
The learner will:	The learner can:	To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
1 Understand different approaches to health education	P1 explain three different approaches to health education		D1 evaluate the effectiveness of the media in health education
2 Understand models of behaviour change	P2 explain two models of behaviour change that have been used in recent national health education campaigns	M1 explain how socio-economic factors can influence health education campaigns	
3 Understand how health education campaigns are implemented	P3 explain how to plan a small-scale health education campaign relevant to local or national health strategies	M2 summarise the importance of pre set criteria/measurable outcomes when planning a health education campaign	
4 Be able to implement a health campaign	P4 carry out a health education campaign, relating it to models of behaviour change	M3 review own performance in implementing a health campaign, making reasoned judgements and drawing valid conclusions	D2 analyse the success and impact of a health education campaign
	P5 explain ethical issues involved in the health education campaign		

## TEACHING CONTENT

### 1 Understand different approaches to health education

- *Models of health:* Medical, social
- *Historical perspective of health education:* development of public health system; Health for All by the Year 2000, Alma-Ata Declaration, Ottawa Charter for Health Promotion 1986
- *Models of health education:* 'victim blaming', empowerment
- *Approaches to health education:* Social marketing approach, Role of media, Community development approach, Two-way communication.

### 2 Understand models of behaviour change

- *Models of behaviour change:* health belief model, theory of reasoned action, theory of planned behaviour, social learning theory, stages of change model
- *Social and economic context:* (e.g. financial, social class, peer pressure).

### 3 Understand how health education campaigns are implemented

- *Health educators:* international, for example, World Health Organization; national or local (as appropriate to home country), for example, Department of Health, Health Protection Agency, NHS Direct, Primary Care Trusts; the role of professionals
- *Health strategies:* for example, Saving Lives: Our Healthier Nation, Every Child Matters, Choosing Health; Making healthy choices easier (or as appropriate for home country); the role of legislation as relevant to all aspects of health campaigns, for example, smoking ban, food labelling, alcohol units, banning of adverts for tobacco, fluoridisation of drinking water, the proposed addition of folic acid to flour
- *Targets:* national, local
- *National campaigns for:* physical activity, diet, smoking, heart disease, sexually transmitted infections, mental health, reduction of teenage pregnancies
- *Design principles:* importance of health policy, information gathering/statistics, consulting with appropriate agencies/organisations/people, links to national campaigns, setting objectives that are specific, measurable, realistic and acknowledge the starting point of the target group/audience, ethical issues, for example rights of individuals, rights of others, not doing harm, confidentiality, being fair and equitable, pre set criteria/outcome measures, chosen approach(es), clear

and accurate information communicated appropriately, obtaining feedback from participants.

### 4 Be able to implement a health campaign

- *Aims and objectives:* improving health of individuals and society, (e.g. by providing health-related learning, exploring values and attitudes, providing knowledge and skills for change, promoting self-esteem and self empowerment, changing beliefs, attitudes, behaviour, lifestyle)
- *Target audience:* as appropriate, (e.g. young children, adolescents and young adults, pregnant mothers, older people)
- *Context:* one to one, groups
- *Choice of approach:* empowerment, educational, behavioural, fear
- *Setting pre-set criteria/measurable outcomes:* what to set, how to measure, use of pre and post campaign questionnaires, obtaining feedback.
- *Addressing ethical issues:* for example, rights of individuals, rights of others, not doing harm, confidentiality, being fair and equitable
- *Evaluation:* success of, (e.g. aims and objectives, outcome measures/pre set criteria; strengths and weaknesses; aspects to improve).

## DELIVERY GUIDANCE

### LO1 Understand different approaches to health education

A visit to the local health promotion unit could be a starting point to this topic. Learners could collect a range of leaflets, fliers or posters on various health education campaigns. Alternatively public libraries or health centres could be used. Personnel from the health promotion unit may be able to visit and set health education in context looking back at its history and relevance to public health. Resulting group discussions on the campaign material could be used to establish the various ways of communicating information and opinions exchanged on the varying degrees of effectiveness. Many magazines carry articles about health issues. Magazines from the weekend newspapers are particularly useful in discussing factors such as lifestyle and diet and 'Teen' magazines also feature articles on health issues. If time allows, learners could back this up with a survey of public opinion on campaigns, what makes them successful or otherwise, and whether individuals take any notice of them and if not, why not? This could lead onto further discussion of whose responsibility health is and the medical and social models of health. Although overlapping with public health, learners would benefit from investigating the work of Joseph Bazalgette and his role in improving lives in Victorian Britain. This could reinforce the message that not all health improvements are down to individual choice. A thorough discussion of the social model of health will help to reinforce this. Learners need to understand that responsibility for health and health improvement lies with everyone to varying degrees, from the government to individuals and that therefore effective health education is vital.

