


Research  
Based  
Curricula

# Health Inequalities

## Key Stage 5 Sociology



A hand-drawn diagram on a circular background. A hand is shown pointing to a graph. The graph has a horizontal axis labeled 'Rich' on the left and 'poor' on the right, with an arrow pointing from Rich to poor. The vertical axis is labeled 'LIFE EXPECTANCY'. A line starts at a high point on the 'Rich' side and slopes downwards to a lower point on the 'poor' side, illustrating that life expectancy decreases as wealth decreases.

Rich → poor  
LIFE EXPECTANCY

2019



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# For Pupils Welcome



To get into the best universities, you must demonstrate that you are intellectually curious, and will make the most of the wonderful academic opportunities available to you.

One of the best ways of demonstrating this, is by going above and beyond what is taught in school and studying something that is not on the curriculum.

This resource will give you exactly such an opportunity. You will have something interesting to write about in your application to university, something interesting to talk about in a university interview, and open whole new areas of study you might be interested in!

You will develop valuable academic skills as you go, that we have marked out with gold badges (see the next page on university skills). As you work through the resource you can look out for these badges so that you can explain which skills you have developed and what you did to demonstrate them. Developing these skills will help you get university ready!

If you have any questions while you are using the resources in this pack, you can contact your teacher or email us directly at [schools@access-ed.ngo](mailto:schools@access-ed.ngo).

Good luck with your journey to higher education!



# For Pupils University Skills



To complete this resource, you will have to demonstrate impressive academic skills. When universities are looking for new students, they will want young people who can study independently and go above and beyond the curriculum. All of these skills that you will see here will demonstrate your abilities as a university student – while you're still at school!

Every time you have to look something up, or write up a reference you are showing that you can work independently. Every time that you complete a challenging problem or write an answer to a difficult question, you might demonstrate your ability to think logically or build an argument. Every time that you evaluate the sources or data that you are presented with, you are showing that you can “dive deep” into an unfamiliar topic and learn from it.



Here are the skills that you will develop in this course:

independent research	your ability to work on your own and find answers online or in other books
creativity	your ability to create something original and express your ideas
problem solving	your ability to apply what you know to new problems
building an argument	your ability to logically express yourself
providing evidence	your ability to refer to sources that back up your opinions/ ideas
academic referencing	your ability to refer to what others have said in your answer, and credit them for their ideas
deep dive	your ability to go above and beyond the school curriculum to new areas of knowledge
source analysis	your ability to evaluate sources (e.g. for bias, origin, purpose)
data interpretation	your ability to discuss the implications of what the numbers show
active reading	your ability to engage with what you are reading by highlighting and annotating

# For Teachers RBC Guide



## Programme Aims

The Research-Based Curriculum aims to support student attainment and university progression by providing classroom resources about cutting-edge research at local universities. The resources are designed to:

- ✓ promote intellectual curiosity through exposure to academic research
- ✓ stretch and challenge students to think deeply about content that may be beyond the confines of the curriculum
- ✓ develop core academic skills, including critical thinking, metacognition, and written and verbal communication
- ✓ inform students about how subjects are studied at university, and provide information, advice and guidance on pursuing subjects at undergraduate level

## Content

The programme represents a unique collaboration between universities and schools. Trained by AccessEd, PhD Researchers use their subject expertise to create rich resources that help bring new discoveries and debates to students.

The Research-Based Curriculum offers ten modules suitable for either KS4 or KS5 study. The modules span a range of disciplines, including EBacc and A-level subjects, as well as degree subjects like biochemistry. Each module includes six hours of teaching content, supported by student packs, teacher notes and slides. All modules are available online and free of charge for teachers at select schools.

## Delivery

Resources are designed to be used flexibly by teachers. The resources can be completed by students individually or in groups, in or out of the classroom.

# For Teachers

## RBC Guide



Here are five examples of delivery options:

### Extra-Curricular Subject Enrichment Clubs

The resources can be completed in small groups (4-8 pupils) across a series of weekly lunch clubs or after-school clubs. Groups can reflect on their learning by presenting a talk or poster on the subject matter at the end of the course.

### University Access Workshops

The resources can be used by students to explore subjects that they are interested in studying at university. This can inform their decision making with regards to university degree courses, and allow students to write more effective personal statements by including reflections on the Research-Based Curriculum.

### Research Challenge

The resources can be used to ignite curiosity in new topics and encourage independent research. Schools could hold a research challenge across a class or year group to submit a piece of work based on the resources. Pupils could submit individually or in small groups, with a final celebration event.

### Summer Project

Resource packs can function as 'transition' projects over the summer, serving as an introduction to the next level of study between KS3 and KS4, or KS4 and KS5. Students could present their reflections on the experience in a journal.

### Evidence

The Research-Based Curricula programme builds on the University Learning in Schools programme (ULiS), which was successfully delivered and evaluated through the London Schools Excellence Fund in 2015. The project was designed in a collaboration between Achievement for All and The Brilliant Club, the latter of which is the sister organisation of AccessEd. ULiS resulted in the design and dissemination of 15 schemes of work based on PhD research for teachers and pupils at Key Stage 3. The project was evaluated by LKMCo. Overall, pupils made higher than expected progress and felt more engaged with the subject content. The full evaluation can be found here: [ULiS Evaluation](#).

### Questions?

For more information contact [hello@access-ed.ngo](mailto:hello@access-ed.ngo)



# Introduction to Topic Health Inequalities



The opportunity to live a long and healthy life remains unequal. Who you are, and where you are from, can put you at a higher risk of disease and illness. The association between people's socio-economic position and their health has persisted despite significant improvements in living standards and health across the world.

We will explore how concepts in sociology can explain the unequal social distribution of health chances in the United Kingdom. How can we explain why where you live, what you do and who you are might impact your health chances?

Each topic will provide you with a brief overview of the subject and how it links to health inequalities.

The topics within this pack will include:

an introduction to health inequalities

health inequalities in Cumbria

health inequalities and obesity

inequalities and work

inequalities and the medical profession

inequalities, politics and policies

There is so much more to discover if you are interested in this subject, and I hope you will find the recommended reading and information of interest.

It is important to note that whilst this curricula pack will be most useful to A-Level students studying sociology, the topic of health inequalities is relevant to many disciplines, and indeed the solution to reducing them lies outside of the medical world as will be explained later.

This pack on health inequalities is relevant to students who are interested in studying medicine, dentistry, politics, public health, social research, human geography, global health and journalism. It is also important that students who wish to go into business and management understand health inequalities and how they are created. It is hoped that if they understand the links between working conditions and health, this will influence decisions they make in the future.

# Introduction to Subject Sociology at University



Sociology is the study of human social life, and it is a fascinating subject. It examines and explains the social world by careful analysis of human behaviour. Sociologists focus on the actions, beliefs, values, norms, organisations, institutions, and other social forces that characterize a society and shape people's lives. To study all of these factors, sociologists use a variety of theoretical perspectives and scientific methods including surveys, interviews, and observation.

Sociology degrees cover topics such as: power; health; gender; religion; criminology; social movements; education; media and culture; social policy and disability. Most degrees will also include modules on research skills.

Many Sociology programmes offer a great deal of flexibility in terms of which modules you study, so you can create a degree that is very much tailored to your interests. Sociology degrees can also be studied as a joint or minor subject where you study another topic alongside. This could be Management, Politics, Criminology, or International Relations to name a few.

A Sociology degree will equip you for a career in many different areas such as a social worker, local government officer, community development worker, researcher or working for a charity. Sociology graduates are also well suited to careers in teaching, public health, HR, counselling and journalism.

Good luck!

Rachel Earnshaw



# Meet the PhD Researcher Rachael Earnshaw



I am at the beginning of my PhD research, which will explore how medical students understand health inequalities and their causes. The research will also seek to understand their beliefs on how they can act as health professionals to reduce health inequalities.

My work background is local government, and I currently work in Cumbria. I applied to undertake a PhD when I noticed that public health related meetings often focused on improving lifestyles/behaviour, and health services. I noticed this focus led to related policy and actions, and much work was themed around topics such as smoking, physical activity and reducing alcohol consumption. Action in these areas will not reduce inequality, as it does not improve the conditions which people live in. Focusing on the determinants of health such as housing and air quality are more likely to improve health of the population. I am interested in finding out how medical students perceive inequalities. I chose this group as they are powerful and influential.

I completed a Masters of Research at Lancaster which helped to shape my proposal. I believe doing a Research Masters before a PhD was extremely beneficial in terms of laying the foundations to commence doctoral study. My research is funded by the Economic and Social Research Council.

