

Live Assessment Material

Set Assignment 3

OCR Level 1/2 Cambridge National Award in Health and Social Care OCR Level 1/2 Cambridge National Certificate in Health and Social Care OCR Level 1/2 Cambridge National Diploma in Health and Social Care Unit R022: Communicating and working with individuals in health, social care and early years settings

Please note:

This OCR set assignment is to be used to provide evidence for the unit identified above. Alternatively, centres may 'tailor' or modify the assignment within permitted parameters (see Information for Teachers). It is the centre's responsibility to ensure that any modifications made to this assignment allow learners to show that they can meet all of the learning outcomes and provide sufficient opportunity for learners to demonstrate achievement across the full range of marks.

INSTRUCTIONS TO TEACHERS

The OCR administrative codes associated with this unit are:

Unit entry code R022

Certification code Award J801/Certificate J811/Diploma J821

The qualification numbers associated with this unit are:

Unit reference number D/503/6197

Qualification numbers J801 - 600/4777/X, J811 - 600/4780/X, J821 - 600/4771/9

Duration: Approximately 10 hours

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Version 2 April 2019 - Change of title to set assignment, no other changes.

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Set Assignment: Information for Learners

OCR Level 1/2 Cambridge National Award in Health and Social Care OCR Level 1/2 Cambridge National Certificate in Health and Social Care OCR Level 1/2 Cambridge National Diploma in Health and Social Care Unit R022: Communicating and working with individuals in health, social care and early years settings

Scenario for the assignment

Setting the scene – the importance of communication

As part of their training care workers have to understand how to communicate in health, social care and early years settings.

You have been asked to produce a display on how a care worker should effectively communicate in settings.

Your display must cover the topics below:

- different types of communication
- factors that positively influence communication
- barriers to communication and ways of overcoming these
- the personal qualities that contribute to effective care.

After completing your display you will demonstrate how to communicate effectively in a health, social care or early years setting with:

one person

and

a group of people

You will need to produce a plan for both interactions.

Read through all of the tasks carefully, so that you know what you will need to do to complete this assignment.

Your tasks

Task 1: Communication methods used in health, social care and early years settings and making communication a positive experience

This task covers part of Learning Outcome 1: Understand how to communicate effectively

The first section of your display must give information on different types of communication.

You must:

- explain the different types of communication that care workers should use
- describe the factors that positively influence communication.

Task 2: Barriers to communication and how to overcome them

This task covers part of Learning Outcome 1: Understand how to communicate effectively

In the second section of your display you must:

- describe the barriers to communication in care settings
- describe ways to overcome these barriers.

Task 3: What personal qualities and behaviours contribute to effective care in health, social care and early years settings?

This task covers all of Learning Outcome 2: Understand the personal qualities that contribute to effective care and part of Learning Outcome 3: Be able to communicate effectively within a health, social care and early years setting

The third section of your display must include information on the personal qualities that help a care worker to communicate with service users so that the service users feel valued.

In your display you must:

- describe the personal qualities that will contribute to effective care
- describe how personal qualities contribute to effective care
- give examples of types of behaviour that fail to value service users.

Task 4: Communicating in both one-to-one and group settings

This task covers part of Learning Outcome 3: Be able to communicate effectively within a health, social care and early years setting

You have been asked to give a practical demonstration to show how to interact effectively in a one-to-one and a group setting.

Select **one** one-to-one interaction and **one** group interaction from the case studies provided.

You must provide:

- one plan for a one-to-one interaction with a person who uses the service
- one plan for a group (3 or more) interaction with people who use the service.

When you have completed your plan you will need to take part in both interactions. Your teacher will help you with arrangements for the interactions.

A witness statement will need to be provided commenting on how you took part in your interactions.

Case Study 1

As a Health and Social Care student you volunteer at a local day care centre one afternoon a week. Some of the older adults who use the centre are concerned about one of their friends who is having memory problems. The group want to know how they could best support their friend. The day care centre manager has suggested that you meet with them to discuss their concerns.