Another possible starting point could be a class discussion looking back at learners' experiences of health education campaigns. Using a timeline, learners could plot campaigns they remember being exposed to, for example Stranger Danger or Sun Safety whilst in infant classes, Safe Sex and drug education in junior/senior school and alcohol awareness and STI campaigns through college. Learners could discuss why each health education campaign was important at that time and how effective, or otherwise, they were.

There needs to be tutor input on the comparatively recent development of health education if health promotion staff are not available. Some significant points in the history of health education are identified in the teaching content section.

Terminology in health education can appear confusing and so it is vital that learners clearly differentiate between the terms used. Much of this section will need tutor input, class discussion and the production of posters, flash cards or slide presentations to cement knowledge and understanding. The internet and books can be used for individual research, but the tutor must ensure that there is consistency in terminology.

Models of health education need to be addressed and this has been restricted to victim blaming and empowerment.

Approaches to health education can be addressed by discussion relating a health campaign to a commercial product. How do you launch it? How do you expose it to the public? How do you get them to respond? Tutor input, visiting guest speakers from health promotion units, books and the internet could all be used to investigate the various approaches identified in the content section. Learners would need to understand the main features of social marketing, for example how the targeted individual is placed at the centre, the need for clear behavioural goals, developing an insight into the way people behave and the concept of marketing mix. Once understood, learners could use campaigns they are familiar with to apply and understand this approach. This will naturally lead onto the use of media and learners will need to consider the various forms, for example television, internet, radio, newspapers, magazines, posters, billboard displays and leaflets. Class discussion and self-produced summaries will foster an understanding of the benefits and limitations of these methods. Before considering the community approach learners would benefit from researching and discussing the meaning of holistic health as this is pivotal to understanding the role of the community in health education. The importance and usefulness of two-way communication needs to be covered with reference to professionals, role models and peer-led approaches. Learners could discuss these and apply them to health campaigns and events that they have either heard of or have been involved in, for example No Smoking Day. Innovative methods such as theatre groups, travelling sex buses and computer packages could also be discussed and, if possible, made use of by a visit from a relevant group. Groups should be accessible through local education departments, health promotion units or directly on-line.

### LO2 Understand models of behaviour change

This LO considers the models of behaviour change. This is likely to require tutor input and the construction of posters or slide presentations to reinforce understanding.

Through discussion and application to existing campaigns, learners need to understand that not everyone is in the position to change their behaviour and so learners need to consider social and financial factors, relating these back to the social model of health. Learners also need to reflect on the significance of peer pressure and how this influences individuals' behaviour and desire to alter behaviour. As LO2 deals to a certain extent with the psychology of individuals, learners might gain from researching the findings of Tajfel and how individuals may alter their behaviour when in a group of peers.

An activity which matches models of behaviour change to different existing health education campaigns could be used to reinforce class-based teaching and learning. Knowledge and understanding of models of behaviour change is necessary when relating to their own campaign as in P4. Use of case studies, based on different client groups and different health education campaigns, for example 5-a-day, could be used to enable learners to identify and describe the influence of social and economic factors.

### **LO3 Understand how health education campaigns are implemented**

This deals with how health education campaigns are implemented but first learners need to investigate the agencies that initiate health education. Tutor input, books and the internet can all be used to learn the roles of international, national and local agencies as identified in the contents section. Learners need to appreciate and understand how health campaigns are devised, what triggers their introduction. Most learners will be familiar with the 5-a-day campaign and the smoking ban but where did they come from and why? These examples could be used to introduce Our Healthier Nation and the targets that were identified within this white paper to explain the origin of 5-a-day. Similarly, Choosing Health could be investigated as the catalyst for the smoking ban and legislation relating to advertising and school meals. The BBC news website is particularly useful for covering Choosing Health and illustrates well the fusion of government intervention and people driven initiatives. Learners could examine and discuss various case studies and campaigns/initiatives identified on the site.

Learners need to understand the design principles which underpin all health education campaigns. They should practice identifying aims and objectives for existing health education campaigns in order to understand their difference and importance. If they find this difficult, it could be that

the health education campaign is ambiguous or poorly communicated. This will then help learners to be critical of their own attempts when addressing the next section. Learners need to be aware of the ethical issues or principles involved and how individuals cannot be made to change their behaviour. This is required in order to meet P5, so a class discussion on ethical issues should help learners identify and explain those in their own campaigns.