## A-Level Subjects

Fine Art, Biology and Physical Education

## Undergraduate

Management degree at the University of Central Lancashire

## Postgraduate

MSc Applied Public Health at the University of Central Lancashire and MRes Health and Wellbeing at Lancaster University

# Glossary



Term	Definition
Determinants of Health	The range of environmental, social and personal factors which influence health.
Health Inequalities	Unjust differences in health across the population.
Healthy Life Expectancy	The number of years an individual is expected to live free from disease and in good health.
Income Inequality	The extent to which income is unfairly distributed across the population.
Neoliberal	An ideology which champions a liberal economy – such as deregulation, free trade, austerity and privatisation.
Population Health	The health outcomes of a population group.
Prevalent	Frequent/widespread/common
Quintile Group	Where the population is divided into fifths.
Vigintile	Any of the values in a series that divides the distribution into twenty groups of equal frequency.

# Resource One Overview



Topic An Introduction to Health Inequalities

A-Level Modules Health – understanding social inequalities

Objectives After completing this resource, you should be able to:

- ✓ Define health inequalities
- ✓ Discuss different determinants of health
- ✓ Demonstrate knowledge of the relationship with health inequality and other social issues

Instructions

1. Read the data source
2. Answer the questions
3. Do the research tasks
4. Explore the further reading



# Resource One

## Data Source



### Section A

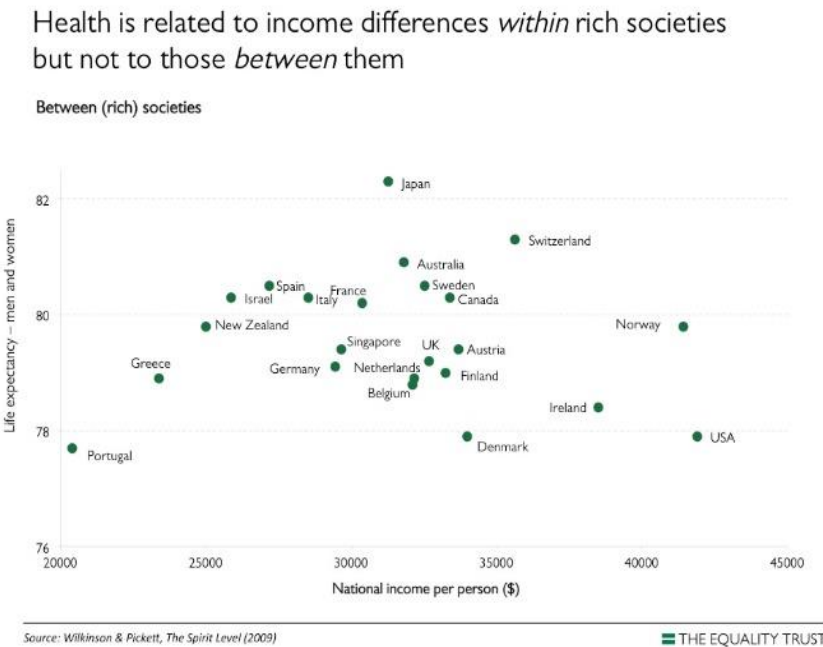
#### An Introduction to Health Inequalities

Health inequalities are the avoidable and unfair differences in health. They do not occur randomly or by chance. They are created by the conditions in which people are born, grow, live, work and age. These conditions (good or bad) are determined by the access a person has to resources. Income and wealth are very strong indicators of how healthy a person is, and how long a life they will lead.

The first graph compares countries which are similar to the UK, you can see there is no relationship between life expectancy and national income.

Figure 1

A graph which shows there is no relationship between life expectancy and national income per person (Wilkinson and Pickett, (2009).



The second graph shows the relationship between life expectancy and deprivation levels in England and Wales. Health inequalities exist on a gradient in society and they affect everyone. Even those in the second and third vigintile group do not enjoy as good health as those in the least deprived group. The graph shows that life expectancy varies significantly across the UK, with people living in the most affluent areas having significantly longer lives.

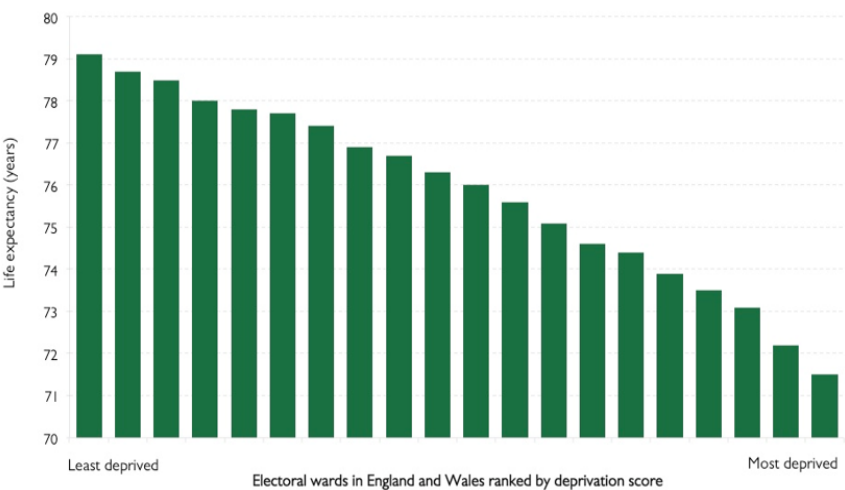
# Resource One

## Data Source



Figure 2

A graph which shows that life expectancy is related to levels of deprivation in England and Wales (Wilkinson and Pickett, 2009).

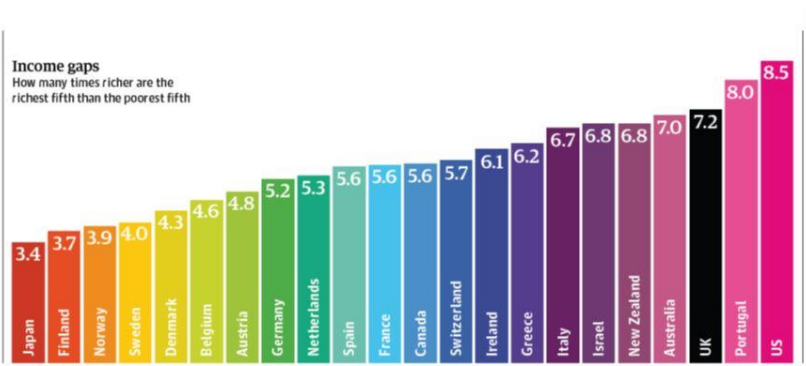


The third graph shows us how much richer the top 20% in a country is compared with the poorest 20%. From this list of 22 countries, the UK has some of the highest levels of inequality. Just the US and Portugal are more unequal.

Figure 3

The difference in income between the highest 20% and lowest 20% of earners (Wilkinson and Pickett, 2009). This is one way of considering financial inequality within a nation – there are other metrics that can also be used.

**How much richer are the richest 20% than the poorest 20%?**



### Section B

#### A Social Model of Health

The Dahlgren and Whitehead diagram (figure 4) is a holistic model of health that shows many of the different factors which influence a person's health. In the centre this includes personal factors such as genetics, age, ethnicity and sex.

# Resource One

## Data Source



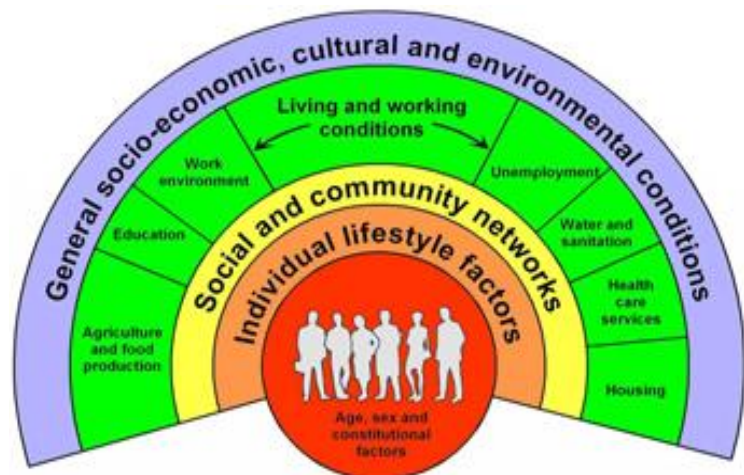
The “individual lifestyle factors” layer includes smoking, physical activity levels, diet, alcohol consumption and risk-taking behaviour. This is where most professional public health energies are placed.

Social and community networks includes family, and wider social groups such as a sports team or hobby group you belong to.

The green layer is referred to as the “social determinants of health” and includes education, housing and employment.

The outer layer includes general socio-economic and environmental conditions. It also includes the political environment.

Figure 4  
Dahlgren and  
Whitehead's social  
model of health (1991)



### Section C

#### The Unequal Distribution of Wealth and Power

In the UK income is shared unequally with the richest fifth earning 40% of the income and the poorest group taking home 8% of the income for a fifth of the population.

