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EXEMPLAR

CANDIDATE WORK

UNIT DEM 201

DEMENTIA AWARENESS

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INTRODUCTION

OCR has reproduced this exemplar candidate evidence to support teachers in interpreting the assessment criteria for the unit DEM 201, Dementia Awareness.

This exemplar evidence should be considered alongside the unit requirements, the Learning Outcomes and Assessment Criteria. This content has been selected by the OCR Chief External Verifier for the Health and Social Care Diplomas, to illustrate how the assessment criteria are applied, and to provide some commentary on what factors contributed to the final outcome.

The exemplar candidate evidence is intended to demonstrate how criteria have been met and are supported by a commentary. While the exemplars are intended to be useful in interpreting the specification's Assessment Criteria, they should in no way be regarded as definitive evidence.

This resource is provided for advice and guidance only.

EXEMPLAR UNIT: DEM 201 – DEMENTIA AWARENESS

UNIT PURPOSE

- Introduces the meaning of the term 'dementia'
- Introduces the key features of the theoretical models of dementia
- Introduces the most common types of dementia and their causes
- Understand factors relating to an individual's experience of dementia

EVIDENCE FOR LEARNING OUTCOME 1

UNDERSTAND WHAT DEMENTIA IS

Assessment Criteria:

AC1.1 – **Explain** what is meant by the term 'dementia'

Extract from Written Questioning:
Written Question: 'Explain what it is meant by the term dementia':
Response: <i>'Dementia are the signs and symptoms caused as a result of specific diseases such as Alzheimer's or a stroke that involve the damaging of brain cells; as the brain cells die the person with a dementia will lose their ability to do things they are used to doing as different parts of the brain are damaged. Dementia affects both older and younger people and the decline in the person will get worse as more brain cells are damaged or die.'</i>

COMMENTARY FOR EVIDENCE FOR AC1.1

- **Assessment Method:** The assessor has used a clear **written question** with this learner 'Explain what...'; this encourages the learner to think about the meaning of the term dementia and provides them with an opportunity to provide a more detailed response and to also provide evidence for AC1.1. The assessment method is **valid** as it measures the learner's understanding and knowledge of the term 'dementia'.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the **meaning of** 'dementia' as '*...the signs and symptoms caused as a result of specific diseases such as Alzheimer's or a stroke that involve the damaging of brain cells; as the brain cells die the person with a dementia will lose their ability to do things...*' The learner then continues to explain that dementia affects 'both older and younger people and the decline in the person will get worse as more brain cells are damaged or die.'
- **Breadth of Evidence:** The learner has stated clearly the meaning of the term 'dementia'. The learner's evidence **meets AC1.1 fully** in terms of providing an **explanation** of the meaning of the term 'dementia'.

Assessment Criteria:

AC1.2 – **Describe** the key functions of the brain that are affected by dementia.

Extract from Written Questioning:
Written Question: 'Describe the key functions of the brain that are affected by dementia':
Response:
<i>The main areas of the brain that are affected by dementia in terms of causing difficulties with their functions are:</i>
<i>1) Frontal Lobe – this is the part of the brain that controls behaviour, movement, personality and the interpretation of what is around us</i>
<i>2) Parietal Lobe – this is the part of the brain that controls the language we use, spacial awareness and recognition of places, objects and people.</i>
<i>3) Occipital Lobe – this is the part of the brain that controls eyesight and our ability to see</i>
<i>4) Temporal Lobe – this is the part of the brain that controls our speech, hearing and memory'</i>

COMMENTARY FOR EVIDENCE FOR AC1.2

- **Assessment Method:** The assessor has used a clear **written question** with this learner 'Describe the...'; this encourages the learner to detail own understanding of the different key functions and areas of the brain that are affected by dementia so as to meet AC1.2 fully.

The learner's response meets the evidence requirements for this unit in terms of including a description of the key functions of the brain that are affected by dementia and relating them to the **four** main areas of the brain.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the key functions of the brain that are affected by dementia.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of how the key functions of the brain are affected by dementia and describes these in terms of the four main areas of the brain that are responsible for each function: frontal lobe, parietal lobe, occipital lobe and temporal lobe.
- **Breadth of Evidence:** The learner has provided a detailed account of the key functions of the brain that are affected by dementia. The learner's evidence **meets AC1.2 fully** in terms of providing a **description** of the key functions of the brain that are affected by dementia.

Assessment Criteria:

AC1.3 - **Explain** why depression, delirium and age related memory impairment may be mistaken for dementia.