Tutor input and class discussion is likely to be needed throughout this section to forge understanding of the various requirements for implementing a campaign. Learners will need to appreciate the importance of accurate information when participating in health education and the requirement to avoid prejudice and bias. Following on from LO1, learners need to understand that the choice of media is very important and they could discuss which forms are most relevant to different target groups, though care must be taken not to label or stereotype. Learners should discover how campaigns are evaluated and measured. What determines whether they were successful or not? Learners need to be introduced to the terms pre-set criteria or measurable outcomes and again a class discussion could be the means of developing understanding of these concepts. Learners will need to realise that these should be measurable to allow an evaluation of the success and possible impact of any health education campaign. Presentation slides or posters could be used to reinforce knowledge and understanding. A visit by health promotion practitioners could also be used to allow learners to gain an understanding of the processes involved in setting up and managing health education campaigns.

### **LO4 Be able to implement a health campaign**

Once learners have understood the principles underlying health education campaigns the focus of their activity will be in planning, implementing and evaluating their own campaign. When carrying out the campaign, they will have to plan, identify suitable target groups and possibly liaise with other organisations; identify aims, objectives, approaches and pre set criteria. They may also need to prepare resources, collect data and evaluate it. This will all take time and so this needs to be built in. Learners may work collaboratively in small or large groups as long as the individual contribution of each learner is noted and the final account of the campaign is individualised. Clear deadlines will be needed and learners steered towards meeting them. There is no expectation for learners to produce their own resources and if at all possible they should be encouraged to use existing materials. Some learners may wish, however, to produce their own or adapt

existing ones and if this is so, then again time must be allowed for this. Assessment is not dependent on the quality of resources or a successful outcome and learners need to be aware of this.

Some learners may wish to identify a target group before identifying a topic. They may wish to carry out a survey to establish what their chosen group considers important and relevant to them and so the target group determines the topic chosen. When developing or using existing resources many learners will choose to use the fear approach, but this needs to be handled sensitively and carefully depending on the target group. Young children very easily get the wrong message and may overreact to some information or images and may, for example, leave the campaign thinking they will die if they ever have another meal at a fast food restaurant! Learners will need to have an understanding of communication methods and are possibly likely to have studied the communication unit or something similar. It is important that they are given the opportunity to practice delivery of their campaign. If learners are planning on visiting a local school, for example, and considering the use of electronic media and possibly slide presentations, they must find out if the appropriate resources are available. It may also be worth them developing a fallback plan should there be technological problems. If learners are to reflect upon and evaluate their campaigns, they will need guidance on the means by which to do this.

## SUGGESTED ASSESSMENT SCENARIOS AND TASK PLUS GUIDANCE ON ASSESSING THE SUGGESTED TASKS

Assessment of this unit has two main parts - the theoretical principles of health education and then its practical implementation to a health education campaign, including one carried out by learners.

P1 – Requires an explanation of three different approaches to health education. Evidence could be provided using a written report or through a leaflet or slide presentation as long as the depth and detail is there. Learners need to do more than just describe the three approaches but must also explain reasons for their use. They may wish to contextualise their work by relating the approaches to a specific campaign(s).

D1 – Involves learners in evaluating the role of the media in health education and its effectiveness. This is expected to follow on from any earlier mention in P1, considering the advantages and disadvantages/strengths and weaknesses of this particular approach. It is expected that learners should give their own opinion in addition to possibly those of others. Their evidence might include a survey of public opinion on various campaigns and how effective they were considered to be.

P2 – Learners will need to use examples from national campaigns to illustrate how the two different models they have chosen have been used. A simple description of each model is not sufficient. A written report could be the chosen format.

M1 – This is looking for an explanation of how peoples' social and economic circumstances are likely to affect their ability and desire to alter their behaviour in response to health education campaigns. Learners are likely to produce a written report and they will probably find it advantageous to relate existing campaigns to their explanations. Knowledge and understanding of the medical and social models of health in addition to the models of behaviour change will help learners achieve the assessment requirements.

For P3 and P4 learners need to plan, design and implement a small-scale health education campaign which will form the basis of the rest of the assessment for this unit. Learners may select a health education topic of interest to them or, as suggested in the delivery section, they may choose to survey the target group first. It may be more appropriate, because of

convenience and ethical issues, for learners to use their peers as the target audience for their health education campaigns. Alternatively, shared campaigns could be implemented through health education displays which target learners within their own establishment. If this is the case the tutor will need to provide written confirmation of each learner's involvement and contribution.