- You will have a one to one interaction with one of the group to discuss their concerns.
- Discuss with the group how people with memory problems could be supported.

Case Study 2

James is 15 years of age and has a number of friends who are overweight. They spend many hours playing computer games and watching television, and do not take part in regular physical activity. Whilst playing football James becomes breathless and is unable to continue. James goes to the doctor who diagnoses him as being seriously overweight. He recommends that James attends a healthy eating clinic run in the primary care centre. James and his friends are concerned that unless they change their diet and lifestyle they could face health problems in the future.

As a health care worker working at the primary care centre talk to James and his friends about how they could improve their diet and lifestyle.

- Have a one to one conversation with James about how he could improve his diet and lifestyle.
- Take part in a group interaction with James and his friends to discuss how they could support each other to follow a healthier lifestyle.

Case Study 3:

As a Health and Social Care student you have a work experience placement at a local health centre for one day a week. Megan is a single parent with three children under the age of five who uses the health centre. She lives in a small flat, has a limited income and is struggling to cope. Megan has asked you whether you know of any community activities within the local area.

- Have a one-to-one meeting with Megan to discuss the activities available to her and her children.
- Take part in a group interaction with Megan and other mothers in a similar situation to discuss how they could best support themselves and their children.



Information for Teachers

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Unit R022: Communicating and working with individuals
in health, social care and early years settings

Live Assessment Material
Unit R022: Communicating and working with individuals in health, social care and early years settings
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General guidance on using this assignment

1 General guidance

- OCR assignments are available to download free of charge from our website: www.ocr.org.uk
- 1.2 OCR assignments are intended to be used for summative assessment of learners. The OCR specification for this qualification gives more information on the arrangements for assessing internally assessed units.
- This assignment has been designed to meet the full assessment requirements of the 1.3 unit. Learners will need to take part in a planned learning programme that covers the underpinning knowledge, understanding and skills of the unit.

2 Before carrying out this assignment

- Learners should be provided with a copy of the *Information for Learners* section of this assignment.
- 2.2 Learners will not need to carry out any preparations prior to undertaking the assessment tasks, such as collating resources to use in the assessment.
- 2.3 We have estimated that it will take approximately ten hours to complete all tasks. Learners would need approximately 3 hours to complete task 1, 1.5 hours to complete task 2, 2 hours to complete task 3, and 3.5 hours to complete task 4. These timings are for guidance only but should be used by the teacher to give learners an indication of how long to spend on each task. Centres can decide how the time can be allocated between each part or individual task. Centres are also permitted to spread the tasks across several sessions and therefore it is permissible for evidence to be produced over several sessions.

When completing the assignment and producing evidence 3

- Each learner must produce individual and authentic evidence for each task within the assignment.
- 3.2 Centre staff may give support and guidance to learners. This support and guidance should focus on checking that learners understand what is expected of them and giving general feedback that enables the learner to take the initiative in making improvements, rather than detailing what amendments should be made. It is not acceptable for teachers/deliverers to provide answers or to work through answers in detail.
- 3.3 Learners may use information from any relevant source to help them with producing evidence for the tasks.
- Learners must be guided on the use of information from other sources to ensure that 3.4 confidentiality is maintained at all times. It is acknowledged that learners in their responses may refer to situations in the scenario we have provided but as the scenario is fictitious this does not break any rules of confidentiality.
- We have specified what evidence the learner is expected to produce. Usually, the type 3.5 of evidence provided may be modified, with the exception of certain types of evidence listed below under 'Permitted changes'. Format must not be confused with the content or the type of evidence to be produced and it is important to note that it is possible to generate the evidence in a variety of formats. Centres must advise learners as to the

most appropriate format of evidence. The assessment is structured so that learners are required to provide evidence of using appropriate Health and Social Care techniques to meet specified purposes. It is unlikely that evidence of the techniques used will, on their own, provide sufficient evidence to judge the extent to which they have been used appropriately. Annotations may help to provide this additional context. The section *Evidence Summary* at the back of this document will guide you on the type of evidence and formats for evidence.