Extract from Oral Questioning:
Oral Question: 'Tell me about why 1) depression, 2) delirium and 3) age related memory impairment may be mistaken for dementia':
Response: <i>'Depression can sometimes be mistaken for dementia because with dementia a person's behaviour and feeling of well-being can change and cause the person to appear withdrawn and this for example might be mistaken for depression. However, if the person is depressed then it could be the depression not the dementia causing them ill-being.'</i> <i>Delirium for example can be brought on as a result of an infection and this might be mistaken with dementia because for example the person could become confused and suffer with memory loss which are also signs and symptoms of dementia.</i> <i>It is very similar for age-related memory impairment; if someone becomes forgetful they might think or others might think they have dementia because a lot of people associate dementia with old age and memory loss but younger people can be affected too.'</i>

COMMENTARY FOR EVIDENCE FOR AC1.3

- **Assessment Method:** The assessor has used an open **oral question** with this learner 'Tell me about...'; this encourages the learner to detail own understanding of the different reasons why depression, delirium and age related memory impairment may be mistaken for dementia so as to meet AC1.3 fully.

The learner's response meets the evidence requirements for this unit in terms of including at least **two** examples of why depression, delirium and age related memory impairment may be mistaken for dementia.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the different reasons why these health impairments can be mistaken for dementia.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of why these three health conditions may be mistaken for dementia: *'...a person's behaviour and feeling of well-being can change and cause the person to appear withdrawn... the person could become confused and suffer with memory loss... if someone becomes forgetful they might think or others might think they have dementia because a lot of people associate dementia with old age and memory loss.'*
- **Breadth of Evidence:** The learner has provided a detailed account of why these three health conditions may be mistaken for dementia. The learner's evidence **meets AC1.3 fully** in terms of providing an **explanation** of why depression, delirium and age related memory impairment may be mistaken for dementia.

EVIDENCE FOR LEARNING OUTCOME 2

UNDERSTAND WHAT DEMENTIA IS

Assessment Criteria:

AC2.1 – **Outline** the medical model of dementia

AC2.2 – **Outline** the social model of dementia

AC2.3 – **Explain** why dementia should be viewed as a disability

Extract from **Discussion:**

Discussion: 'Tell me about 1) the medical model of dementia 2) the social model of dementia and 3) the reasons why dementia should be viewed as a disability':

Response:

'In the medical model of dementia the dementia itself is the focus rather than the person and it is seen as something that has to be treated and managed.

In the social model of dementia it is the reverse of the medical model because the person not the dementia is the focus and what the person needs, their feelings and wishes is the main focus rather than the dementia.

If social care workers viewed dementia as a disability then they will be accepting that dementia is a disability as it progresses it carries on disabling the brain and its functions; for example someone might become more confused or forgetful. Thinking of dementia as a disability makes social care workers think about how they can change things round and adapt their ways of working to meet the person's needs and to let them live their lives how they want to; for example if a person with a dementia is difficult to understand when they are speaking it might be better to communicate with them using signs, pictures or writing things down.'

COMMENTARY FOR EVIDENCE FOR ACS 2.1, 2.2 AND 2.3

- **Assessment Method:** The **discussion** with the learner details own understanding of the medical and social models of dementia as well as the reasons why dementia should be viewed as a disability.

The learner's response meets the evidence requirements for this unit in terms of including outlines of both the medical and social models of dementia and providing at least **two** examples of why dementia should be viewed as a disability.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the medical and social models of dementia as well as the reasons why dementia should be viewed as a disability.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of both the medical and social models of dementia: *'the medical model of dementia the dementia itself is the focus rather than the person... the social model of dementia it is the reverse of the medical model because the person not the dementia is the focus and what the person needs, their feelings and wishes is the main focus.'*

The learner also explains two different reasons for why dementia should be viewed as a disability: *'...they will be accepting that dementia is a disability as it progresses it carries on disabling the brain and its functions.... thinking of dementia as a disability makes social care workers think about how they can change things round and adapt their ways of working to meet the person's needs and to let them live their lives how they want to.'*

- **Breadth of Evidence:** The learner has provided outlines of the medical and social models of dementia and provided reasons why dementia should be viewed as a disability. The learner's evidence **meets ACs 2.1, 2.2 and 2.3 fully** in terms of providing **outlines** of the medical and social models of dementia and an **explanation** of why dementia should be viewed as a disability.