Wealth is much more unequally distributed. The richest fifth hold 65% of the wealth, and the poorest fifth have 0%.

# Resource One

## Data Source

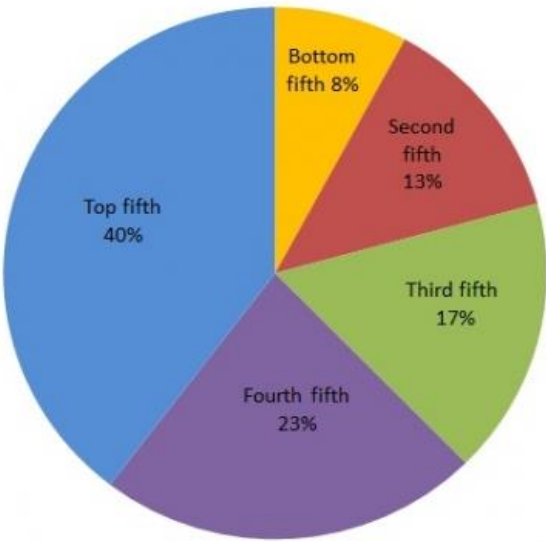


This unequal distribution of finance means that people have unequal access to resources, such as suitable living accommodation or healthy foods.

### How is income shared in the UK?

Figure 5

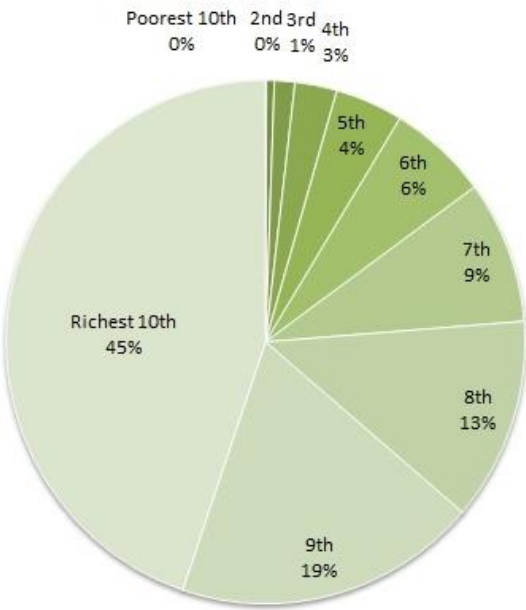
How is income shared in the UK?



### How is wealth shared in Great Britain?

Figure 6

How is wealth shared in Great Britain?





# Resource One

## Data Source



### Section D

#### The outcome of Inequality

The impact of social inequalities are dispersed across many aspects of our lives. Countries which have lower levels of inequality have longer life expectancies, fewer mental health problems, less violence, better education rates, higher levels of social mobility and lower levels of obesity.

One example is, in countries where resources are less equally shared, people are more likely to try and “show off” their wealth levels. This might involve buying expensive cars, buying brand names, “needing” the latest phone or even having plastic surgery. Competing with each other in this way leads to increased levels of status anxiety in society. This then often leads to increased levels of consumerism. This has a disastrous effect on the environment. For example, the impact of consumerism on the environment has been brought to public consciousness by Blue Planet II.

### Section E

#### Health Inequalities and Social Identity

Other aspects of social position are important to health inequalities. This includes ethnicity, gender, disability status and sexual orientation.

Intersectionality is a term used to describe how different aspects of social identity interact with one another, and are embedded within systems of inequality. For example, a BME (black and minority ethnic) woman is more likely to experience discrimination and less likely to be able to access a well-paid job, compared to a white man, a white woman or a BME man. This is because both of these factors influence discrimination and opportunity. Not being able to access resources influences her access to the other social determinants of health such as good housing or education.

# Resource One Activities



## Activities

Watch [TED Talk - 'How economic inequality harms society' by Richard Wilkinson](#)

1. Define the term health inequalities.
2. Outline and explain three of the social determinants of health.
3. Outline and explain three health or social problems which arise as a result of high levels of inequality in a society.
4. Define the difference between wealth and income.
5. How much of the wealth of the UK is owned by the wealthiest quintile group?
6. Outline the different aspects of social identity.
7. Do you think health inequalities are inevitable? Discuss.

## Research Challenges

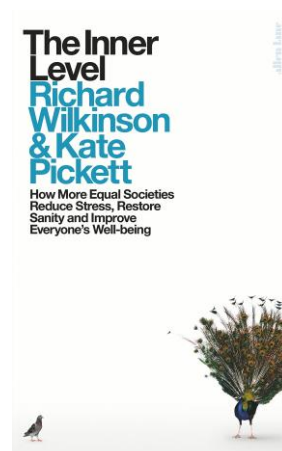
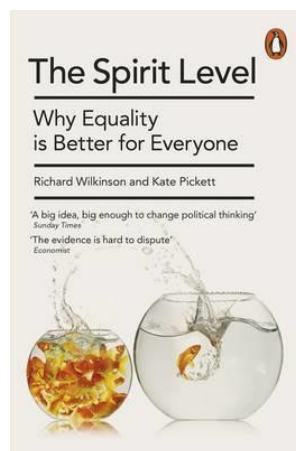


1. Doing independent research, show and explain why societies which have higher levels of inequality have higher levels of violence.
2. Doing independent research, show and explain why societies with a policy focus on child development have better health outcomes.

# Resource One Further Reading



- Explore**
1. All of the graphs in this data source came from The Equality Trust website, you can access them at:  
<https://www.equalitytrust.org.uk/resources/the-spirit-level>
  2. The graphs were published in a book titled "The Spirit level: why more equal societies always do better" by Richard Wilkinson (from the You Tube presentation) and Kate Pickett (University of York). It explains the difference between poverty and inequality, and there are chapters linking inequality to the outcomes of an unequal society – such as the impact on education, violence, social mobility and imprisonment.
  3. Their follow up book "The Inner Level: how more equal societies reduce stress, restore sanity and improve everyone's health and wellbeing" focuses on how inequality affects the individual. It has a focus on mental health, social class and sustainability.
  4. Follow the World Economic Forum on social media. Their posts include lots of stories that link to health inequalities and sociology  
<https://www.facebook.com/worldeconomicforum>



# Resource Two Overview



Topic Health Inequalities in Cumbria

A-Level Modules Unequal distribution of health chances.

Objectives After completing this resource, you should be able to:

- ✓ Discuss the variances in health outcomes across Cumbria, and how this compares with the rest of the UK
- ✓ Demonstrate active involvement in the research process by reading and collating primary health data

Instructions

1. Read the data source
2. Answer the questions
3. Do the research tasks
4. Explore the further reading



# Resource Two

## Data Source



The data for this resource has come from the Cumbria Health Inequalities JSNA chapter and the Public Health Outcomes Framework.

### Section A

#### Cumbria's Population

Cumbria is the second largest county in England, it is much less densely populated than the rest of the country and it has some of the most beautiful parts of the UK. The county is split into six districts, which are Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland. In terms of the population it consists of:

- Very low numbers of people from Black and Minority Ethnic (BME) groups, compared to the rest of the UK.
- An older age profile – though this varies across the county. Allerdale, Eden and South Lakeland have the greatest proportion of residents in the oldest age groups.
- A slightly higher proportion of residents whose activities are limited by a health problem or disability (Cumbria: 20.3%, England and Wales: 17.9%) This is most significant in Barrow (24.6%) and less so in Eden (18%).

Figure 1

A map of Cumbria – showing the six different districts.



# Resource Two

## Data Source



### Section B

#### Differences in Life Expectancy

A number of tables are presented below showing life expectancy at birth and the gap in life expectancy for each individual district. The tables include a comparison to the England average and the Cumbria average.

In Cumbria, circulatory disease and cancer are the most significant causes of death related to the life expectancy gap for females. For males, it is external causes (accidents, traffic accidents and injuries) and circulatory disease.