4 Presentation of work for marking and moderation

- 4.1 Centres wishing to produce digital evidence in the form of an e-portfolio should refer to the appendix in the specification on guidance for the production of electronic assessment.
- 4.2 Centres may wish to discourage learners from excessive use of plastic wallets for presentation of their evidence as this may hinder the assessment process. Instead centres may wish to encourage learners to present their work so that it is easily accessible, e.g. spiral bound, stapled booklet, treasury tag.

5 Scope of permitted set assignment modification

The set assignment is very self-contained in its present form. The set of tasks form a coherent whole addressing all the learning outcomes and allowing access to the full range of marks.

You **must not** change the following:

- the learning outcomes
- the marking criteria
- the requirements for supervision and authentication as described in the specification (section *The internally assessed units*)
- the requirement to produce two plans, one for a one-to-one and one for a group interaction (centres to advise learners as to the most appropriate format to be used).

Permitted changes:

The set assignment can be modified in terms of the areas described below at the permission of OCR but centres must be sure that learners still have the opportunity to cover all of the learning outcomes and to access the full range of marks:

- The learner's assignment may be contextualised or amended to suit local needs. Any local health, social care or early years setting could be used as a focus for the communication activity.
- Who the individual is and what their needs are.
- Each specific task may be appropriately contextualised to match with any permitted changes vou have made to the scenario.
- The type of evidence required and the format it takes.

OCR has ensured that in the language used and the tasks and scenario provided we have avoided discrimination, bias and stereotyping and support equality and diversity. In the development of qualifications and assessments we use the guidance given in the Ofgual publication Fair access by design, notably this includes:

- using language and layout in assessment materials that does not present barriers to learners
- using stimulus and source materials in assessment materials (where appropriate) that do not present barriers to learners.

If centres wish to adapt the set assignment we strongly advise that staff responsible for modifying the set assignment and quality assuring it refer to the publication Fair access by design.

If modifications are made to the set assignment, whether to just the scenario or to both the scenario and individual tasks, it is up to the centre to ensure that all learning outcomes can be met and that learners can access the full range of marks.

Specific guidance on the tasks

Introduction to the tasks

These guidance notes should be used in conjunction with the specification.

The tasks have been designed to enable learners to demonstrate their knowledge and understanding of how to form good relationships with individuals who use services and how to value people as individuals. Learners will consider the different ways of communicating with individuals in care settings and will carry out two interactions, one in a group situation and the other in a one-to-one situation.

If learners produce evidence in the context of children, the children must be above 4 years of age.

Specific guidance on Task 4: Communication in one-to-one and group settings

Learners need to select from the case studies provided. They can choose one case study for both interactions or a different case study for each interaction.

When preparing for the interactions, the learner must produce a plan, taking into consideration the criteria in LO3. Learners should also consider factors that can influence communication and how barriers could be overcome, for example, seating arrangements, lighting, ventilation, to include a plan showing the seating arrangements and explaining them.

It could help the learner to include a small part of the transcript for their intended conversation, for example, what they are likely to include in their introduction, the main content and how they will wind down the communication. This is not compulsory, but would help the learner to think about what they might say during the conversation.

When communicating on a one-to-one basis and with a group of individuals, learners could carry out each task as a role-play in a simulated environment. Learners must adopt the role of the care worker who is working with a service user. The role of the service user must be carried out by someone who will allow learners to access the full mark band. The assessor/tutor should sit in an unobtrusive position but should be able to observe and hear both interactions.

The one-to-one and the group interaction should last for a minimum of 5 minutes and a maximum of 20 minutes.

Guidance on witness statements is provided in Appendix A of the specification and a template witness statement is provided on the OCR website.

Alternatively the witness statement provided at the end of this assessment material may be used to record both the witness observations and the marking decisions made by the assessor (the witness and the assessor may be different people).