P3 – Learners need to consider recent or current health strategies and campaigns, they might start by explaining the purpose of Our Healthier Nation and its identified targets. Learners could then relate their chosen campaign topic to one of these targets, for example the reduction of deaths due to cancer in people below 65, and explain how this relates to their campaign. Learners need to demonstrate an understanding of the importance of information gathering, selecting an appropriate target group and choosing the most suitable approach(es). They need to demonstrate an ability to form clear aims and objectives and methods of demonstrating their achievement. To achieve this they have to identify pre-set criteria or measurable outcomes. Learners may wish to take this further and M2 gives them the opportunity to expand on this aspect by summarising their importance in health education campaigns. As P3 is about planning, learners should provide some evidence of this process, perhaps in the form of a log book or diary. If working as a group, then they should record who was responsible for particular steps such as contacting outside organisations, arranging dates and times.

P4 – Learners implement their campaign, making it clear which model(s) of behaviour change they are following. How the implementation of the campaign is managed by the tutor may depend on the size of the class and the specific circumstances relating to the practicalities of the campaigns, for example location, scheduling, access to a target audience. For some learners there may be opportunity to develop a campaign that can be delivered within a work placement, for example a nursery or primary school. This may also dictate the topic covered as the school may wish learners to fit in with the curriculum being delivered at that time. As stated previously, learners may wish to work as a group. Best practice would limit this to a maximum of three learners. They may need to produce their own resources/activities or they can utilise existing ones which can usually be supplied

by health promotion units. Learners' own establishments may in fact have a health and wellbeing co-ordinator who may be in a position to help. Learners should practice their delivery and ensure proficiency in the use of any electronic media. If using film clips they should ensure that they are not too long, perhaps a maximum of 5 minutes. They should ensure that their communication skills are appropriate, especially the level of language used.

For good practice, each learner's participation in the health education campaign could be verified through a witness statement from the assessor or appropriately qualified supervisor. Qualitative comments on learner performance could provide a useful resource for learners to consider as evidence of their delivery in any written evaluation. As previously stated, assessment is not based on the quality of the outcome, nor its success, but on the processes involved and learners understanding of their use.

M3 – Requires learners to reflect on their own performance, making reasoned judgements and drawing valid conclusions as to their own effectiveness. This criterion is concerned not with any measure of success but how effectively they got their message across. It includes reflecting on their communication skills, what they did well, what they didn't do so well. How did any activities or resources used perform? Did they work? Learners can make use of their own reflections as well as from observations made by any witnesses. Feedback and comments from the target group can also be utilised.

D2 – Builds on M3 by looking at the success of the campaign. Were the aims and objectives met? Were any pre-set criteria met? To this end there should be evidence of analysis. This could involve graphical representations of data from pre and post questionnaires if these were used, or data from feedback sheets. Learners also need to make some comments on the possibility that their campaign will have a lasting effect on their target group. Will their audience be likely to change their behaviour/lifestyle as a result? If not, why not?

The evidence for this part of the unit is likely to be a written account although it may be supported by photographic evidence. If this is the case then permission must have been obtained and possibly faces obscured.

P5 – Could be slotted into the assessment evidence at any point and is an explanation of any ethical issues relating to the learner's campaign and preferably including details of how they dealt with them. The logical time to cover this requirement is within the planning section but there is no stipulation to do this.

## SUGGESTED ASSIGNMENTS

The table below shows suggested assignments that cover the pass, merit and distinction criteria in the assessment and grading grid. This is for guidance and it is recommended that centres either write their own assignments or adapt any Cambridge Assessment assignments to meet local needs and resources.

Criteria	Assignment title	Scenario	Assessment
P1, M1, D1	An investigation of approaches used in health education.	The learner is researching the underlying principles and concepts of health education prior to mounting their own campaign.	A written report/ comprehensive slide presentation/posters covering three different approaches used in health education; with a possible evaluation of the effectiveness of the media.
P2	The application of models of behaviour change in health campaigns.		A written report/ comprehensive slide presentation/posters on two models of behaviour change related to current health campaigns and a possible explanation of socio-economic influences on health education.
P3, M2, P4, M3, D2 P5	Planning and implementing a small scale health education campaign.	The learner is to implement the campaign using relevant and appropriate resources and/or activities.	A fully developed portfolio of evidence of the planning and implementation of a small-scale health-education campaign, including an explanation of any ethical issues involved. The written account could also include a summary on the importance of identifying measurable outcomes together with personal reflection on own performance and an analysis of the success and impact of the campaign.