0.1ii - Life expectancy at birth (Female) 2014 - 16

Area	Recent Trend	Count	Value
England	—	—	83.1
Cumbria	—	—	83.0
Allerdale	—	—	82.3
Barrow-in-Furness	—	—	80.8
Carlisle	—	—	83.0
Copeland	—	—	81.8
Eden	—	—	84.8
South Lakeland	—	—	84.6

0.1ii - Life expectancy at birth (Male) 2014 - 16

Area	Recent Trend	Count	Value
England	—	—	79.5
Cumbria	—	—	79.2
Allerdale	—	—	78.6
Barrow-in-Furness	—	—	76.9
Carlisle	—	—	78.8
Copeland	—	—	78.1
Eden	—	—	80.9
South Lakeland	—	—	81.5

0.2iv - Gap in life expectancy at birth between each local authority and England as a whole

Area	Recent Trend	Count	Value
England	—	—	0.0
Cumbria	—	—	-0.2
Allerdale	—	—	-0.8
Barrow-in-Furness	—	—	-2.3
Carlisle	—	—	-0.2
Copeland	—	—	-1.4
Eden	—	—	1.7
South Lakeland	—	—	1.5

0.2iv - Gap in life expectancy at birth between each local authority and England as a whole

Area	Recent Trend	Count	Value
England	—	—	0.0
Cumbria	—	—	-0.4
Allerdale	—	—	-0.9
Barrow-in-Furness	—	—	-2.7
Carlisle	—	—	-0.7
Copeland	—	—	-1.4
Eden	—	—	1.4
South Lakeland	—	—	2.0

# Resource Two

## Activities



### Activities

1. Which groups are over and under represented in the Cumbrian population compared to the rest of the UK?
2. Which districts appear to have better and worse life expectancy in Cumbria compared to the national average? Explain why this might be the case.
3. What are the causes of death which are responsible for the gap in life expectancy in Cumbria for males and females?

### Research Challenges



Please note, some data sets are only available on a county level and not at a district level. Try changing the "area type" drop down menu to see if there are any differences.

1. Visit the Public Health Outcomes Framework website: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
2. Click "start" go to data in the green box.
3. Select your "area type" as district and UA. Select your region as "North West". Then in "area" pick the district which you live or go to school in.
4. Use the tabs at the top titled "overarching indicators", "wider determinants of health", "health improvement", "health protection" "healthcare and premature mortality" and "supporting information" to look at the different datasets that are available. Look at how your area compares on the various datasets.
5. Explore the tabs underneath this layer (pictured below)



6. Repeat this exercise using the "wider determinants of health" dataset <https://fingertips.phe.org.uk/profile/wider-determinants>
7. Write a 500-word summary of the health statistics for your area.



# Resource Two

## Further Reading



**Explore** The Health Inequalities chapter from the Cumbria Joint Strategic Needs Assessment (JSNA) –  
<https://www.cumbria.gov.uk/eLibrary/Content/Internet/536/671/4674/6164/6995/4219513456.pdf>

# Resource Three Overview



Topic Inequalities and Obesity

A-Level Modules Health

- Objectives
- After completing this resource you should be able to:
- ✓ Identify and discuss social variables of obesity
  - ✓ Use specific examples from Cumbria data to discuss variances of obesity
  - ✓ Explain the life course approach to analysing health inequalities
  - ✓ Use obesity as an example of health inequalities

- Instructions
1. Read the data source
  2. Answer the questions
  3. Take part in the debating exercise
  4. Explore the further reading



# Resource Three

## Data Source



### Section A

#### Introduction

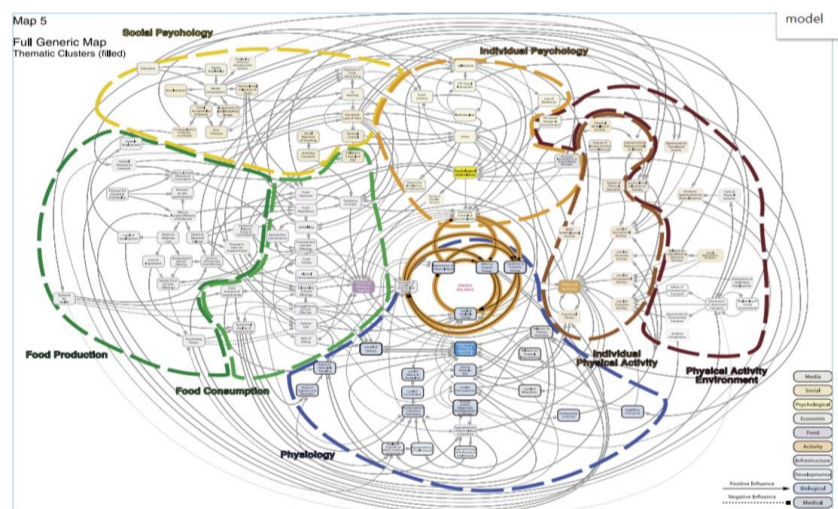
Obesity is one of the most significant public health challenges today. Obesity is often believed to be the result of eating too much and moving too little. Whilst these factors are relevant, there are many more which influences weight. Some interesting examples include:

- Sleep
- Socioeconomic stress – causes an increase in the rate of metabolic syndrome (a cluster of conditions including increased blood pressure, high blood sugar and excess body fat around the waist), exacerbating the physiological response to stress. Comfort eating is also sometimes used as a coping strategy for people living stressful lives.
- Media

The image below is of Foresight's system map of obesity. It is over ten years old now, but forms part of the most comprehensive review of obesity to date. It describes obesity as "embedded in an extremely complex biological system, set within an equally complex societal framework" (Foresight Report, 2007: 5).

Figure 1

The Obesity System  
Map from the Foresight  
Report (2007)



# Resource Three

## Data Source



The report identified over 100 variables of obesity, including seven main clusters:

- 1. individual psychology
- 2. social psychology
- 3. individual physical activity
- 4. physical activity environment
- 5. Physiology
- 6. food consumption
- 7. food production.

This demonstrates how complex obesity is.

### Section B

#### Obesity in Cumbria

The population of Cumbria has excess weight levels (the combination of overweight and obese) that are broadly similar to the England average, as demonstrated by the amber colour of five of the bars on the graph. There is just Barrow which is significantly worse than the English average.

2.12 - Percentage of adults (aged 18+) classified as overweight or obese 2016/17

Area	Recent Trend	Count	Value
England	—	-	61.3
Cumbria	—	-	62.4
Allerdale	—	-	64.7
Barrow-in-Furness	—	-	68.2
Carlisle	—	-	60.0
Copeland	—	-	65.8
Eden	—	-	65.0
South Lakeland	—	-	56.3

Source: Public Health England (based on Action 1 data covering South England)

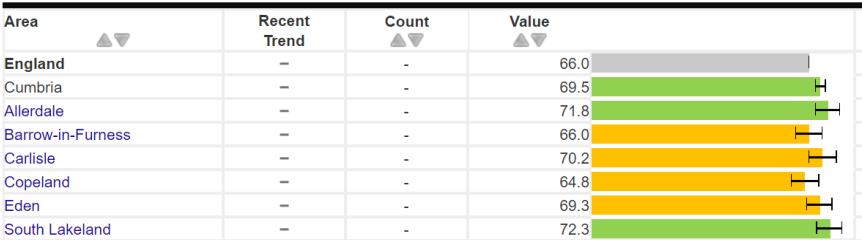
# Resource Three

## Data Source



The Active Lives survey measures sport and activity levels. Participants who are categorised as “active” do at least 150 minutes of exercise a week. Interestingly, Allerdale and South Lakeland have better than average levels of physical activity.

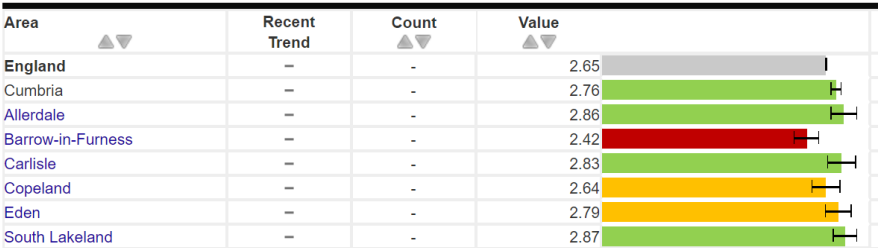
2.13i - Percentage of physically active adults 2016/17



Source: Public Health England (based on Active Lives, Sport England)

The results show the average person in the UK consumes 2.65 portions of fruit a day. Allerdale, Carlisle and South Lakeland are reported to have higher consumption of fruit on average, and Barrow as below average consumption.

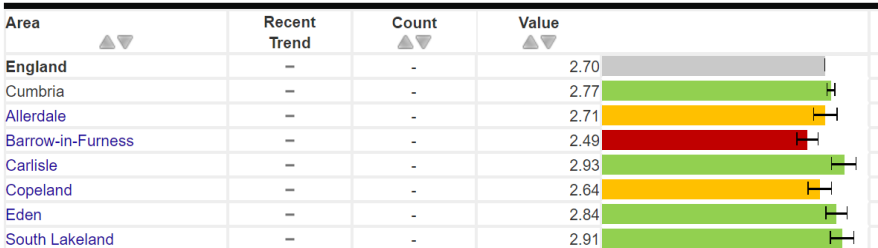
2.11ii - Average number of portions of fruit consumed daily (adults) 2016/17



Source: Public Health England (based on Active Lives, Sport England)

The results show the average person in the UK consumes 2.7 portions of vegetables a day. Allerdale, Carlisle and South Lakeland are reported to have higher consumption of fruit on average, and Barrow as below average consumption.