Evidence summary

When completing this assignment it may be possible to generate evidence for completing a task in a variety of formats. This list provides examples of the format that can be used, it is not exhaustive. In some cases the task or assignment will require a specific format for the outcome and this will be clearly marked with an asterisk in the table.

Task number	What learners need to produce (evidence)	Format of evidence (this list is not exhaustive)
Task 1	 Different types of communication Factors that positively influence communication 	DisplayLeafletHandout
Task 2	Barriers to communication Ways to overcome barriers	DisplaySlide presentation (and accompanying notes)Fact Sheets
Task 3	 Personal qualities that contribute to effective care Examples of behaviour that fails to value service users 	 Display Slide presentation (and accompanying notes) Poster Written notes
Task 4	 Plan for a one-to-one interaction Plan for a group interaction Demonstrate a one-to-one interaction Demonstrate a group interaction 	Plan: Written notes Checklist of skills Transcript for communication Practical/demonstration activity: Video evidence/transcript Witness/observation statement.

Witness Statement – Task 4

LO3

Be able to communicate effectively within a health, social care and early years setting

LEARNER NAME		
WITNESS NAME	WITNESS ROLE/POSITION:	Date:
ASSESSOR NAME	ASSESSOR SIGNATURE	Date:

One-to-one interaction				
	WITNESS observations on candidate interaction	ASSESSOR decisions based on witness observations (circle decision)		
Skills to be demonstrated		MB1	MB2	MB3
Demonstrating communication skills		Guidance and support needed	Little support needed	Independent
		Basic	Confident and competent	Confident, clear, coherent
Maintaining a conversation		Basic level	Effectively	Consistently
Application of theory into practice		Some	Shows ability	Clearly applies

Methods of communication are appropriate to the individual's circumstances and people who use the service feel comfortable	Sometimes appropriate Not always feel comfortable	Mostly appropriate Mainly feel comfortable	Wholly appropriate Always feel comfortable
Consideration shown of the use of body language and how it can contribute to effective communication	Basic	Clear	Thorough
Consideration shown of the importance of adapting language in order to meet the needs of the people who use the service	Basic	Clear	Clear and comprehensive
Draws upon skills/knowledge/ understanding from other units in the specification	Limited	Some relevant	Clearly draws upon and relevant

GENERAL COMMENTS/STRENGTHS/WEAKNESSES You must only comment on strengths and weaknesses and not suggest areas for improvement		

Witness Statement – Task 4

LO3

Be able to communicate effectively within a health, social care and early years setting

LEARNER NAME		
WITNESS NAME	WITNESS ROLE/POSITION:	Date:
ASSESSOR NAME	ASSESSOR SIGNATURE	Date:

Group interaction				
	WITNESS observations on candidate interaction	ASSESSOR decisions b on witness observatio (circle decision)		
Skills to be demonstrated		MB1	MB2	МВ3
Demonstrating communication skills		Guidance and support needed Basic	Little support needed Confident and competent	Confident, clear, coherent
Maintaining a conversation		Basic level	Effectively	Consistently
Application of theory into practice		Some	Shows ability	Clearly applies

Methods of communication are	Sometimes appropriate	Mostly appropriate	Wholly appropriate
appropriate to the			
individual's	Not always	Mainly feel	Always feel
circumstances and	feel comfortable	comfortable	comfortable
people who use the	Comortable		
service feel comfortable			
Consideration shown of			
the use of body	Basic	Clear	Thorough
language and how it	Daois	J.ou.	l
can contribute to effective			
communication			
Consideration shown of			
the importance of			
adapting language in	Basic	Clear	Clear and
order to meet the needs	Dasic	Clear	comprehensive
of the people who use			
the service			
Draws upon			
skills/knowledge/	Limited	Some	Clearly draws
understanding from	Liiiilloo	relevant	upon and
other units in the			relevant
specification			

GENERAL COMMENTS/STRENGTHS/WEAKNESSES You must only comment on strengths and weaknesses and not suggest areas for improvement