## RESOURCES

### Text books

- Acheson D – *Independent Inquiry into Inequalities in Health: Report* (HMSO, 1998) ISBN 9780113221738
- Benzeval M et al – *Tackling Inequalities in Health* (King's Fund, 1995) ISBN 9780852999684
- Bernard M – *Promoting Health in Old Age* (Open University Press, 2000) ISBN 9780335192472
- Boys D, Langridge E and Michie V – *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 9780748781720
- Brooke A, Welton S – *A-Z of School Health* (David Fulton Publishers, 2003) ISBN 9781853468308
- Coleman J, Hendry L and Kloep – *Adolescence and Health* (Wiley, 2007) ISBN 9780470092071
- Davey et al – *Health and Disease: A Reader* (Open University Press, 2002) ISBN 9780335209675
- Ewles L and Simnett I – *Promoting Health. A Practical Guide* (Bailliere Tindall, 2003) ISBN 9780702026638
- Hood H - *Applied Health & Social Care: Health and Social Care: AS Student Book – OCR* (OUP Oxford, 2006) ISBN 978-184303840
- Laverack G – *Health Promotion Practice Building Empowered Communities* (Open University Press, 2007) ISBN 978033522057
- Lucas K and Lloyd B – *Health Promotion Evidence and Experience* (Sage, 2005) ISBN 9780761940067
- Naidoo J and Wills J – *Health Studies An Introduction* (Palgrave, 2001) ISBN 9780333760086
- Naidoo J and Wills J – *Health Promotion: Foundations for Practice* (Bailliere Tindall, 2000) ISBN 9780702024481
- Nutbeam D and Harris E – *Theory in a Nutshell: A Practical guide to health promotion theories* (McGraw-Hill, 1999) ISBN 9780074713327
- Nutbeam D and Harris E – *Theory in a Nutshell: A Practical guide to the evaluation of health promotion programs* (McGraw-Hill, 1999) ISBN 9780074715534
- Stretch B – *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257
- Stretch B – *GCE AS Level Health and Social Care Double Award Book for OCR* (Heinemann, 2005) ISBN-13: 978-0435453589
- Stretch B and Whitehouse M – *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167
- Stretch B and Whitehouse M – *BTEC Level 3 Nationals in Health and Social Care Student Book 1* (Pearson, 2010) ISBN 9781846907663

Stretch B and Whitehouse M – *BTEC Level 3 Nationals in Health and Social Care Student Book 2* (Pearson, 2010) ISBN 9781846907470

Underdown A – *Young Children's Health and Well-being* (Open University Press, 2007) ISBN 0335219063

Wills J – *Promoting Health* (Blackwell Publishing, 2007) ISBN 9781415139991

### Other resources

HM Government – *Choosing Health* (Department of Health, 2004)

*Saving Lives: Our Healthier Nation* (Department of Health, 1997)

*The New NHS; Modern Dependable* (Department of Health, 1997)

### Journals

*Care and Health*

*Community Care*

*Nursing Times*

### Websites

[www.dh.gov.uk](http://www.dh.gov.uk)

[www.foodinschools.org](http://www.foodinschools.org)

[www.healthyschoollunches.org](http://www.healthyschoollunches.org)

[www.hesonline.nhs.uk](http://www.hesonline.nhs.uk)

[www.hpa.org.uk](http://www.hpa.org.uk)

[www.schoolfoodtrust.org.uk](http://www.schoolfoodtrust.org.uk)

[www.who.int](http://www.who.int)

[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

[www.bbc.co.uk/news](http://www.bbc.co.uk/news)

### DVDs

Jamie's School Dinners [DVD]

## MAPPING WITHIN THE QUALIFICATION TO THE OTHER UNITS

**Unit 1:** Developing effective communication in health and social care

**Unit 6:** Sociological perspectives for health and social care

**Unit 7:** Psychological perspectives for health and social care

**Unit 16:** Nutrition for health and social care

## LINKS TO NOS

### **HSC31 Promote effective communication with, for and about individuals**

a – Identify ways to communicate effectively

b – Communicate effectively on difficult, complex and sensitive issues

### **HSC33 Reflect on and develop your practice**

a – Reflect on your practice

b – Take action to enhance your practice

### **HSC3103 Contribute to raising awareness of health issues**

a – Work with others to identify health issues which affect individuals

b – Assist in planning and implementing activities to raise awareness of health issues

c – Evaluate, with others, the effectiveness of the awareness raising



## CONTACT US

Staff at the OCR Customer Contact Centre are available to take your call between 8am and 5.30pm, Monday to Friday.

We're always happy to answer questions and give advice.

Telephone **02476 851509**

Email **[cambridgetechnicals@ocr.org.uk](mailto:cambridgetechnicals@ocr.org.uk)**

**[www.ocr.org.uk](http://www.ocr.org.uk)**