EVIDENCE FOR LEARNING OUTCOME 3

LIST THE MOST COMMON CAUSES OF DEMENTIA

Assessment Criteria:

AC3.1 – **List** the most common causes of dementia

AC3.2 – **Describe** the likely signs and symptoms of the most common causes of dementia

Extract from **Assignment:**

Assignment: 'List the four most common causes of dementia and describe their signs and symptoms:

Common Cause of Dementia	Signs and Symptoms
Alzheimer's Disease	Difficulties with remembering, using language to speak becomes more difficult, thinking and making decisions becomes harder as the person becomes more confused
Vascular Dementia	Difficulties with speaking and using the right language, the person's balance and co-ordination can be affected as well as memory loss
Dementia with Lewy Bodies	The physical symptoms include can cause the person's movements to slow down and can make them more likely to have trips and falls. There will be memory loss, difficulties with using language and making decisions. Hallucinations, double vision and problems with balance are also common.
Fronto-temporal Dementia	Difficulties with language, behaviour and feelings. The person might have mood swings and variable and inappropriate behaviour.

COMMENTARY FOR EVIDENCE FOR ACS 3.1 AND 3.2

- **Assessment Method:** The learner's **assignment** gives information about the most common causes of dementia and their associated signs and symptoms.

The learner's response meets the evidence requirements for this unit in terms of including the four most common causes of dementia and their associated likely signs and symptoms.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the most common causes of dementia and their likely signs and symptoms.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the four most common causes of dementia: Alzheimer's Disease, Vascular Dementia, Dementia with Lewy Bodies and Fronto-temporal Dementia. The learner then details for each of these the associated and specific signs and symptoms that are likely.
- **Breadth of Evidence:** The learner has given detailed information about the common causes of dementia and their signs and symptoms. The learner's evidence **meets ACs 3.1 and 3.2 fully** in terms of providing a **list** of the most common causes of dementia and **describing** their likely signs and symptoms.

Assessment Criteria:AC3.3 – **Outline** the risk factors for the most common causes of dementia

Extract from Written Questioning:
Written Question: 'Outline the risk factors for the most common causes of dementia':
Response: <i>'The risk factors include having other family members with this condition means in terms of the genes that there is more chance of developing dementia. If you are at a high risk of high blood pressure which can cause a stroke then this will be another risk factor. Also, smoking, lack of exercise and eating food high in cholesterol can lead to an increase in risk of having a stroke. If you have a medical condition such as Huntingdon's disease as dementia occurs in most cases.'</i>

COMMENTARY FOR EVIDENCE FOR AC3.3

- **Assessment Method:** The assessor has given the learner a clear **written question** that asks them clearly to outline the risk factors for the most common causes of dementia.

The learner's response meets the evidence requirements for this unit in terms of including four different risk factors for the most common causes of dementia.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the risk factors.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the four key risk factors for the most common causes of dementia and gives consideration to different risk factors: '*...genes...high blood pressure...smoking, lack of exercise and eating food high in cholesterol... if you have a medical condition such as Huntingdon's disease...*'
- **Breadth of Evidence:** The learner has given detailed information about the risk factors for the most common causes of dementia. The learner's evidence **meets AC 3.3 fully** in terms of providing an **outline** of the risk factors for the most common causes of dementia.

Assessment Criteria:AC3.4 - **Identify** prevalence rates for different types of dementia

Extract from Assignment:	
Assignment: 'Identify prevalence rates for different types of dementia':	
<i>The prevalence rates for dementia in the UK (i.e. how frequent dementia occurs in the population) as per 2011 figures based on Alzheimer's Society research: -</i>	
<ul style="list-style-type: none"> • 40-64 years: 1 in 1400 • 65-69 years: 1 in 100 • 70-79 years: 1 in 25 • 80+ years: 1 in 6 	
<i>The number of people with these different types of dementia can then be broken down into the following:</i>	
Dementia Types	Prevalence Rates
Alzheimer's Disease	62%
Vascular Dementia	17%
Dementia with Lewy Bodies	4%
Fronto-temporal Dementia	2%

COMMENTARY FOR EVIDENCE FOR AC3.4

- **Assessment Method:** The learner's **assignment** gives information about the prevalence rates for different types of dementia.

The learner's response meets the evidence requirements for this unit in terms of including the prevalence rates for **four** different types of dementia.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the prevalence rates associated for different types of dementia.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the overall prevalence rates for dementia in the UK population based on age groups and then breaks this down in total percentages across four different types of dementia.
- **Breadth of Evidence:** The learner has provided clear information about the different prevalence rates that there are for four different types of dementia. The learner's evidence **meets AC 3.4 fully** in terms of **identifying** prevalence rates for different types of dementia.