2.11iii - Average number of portions of vegetables consumed daily (adults) 2016/17



Source: Public Health England (based on Active Lives, Sport England)

# Resource Three

## Data Source



### Section C

#### The life course approach

One of the theories discussed in public health regarding health inequalities is the "life course approach". This aims to bring together the biological and social factors that influence health. It involves thinking about the risks that people are exposed to throughout life, from the womb to old age.

Babies which develop in a nutrient deprived intrauterine environment have a preference for high fat diets, are more sedentary and are more likely to experience metabolic and neuropsychiatric disorders (Dhurandhar and Keith, 2014, Tamashiro, 2011). Some might argue that this is a result of what the mother chooses to eat, or not eat, during pregnancy. However those decisions could also be determined by the food products the mother has access to, relating to socio economic disparities in nutrition.

Overweight children are more likely to be overweight adults. In later life, excess body weight increases the risk of numerous diseases including type 2 diabetes, some cancers (such as breast and bowel) and coronary heart disease. This example demonstrates how health inequalities can be exacerbated across generations. It also shows that disadvantage clusters and accumulates over time. Someone who encounters low income is more likely to be exposed to other disadvantages.

### Section D

#### Food environment

The food environment today has been described as "obesogenic". This is an environment which promotes weight gain. The image below shows the density of fast food outlets in England by local authority area. This means how many fast food outlets exist in an area per 100,000 population.

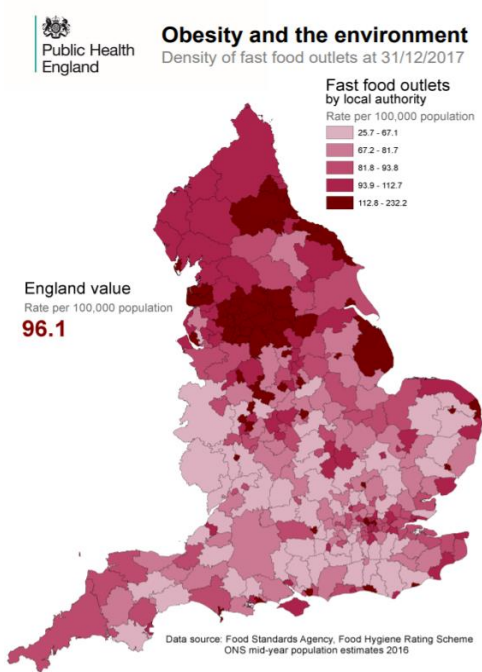
In Cumbria all six districts have been grouped into the second highest quintile group (divided into fifths) of 93.9-112.7 fast food takeaways per 100,000 population. This shows that all districts in Cumbria have a higher than UK average presence of fast food takeaways.

# Resource Three

## Data Source



Figure 2  
Density of fast food outlets per 100,000 population (2017).



### Section E

#### Healthy Weight Declaration in Cumbria

The councils in Cumbria understand there is a healthy weight problem in the county. It is acknowledged that excess weight is more common in less affluent population groups and access to healthy food is more limited in poorer neighbourhoods. In 2018, they all signed a Healthy Weight Declaration. This commits them to considering healthy weight in their decisions. Some of the actions in the declaration also include:

- increasing access to drinking water
- protecting children from inappropriate food marketing at local authority controlled sites and events
- consider supplementary planning guidance for hot food takeaways (this would potentially restrict new takeaways opening near schools or parks)
- Review food provision in public buildings (schools, leisure facilities etc)
- Support the health and wellbeing of local authority employees



# Resource Three Activities



## Activities

Map available online:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296290/obesity-map-full-hi-res.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296290/obesity-map-full-hi-res.pdf)



Declaration available  
online:

<http://councilportal.cumbria.gov.uk/documents/s73052/Cumbria%20Healthy%20Weight%20Declaration.pdf>

1. Have a look at a more detailed version of the Foresight obesity system map: and also look at this one where the factors have been clustered:  
<https://foresightprojects.blog.gov.uk/2017/10/04/dusting-off-foresights-obesity-report/>
2. Outline and explain three factors that influences weight in each of these groups:
  1. the "physical activity environment group".
  2. the "social psychology group".
  3. the "food production group".
3. Order the districts starting with the highest levels of overweight and obese population, through to the lowest.
4. The England average is 61.3% of the population are obese/overweight. What do you think of this average? If the local population is "better than the England average", does that mean the levels of excess weight in the population are low? Explain your answer.
5. Some of the districts have better than average levels of consumption of fruit and vegetables, and two have higher levels of physical activity. Why then, are obesity and overweight levels not lower?
6. What is an obesogenic environment?
7. Have a look at the image of fast food takeaways density in England. What do you notice about the distribution of take-aways in England?
8. Read the Healthy Weight Declaration commitments: Write a response to the report, addressing the following questions:
  - Is there anything you would change in the declaration?
  - Is there anything you would add/take out of the declaration?
  - Do you think the actions in the declaration will lead to a population with a healthier weight?

# Resource Three

## Further Reading



- Explore**
1. Food Active are a North West organisation who advocate for healthy weight in policy at both a local and national level (they created the Healthy Weight Declaration). They also work with local communities to improve health amongst less affluent populations. They produce an excellent monthly e-newsletter which you can sign up to at: <http://www.foodactive.org.uk/newsletter/>
  2. Foresight Obesity Report (2007):  
<https://www.gov.uk/government/publications/reducing-obesity-future-choices>
  3. Leeds Beckett University are currently doing a project titled "Whole systems approach to tackle obesity". Their research includes working with local councils to tackle obesity. You can find out more and sign up for alerts at: <http://www.leedsbeckett.ac.uk/wholesystemsobesity/>
  4. Sport England research measuring sport and activity:  
<https://www.sportengland.org/research/active-lives-survey/measuring-sport-and-activity/>

# Resource Four Overview



Topic Inequalities and Work

A-Level Modules Health and Work

Objectives After completing this resource you should be able to:

- ✓ Explain how employment is linked to health inequality
- ✓ Discuss how health inequalities might be reduced through employment

Instructions

1. Read the data source
2. Answer the questions
3. Undertake the individual tasks
4. Work on the group task



# Resource Four

## Data Source



### Section A

#### Employment and Health

Employment and health are intertwined. Having a well-paying job with good working conditions has been found to increase life expectancy. Low income often leads to access to poorer quality housing, in a less desirable neighbourhood. Low income limits access to social opportunities, healthier food and sports/exercise opportunities. Lower paid jobs are often associated with worse terms and conditions. People sometimes think that higher paid jobs are more stressful, whilst some indeed will be demanding, it was found that the combination of high demand and low control were the most significant factors for worse health in the well known "Whitehall studies".

The Whitehall Studies were two studies with civil servants. Whitehall I took place over ten years (1967–1977). It found a relationship between employment grade and mortality, highest mortality was among the lowest grades. Whitehall II took place between 1985 and 1988. It included 10,314 civil servants. It identified the significance of stress on mortality rate. The most significant finding of the research was people in lower status jobs had less control, a more demanding workload and encountered more psychological stress at work. This was found to increase the risk of sickness absence, cardiovascular disease and lower back pain.

### Section B

#### Access to Work

People with disabilities are less likely to be employed than people who are not disabled. When able to access work, the jobs they are employed to do are more likely to be less well paid.

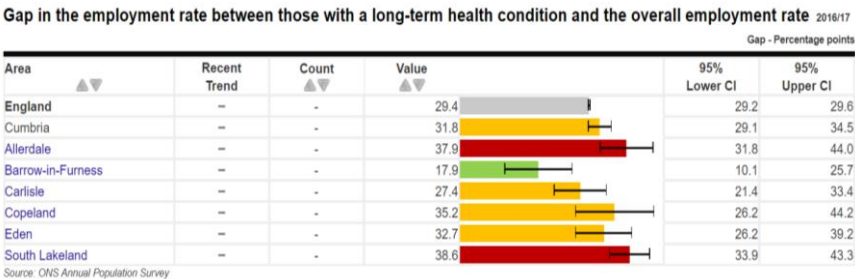
In England the gap is 29.4% between the employment rate of those with a long-term health condition and the overall employment rate.

# Resource Four

## Data Source



In Barrow, the gap in employment rate is lower at 17.9%. Allerdale (37.9%) and South Lakeland (38.6%) both have a higher gap of employment for those with long term health conditions.



### Section C

#### Good Work and Bad Work

Work that is good for health should:

- Offer a fair wage
- Be a secure job
- Offer good working conditions
- Enable a good work-life balance
- Provide training and progression opportunities.

Work that is not beneficial for health can be:

- Poorly remunerated
- Fixed term or unpredictable work (e.g. zero hour contracts)
- Dangerous working conditions
- Very long hours
- No opportunity to progress or train.