EVIDENCE FOR LEARNING OUTCOME 4

UNDERSTAND FACTORS RELATING TO AN INDIVIDUAL'S EXPERIENCE OF DEMENTIA

Assessment Criteria:

AC4.1 – **Describe** how different individuals may experience living with dementia depending on age, type of dementia and level of ability and disability.

AC4.2 – **Outline** the impact that the attitudes and behaviours of others may have on an individual with dementia

Extract from **Personal Statement:**

Personal Statement: 'Think of two individuals you work with and describe how their experiences of living with dementia are different – think about their age, type of dementia, level of ability and disability'

For both these individuals then outline the impact that the attitudes and behaviours of others may have on them:

'Mrs A is 65 years young and has recently been diagnosed with Alzheimer's. Mrs A is fully aware of her diagnosis but apart from having to write things down to remember she does not see that this will cause her any difficulties and does not think that she needs any support at the moment. Mrs A continues about her day-to-day life as usual and goes out. As Mrs A is 65 and her outlook on life is positive she is taking the news well and believes she can go about her usual business. This is due to her having Alzheimer's in the early stages as she has not seen any major decline in her abilities apart from a little to her memory. Also, Mrs A is able to continue to go out so again does not feel that having Alzheimer's is holding her back.

Mrs B is 80 years of age and has Dementia with Lewy Bodies. Most mornings she wakes up in pain all over her body and requires support with her personal care activities now as she is unsteady on her feet and complains of double vision. Mrs B is aware of her dementia sometimes and seems low in herself at these moments in time and at 80 years old she keeps on saying that things will not get any better for her now at her stage in life. Mrs B's experience of living with DLB is very different to Mrs A's as the dementia has affected her ability to do things by herself and she is in pain – being aware of this means that she feels low in herself at times and cannot see a positive future ahead.

Positive Impacts: Social care workers encouraging Mrs A to continue to go out and be independent will maintain her sense of well-being. A dementia care advisor talking through and providing Mrs A with information about Alzheimer's will retain her sense of being in control of the dementia not the other way round.

Negative Impacts: Social care workers getting frustrated with Mrs B or ignoring her pains will only add to her ill-being and feeling low. An advocate imposing own views on Mrs B and not listening to how she is and ignoring her needs will only add to Mrs B feeling low.'

COMMENTARY FOR EVIDENCE FOR ACS 4.1 AND 4.2

- **Assessment Method:** The learner's personal statement details the different experiences of two individuals living with dementia. The learner also then briefly details the impact that the attitudes and behaviours of others may have on these individuals with dementia.

The learner's response meets the evidence requirements for this unit in terms of detailing how **two** different individuals may experience living with dementia depending on age, type of dementia and level of ability and disability as well as **two** positive and **two** negative examples of the impact that attitudes and behaviours of others may have on individuals with a dementia.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the factors that affect individuals' experience of living with dementia as well as the impact that the attitudes and behaviours of others may have.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of how age, type of dementia, level of ability and disability affects individuals' experiences of living with dementia and details the experiences of two different individuals. The learner then provides brief details of how the attitudes and behaviours of social care workers, dementia care advisors and advocates may impact both positively and negatively on both individuals: *'...encouraging Mrs A to continue to go out and be independent will maintain her sense of well-being... A dementia care advisor talking through and providing Mrs A with information about Alzheimer's will retain her sense of being in control of the dementia... social care workers getting frustrated with Mrs B or ignoring her pains will only add to her ill-being and feeling low... an advocate imposing own views on Mrs B and not listening to how she is and ignoring her needs will only add to Mrs B feeling low.'*
- **Breadth of Evidence:** The learner's evidence **meets ACs 4.1 and 4.2 fully** in terms of **describing** how different individuals may experience living with dementia depending on age, type of dementia and level of ability and disability and **outlining** the impact that the attitudes and behaviours of others may have on an individual with dementia.

SUMMARY OF HOW EXEMPLAR EVIDENCE FOR DEM 201 MEETS THE ASSESSMENT REQUIREMENTS AND ASSESSMENT CRITERIA

Variety of assessment methods used	Yes	Oral and Written questioning Verbal Explanation Personal Statement Discussion Assignment
Valid assessment methods used	Yes	All assessment methods used were appropriate for validating the learner's knowledge of all the assessment criteria in this unit.
Quality and Breadth of evidence sufficient	Yes	Evidence provided meets all the assessment criteria fully.

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