Zero hour contracts are a casual contract where the employee is offered work as it becomes available. The employer is not obliged to offer work, nor is the employee obliged to accept offered work. Some people may welcome and want to work in this way if their circumstances allow them to.

# Resource Four

## Data Source



There are benefits to zero hours contracts, for example they offer flexibility and may lead to permanent work. The downsides for the employee are they do not receive a fixed income, and may struggle to get a mortgage. Crucially, workers on these types of contracts are more likely to report suffering from physical and mental ill health.

### Section D

#### The Living Wage

One way in which employers can improve health and reduce inequality is to pay the real living wage. The real living wage rate is based on a basket of goods and services that represents an acceptable standard of living, based on research involving the general public. The hourly rate is then calculated considering a weighted average of the earnings required for a range of family types (with and without children). It is updated annually and it is a voluntary rate of pay.

Some of the employers in Cumbria which pay the real living wage include Nationwide Building Society; South Lakes Housing; Story Contracting and Cumbria County Council.

To learn more about the history of the real living wage, watch this video: <https://www.livingwage.org.uk/history>

In April 2016 the government introduced a higher minimum wage rate for those aged over 25 years old. It is not based on the cost of living. Instead it is based on a target to reach 60% of median earnings by 2020. The national living wage (over 25s only) is £7.83 per hour. The real living wage is £9.00 per hour (outside of London). At present over 6 million people in the UK are paid less than the real living wage.

A better rate of pay for those on low wages should result in improvements in health and opportunity for those that benefit. However, low wages are not the only explanation of inequality. Action is also needed in terms of taxes, benefits and either reducing the wage gap or redistribution to reduce inequality.

# Resource Four

## Data Source



### Section E

#### Better Health at Work Award

In Cumbria, many employers have signed up to the Better Health at Work Award. The purpose of signing up to the award is to create a healthier workforce. The benefits for the business could include: better retention of staff, decreased turnover of staff, less sickness and stress and increased productivity. Employees receive health information they perhaps wouldn't have done otherwise, improved health and they will also benefit from the employer having policies which improve the working environment.

Once signed up employers can work through bronze, silver, gold and then platinum levels of the award. As part of the award the employer needs to setup a trained network of health advocates. They also need to get feedback from staff on what the priorities should be. Further they must have policies in place which support health. For example, these policies could include flexible working, ability to purchase annual leave; career break and an alcohol policy.

In Cumbria, employers signed up to the award include private employers such as Spirit Energy at Barrow; Sealy UK at Wigton and TSP Engineering, Workington; and public employers including local councils and NHS trusts.



# Resource Four Activities



## Activities

1. Outline and explain the major findings of the Whitehall studies.
2. What is the difference between the real living wage and the national living wage?
3. What are the business benefits of taking place in the Better Health at Work award?
4. What are the employee benefits of taking place in the Better Health at Work award?
5. Imagine you work for a business with 500 employees in Cumbria, who are all office based. You have been tasked with organising a Health and Wellbeing Week. Design a programme of activities that you would run as part of the week of activities.
6. The real living wage is currently £9.00 per hour across the UK (except London). Find five job adverts in your local area that offer a wage higher than this and find five job adverts which pay a lower rate than this. What similarities and differences do you notice between the job adverts you have found? Write a 250–300 word summary of your findings.



## Group Activity

7. Imagine you are living in a household of two adults and two children. One child is at nursery (age 3) and one is at school. Both parents work 30 hours per week, and they earn £9 an hour across 4 days each. Create a monthly budget for the family based on the things you believe are reasonable to expect out of life. You will need to consider your income and outgoings.

# Resource Four Activities



## Income

Earnings – run their earnings through a tax calculator to take off tax, national insurance, childcare vouchers and pension (if you are allowing them to have a pension)

Benefits (this may include child benefit, tax credits and nursery hours – approx. 21–22 hours is funded per week)

## Outgoings

Rent – look at average prices where you live for an appropriately sized property

Council Tax – check your local council's website

Water

Childcare costs – Nursery (you will need more hours than the parents work to allow for collection/drop off and their lunch break) and also breakfast/after school club

Electricity/Gas

House insurance (if you are allowing this)

Transport costs

Food

Telephone/Internet/TV

Clothing

Big purchases (car, furniture, washing machine etc) – you may not purchase every month, but may need to allocate some money to this category

Leisure (meals out, cinema, gym, activities with children, holidays)

Presents

Savings



8. Divide up the categories and research realistic costs. You will be able to find some on the internet, your parents/guardians may be able to help you with costs of bills. Write a two page report on your findings from this activity. You could use the questions below as a starting point:

- Did any of the costs surprise you?
- Do you think you could manage a household with two earners on £9 per hour and children?
- Did your family have to sacrifice anything?
- Did you come up with any creative solutions to reduce costs?

# Resource Four

## Further Reading



### Explore

1. Marmot et al (1991). Health inequalities among British civil servants: the Whitehall II study. *The Lancet*. 337 (8754): 1387-1393.
2. The Living Wage Foundation Website:  
<https://www.livingwage.org.uk/>
3. The Better Health at Work Award website:  
<http://www.betterhealthatworkne.org/>
4. Danny Dorling (2017). *Do we need economic inequality?*

# Resource Five Overview



Topic Inequalities and the Medical Profession

A-Level Modules Health and the medical profession

Objectives After completing this resource you should be able to:

- ✓ Discuss the role of doctors can play in tackling health inequalities.
- ✓ Discuss unequal access to a medical career and current policies to address this

Instructions

1. Read the data source
2. Complete the written activities
3. Explore the further reading



# Resource Five

## Data Source



### Section A

#### The Role of Doctors

General Practitioners treat common medical conditions and refer people to specialist services, when necessary. Health inequalities are very relevant to GP's, as it has been estimated that approximately one fifth of all GP appointments has a social root. Doctors with a good understanding of the social determinants of health have been found to be more emphatic towards their patients (Babbel et al, 2017).

There are several different ways that doctors can act on health inequalities and the wider determinants of health. These include:

**Taking social histories** – this is where a GP would ask questions (sometimes over a period of time), it may include questions that reveal a person's social circumstances. If the GP has this information they can judge risk likelihood of disease/likelihood, and potentially intervene as described below.

**Social prescribing** – the approach of referring patients to non-clinical services such as further education, horticulture, book groups, sports, arts organisations or finance advice services. Referring to non-clinical services acknowledges that health is determined by social, economic and environmental factors.

**Medical education** – teaching practical skills and competencies for health equity, and ensuring consideration of health inequalities is embedded throughout the curricula.

**Advocating for individuals and communities** – for example if someone attends with asthma, a social history could be taken, which then revealed the patient lived in damp rented housing. The doctor could then write to the housing association or landlord asking for improvements to be made.

# Resource Five

## Data Source



**Action as an employer** – Across the UK GP's employ thousands of people in a number of different roles including nurses, health care assistants, pharmacists and admin staff. Doctors as managers of their surgeries can advocate for staff to be paid the real living wage (the minimum amount needed to meet basic needs).

**Advocacy for policy change** – doctors are a professional group which are highly trusted by the population, they are well placed to open debate, promote action on health inequalities and attempt to influence policy.

### Section B

#### Inequalities within the medical profession and career opportunities

'It is only by selecting the best applicants, in the fairest way, that the UK can continue to produce world-class doctors'  
BMA council chair Mark Porter

Health inequalities are not just relevant to the work of a medical professional, but also to those who enter the profession. In the UK 20% of the schools provide 80% of the applicants to medicine. 50% of secondary schools have never had an applicant apply to medicine. Doctors from less affluent socio-economic groups and comprehensive schools are underrepresented in the profession.

When doctors have qualified they are also more likely to work in more affluent areas. The most deprived areas of the country have the least amount of medics. This also results in older and white people having better access to health care, with the young and BME groups having worse access. Whilst access to health care is not the main cause of ill health, it is identified as one of the influencing factors (Dahlgren and Whitehead diagram, resource one). Reduced access to care further exacerbates inequalities.

# Resource Five

## Data Source



There is currently a shortage of doctors in the UK. As a result, 1,500 new medical school places have been allocated across the country over the next three years. The shortage includes General Practitioners. The government is currently offering a £20,000 salary supplement to GP trainees to work in areas of the country where there have been vacancies for several years. The current locations include North Cumbria and South Cumbria locally, and further afield Durham; North Yorkshire; Lancaster and many others.

Universities are currently working to encourage applications to medicine which better represent society. This is known as "widening participation". Every medical school has a widening participation scheme, though these do vary. Some examples include:

Edge Hill University, Southport – A series of free events designed to support applications to medicine.

King's University, London – Offer a medicine degree which takes six years instead of five. This is to offer a more graduated introduction to medicine. It includes additional support in the first two years

Lancaster University – Host a range of open days, school talks, taster days and summer school activities. They also run a "contextual offer" scheme. Where participants which meet the widening access criteria may be offered a lower grade entry requirements.

# Resource Five

## Activities



### Activities

1. Outline how doctors can act on health inequalities.
2. Visit <http://www.pulsetoday.co.uk/news/gp-topics/education/in-full-the-1500-new-medical-school-places/20036374.article> Which region has the highest number of new medical places?
3. Which three groups of people have better access to health care?

### Advocacy Project



4. Imagine you are a GP working in the area that you live in. You have noticed an increase in the number of children visiting your surgery with respiratory diseases and mental health problems. You have taken a social history of the attendees and you have noticed that they live in rented accommodation, and many of these houses have problems with damp. Write a draft letter which could be sent to the housing provider on behalf of your patient, including the information you think would be important to encourage the provider to improve the standard of housing offered.

### Medicine Career Project



5. Pick one of the two individual research projects below, and write up a one page document of your findings:
  - Research different widening participation schemes available at medical schools.
  - Look up the role of a Physician's Associate, consider how the work is different to a GP.



# Resource Five

## Further Reading



- Explore**
1. Doctors for Health Equity Report (2016) by the World Medical Association and the Institute of Health Equity:  
<http://www.instituteofhealthequity.org/resources-reports/doctors-for-health-equity-world-medical-association-report/doctors-for-health-equity-wma-full-report-pdf.pdf>
  2. Social Determinants of Health – what doctors can do (2011). Guidance from the British Medical Association.

# Resource Six Overview



Topic	Inequalities, Politics and Policy
A-Level Modules	Agencies of Social Control – Government
Objectives	<p>After completing this resource you should be able to:</p> <ul style="list-style-type: none"><li>✓ To gain a brief overview of some of the ways in which politics impacts on health.</li><li>✓ To consider health and austerity.</li><li>✓ To learn how the introduction of smoke free legislation led to population health improvements.</li></ul>
Instructions	<ol style="list-style-type: none"><li>1. Read the data source</li><li>2. Answer the questions</li><li>3. Take part in the debating activity</li><li>4. Explore the further reading</li></ol>



# Resource Six

## Data Source



Governments have immense power when it comes to health. They create policies and legislation which influence the wider and social determinants of health. They also allocate monies to public services.

### Section A

#### Health, Recessions and Austerity

The recession which started in 2008 has been referred to as “the great depression” as it was longer and deeper than any other recession, including the “great depression” of the 1930’s.

During a recession the effect on health is mixed. People are less likely to die in a car accident or from other hazardous behaviours (smoking and alcohol consumption may decrease).

The negative effect on health is very much on mental health, as people fear losing their jobs, levels of stress and depression in the population increase, as does the suicide rate.

The government’s policy response to recession has a significant impact on the nation’s health during and following a recession. Austerity is a term used to refer to measures taken by the government to reduce deficits through spending cuts, tax increases or a combination of both.

There have been significant cuts to local government, the police, and other public services, this included cuts to legal aid (and justice), educational maintenance allowance, libraries, social care, youth services, road maintenance, children’s centres and welfare (benefits). These cuts have the most impact on the most vulnerable.

Over the last decade there has been increase in break downs, a tripling in injuries and deaths amongst cyclists, increase in homelessness, an increase in food bank usage and reduced access to education and justice for those with fewer resources.

# Resource Six

## Data Source



Austerity is seen as having a negative impact on population health over the last decade, a report in 2017 found there to be excess of over 45,000 deaths in the UK between 2010–2014 as a result of spending cuts.

### Section B

#### Smoke Free Legislation

Governments have the power to create healthy environments. One example of this is smoke free legislation that was introduced in 2007. This made it illegal to smoke indoors in workplaces, this included pubs, restaurants and work vehicles. The smoking ban, as it became known, led to:

- An increase in numbers of people attempting to quit smoking
- An increase in the numbers of people successfully quitting as it became easier to avoid smoking
- There are fewer young people smoking ten years later
- Fewer hospital admissions for heart attacks a year later
- Reduction in asthma admissions to hospital from children in the three years after the ban
- People who work in bars and pubs (which traditionally offer lower levels of pay) had fewer respiratory illnesses.

Whilst smoking rates have decreased, the gap between smoking rates in the wealthiest and poorest still exists. This shows that measures which improve population health, do not necessarily lead to a reduction in health inequalities.

The Royal Society of Public Health described the legislation as “one of the biggest public health interventions we’ve seen in the last 15 years”. The general public and businesses had a very high level of compliance with the legislation, with very few breaches.

# Resource Six

## Data Source



There has now been further legislation introduced regarding smoking, including an increase in the age of purchase from 16 to 18, picture warnings included on packaging, standardised packaging and a ban in sales from vending machines.

Laws have also been introduced to prevent anyone from smoking inside a car with a person under 18. The purpose of introducing this legislation is to prevent children from being exposed to the chemicals in cigarette smoke which lead to cancer, bronchitis and pneumonia.

There have been criticisms of the legislation as there have been very few people caught and fined by the Police, however from a public health perspective this sends a strong message that smoking in a car with children will damage their health. This shows how legislation can be used to improve health.

# Resource Six Activities



## Activities

1. What is austerity?
2. How does austerity impact health?
3. Explain how spending cuts to a public service have impacted health.

## Debate

4. "If society puts people in such a position that they die an early and unnatural death, it is murder" (from Tomley and Hobbs, 2015) based on the concept of "social murder". This was described by Friedrich Engels as an act committed by the political and social elite against those with the least power. Do you agree or disagree? Discuss and debate this statement.

# Resource Six

## Further Reading



- Explore**
1. The body economic: eight experiments in economic recovery from Iceland to Greece by Stuckler and Basu (2014). This book provides an insight into the health impact of the financial crisis. It shows how different nations have responded to financial crises.
  2. How politics makes us sick, neoliberal epidemics by Schrecker and Bambra (2015). This book talks about how different policy approaches have left to differences in population health.
  3. Health Inequalities: Critical Perspectives by Katherine Smith and Claire Bambra (2016). This book is very good and includes chapters on why we don't tackle health inequalities; neoliberalism; how politics impact health and many other topics also discussed in this research pack

# Final Reflection



Topic	Inequality and Film
Objectives	<ul style="list-style-type: none"><li>✓ To reflect on your learning to date.</li><li>✓ To do further independent research in the field.</li></ul>
Instructions	<p>Choose 1 activity.</p> <ol style="list-style-type: none"><li>Watch one (or more!) of the films from the list below.<ul style="list-style-type: none"><li>“Pride” (2014) is a film about how a gay activist group in London supported a Welsh mining community during the 1984 strikes.</li><li>“Made in Dagenham” is about the Ford (car manufacturer) machinist’s strike in 1968 over equal pay for women.</li><li>“I, Daniel Blake” (2016) is set in Newcastle about a man who is unable to work and is denied benefits. He befriends a single mother whilst at the jobcentre.</li></ul><p>Then answer the following questions:</p><ol style="list-style-type: none"><li>Who benefits from inequality in this film?</li><li>Who suffers as a result of inequality?</li></ol><p>(There may be some characters/groups who both benefit and suffer from the results of social inequality)</p></li><li>Imagine you are working on a cross-organisational project for the “Institute of Social Futures” at Lancaster University and the Civil Service. Pick a country which has higher levels of equality than the UK (this could be Japan, Denmark, Norway, or any other with higher levels of equality). Conduct research to find out why health inequalities are narrower. You may wish to consider some of the factors on the left. Write a report on your findings and include recommendations for the UK government.</li></ol> <ul style="list-style-type: none"><li>• Politics</li><li>• Their approach to the environment</li><li>• The transport system<ul style="list-style-type: none"><li>• The benefits system/social security</li><li>• Employment law</li><li>• How businesses operate</li></ul></li><li>• How children are valued</li><li>• Health care</li></ul>



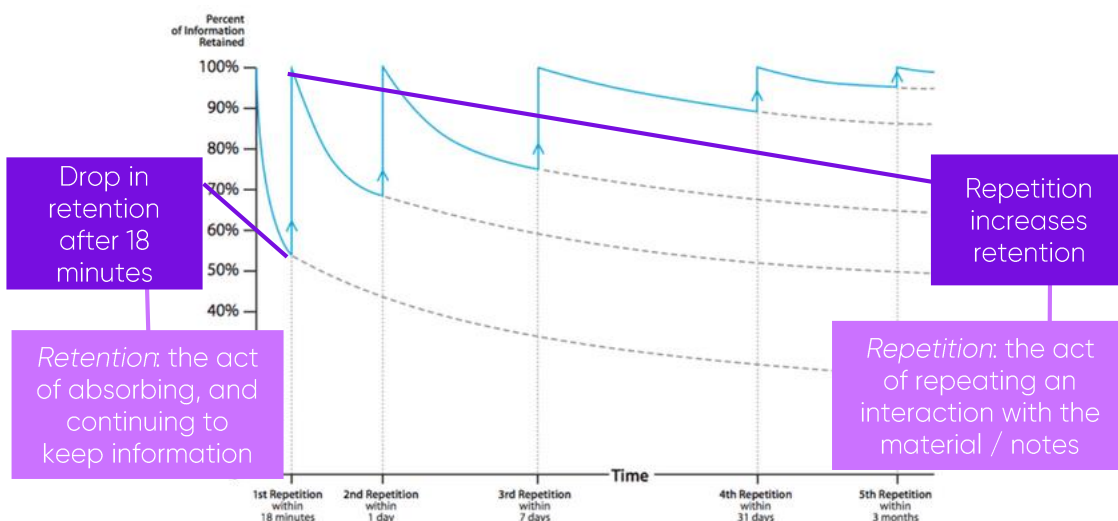
# University Study Skills Cornell Notes



## Why is good note taking important?

If it feels like you forget new information almost as quickly as you hear it, even if you write it down, that's because we tend to lose almost 40% of new information within the first 24 hours of first reading or hearing it.

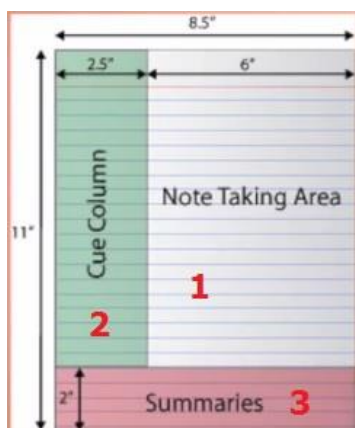
If we take notes effectively, however, we can retain and retrieve almost 100% of the information we receive. Consider this graph on the rate of forgetting with study/repetition:



## Learning a new system

The Cornell Note System was developed in the 1950s at the University of Cornell in the USA. The system includes interacting with your notes and is suitable for all subjects. There are three steps to the Cornell Note System.

### Step 1: Note-Taking



1. Create Format: Notes are set up in the Cornell Way. This means creating 3 boxes like the ones on the left. You should put your name, date, and topic at the top of the page.

2. Write and Organise: You then take your notes in area on the right side of the page. You should organise these notes by keeping a line or a space between 'chunks' / main ideas of information. You can also use bullet points for lists of information to help organise your notes.

## Step 2 Note-Making

1. Revise and Edit Notes: Go back to box 1, the note taking area and spend some time revising and editing. You can do this by: highlighting 'chunks' of information with a number or a colour; circling all key words in a different colour; highlighting main ideas; adding new information in another colour

2. Note Key Idea: Go to box 2 on the left hand side of the page and develop some questions about the main ideas in your notes. The questions should be 'high level'. This means they should encourage you to think deeper about the ideas. Example 'high level' questions would be:

- Which is most important / significant reason for...
- To what extent...
- How does the (data / text / ideas) support the viewpoint?
- How do we know that...

Here is an example of step 1 and step 2 for notes on the story of Cinderella:

Questions:	Notes:
How does C's mother die?	<ul style="list-style-type: none"> <li>• Cinderella is an only child</li> <li>• Cinderella's dad might <u>spoil</u> her</li> <li>• Cinderella's Step-Mother is <u>jealous</u> of her beauty</li> <li>• Maybe Cinderella becomes the <u>woman of the house</u></li> </ul>
Why does C make the Step-M so angry?	<p>↳ BUT then the Step-Mother wants that <u>position</u>.</p>
↓ What language shows this?	<p>* <u>Key point</u> → Fairy takes teach is <u>morals</u></p>
* What is the moral of 'C'?	
How do I know?	<ul style="list-style-type: none"> <li>• Cinderella is <u>kind</u> → her Step-M is not</li> </ul>
Is this just one side of the story?	<ul style="list-style-type: none"> <li>• Is there a <u>reason</u> for C to be badly <del>be</del> treated?</li> </ul>

## Step 3 Note-Interacting

1. Summary: Go to box 3 at the bottom of the page and summarise the main ideas in box 1 and answer the essential questions in box 2.

Summary:	<p>Because C is an only child, she takes over as 'woman of the house' when her real M dies. Her Step-M is jealous and angry. We only get C's side of the story so it is difficult to know whether C is really badly treated for no reason.</p>
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Give the Cornell Note Taking System a try and see if it works for you!

# University Study Skills

## Key Instruction Words



These words will often be used when university tutors set youu essay questions – it is a good idea to carefully read instruction words before attempting to answer the question.

**Analyse** – When you analyse something you consider it carefully and in detail in order to understand and explain it. To analyse, identify the main parts or ideas of a subject and examine or interpret the connections between them.

**Comment on** – When you comment on a subject or the ideas in a subject, you say something that gives your opinion about it or an explanation for it.

**Compare** – To compare things means to point out the differences or similarities between them. A comparison essay would involve examining qualities/characteristics of a subject and emphasising the similarities and differences.

**Contrast** – When you contrast two subjects you show how they differ when compared with each other. A contrast essay should emphasise striking differences between two elements.

**Compare and contrast** – To write a compare and contrast essay you would examine the similarities and differences of two subjects.

**Criticise** – When you criticise you make judgments about a subject after thinking about it carefully and deeply. Express your judgement with respect to the correctness or merit of the factors under consideration. Give the results of your own analysis and discuss the limitations and contributions of the factors in question. Support your judgement with evidence.

**Define** – When you define something you show, describe, or state clearly what it is and what it is like, you can also say what its limits are. Do not include details but do include what distinguishes it from the other related things, sometimes by giving examples.

**Describe** – To describe in an essay requires you to give a detailed account of characteristics, properties or qualities of a subject.

**Discuss** – To discuss in an essay consider your subject from different points of view. Examine, analyse and present considerations for and against the problem or statement.

# University Study Skills

## Key Instruction Words



**Evaluate** – When you evaluate in an essay, decide on your subject's significance, value, or quality after carefully studying its good and bad features. Use authoritative (e.g. from established authors or theorists in the field) and, to some extent, personal appraisal of both contributions and limitations of the subject. Similar to **assess**.

**Illustrate** – If asked to illustrate in an essay, explain the points that you are making clearly by using examples, diagrams, statistics etc.

**Interpret** – In an essay that requires you to interpret, you should translate, solve, give examples, or comment upon the subject and evaluate it in terms of your judgement or reaction. Basically, give an explanation of what your subject means. Similar to **explain**.

**Justify** – When asked to justify a statement in an essay you should provide the reasons and grounds for the conclusions you draw from the statement. Present your evidence in a form that will convince your reader.

**Outline** – Outlining requires that you explain ideas, plans, or theories in a general way, without giving all the details. Organise and systematically describe the main points or general principles. Use essential supplementary material, but omit minor details.

**Prove** – When proving a statement, experiment or theory in an essay, you must confirm or verify it. You are expected to evaluate the material and present experimental evidence and/or logical argument.

**Relate** – To relate two things, you should state or claim the connection or link between them. Show the relationship by emphasising these connections and associations.

**Review** – When you review, critically examine, analyse and comment on the major points of a subject in an organised manner

## Exploring Careers and Study Options

- ✓ Find job descriptions, salaries and hours, routes into different careers, and more at <https://www.startprofile.com/>
- ✓ Research career and study choices, and see videos of those who have pursued various routes at <http://www.careerpilot.org.uk/>
- ✓ See videos about what it's like to work in different jobs and for different organisations at <https://www.careersbox.co.uk/>
- ✓ Find out what different degrees could lead to, how to choose the right course for you, and how to apply for courses and student finance at <https://www.prospects.ac.uk/>
- ✓ Explore job descriptions and career options, and contact careers advisers at <https://nationalcareersservice.direct.gov.uk/>
- ✓ Discover which subjects and qualifications (not just A levels) lead to different degrees, and what careers these degrees can lead to, at <http://www.russellgroup.ac.uk/media/5457/informed-choices-2016.pdf>

## Comparing Universities

- ✓ <https://www.whatuni.com/>
- ✓ <http://unistats.direct.gov.uk/>
- ✓ <https://www.thecompleteuniversityguide.co.uk/>
- ✓ Which? Explorer tool – find out your degree options based on your A level and BTEC subjects: <https://university.which.co.uk/>

## UCAS

- ✓ Key dates and deadlines: <https://university.which.co.uk/advice/ucas-application/ucas-deadlines-key-application-dates>
- ✓ Untangle UCAS terminology at <https://www.ucas.com/corporate/about-us/who-we-are/ucas-terms-explained>
- ✓ Get advice on writing a UCAS personal statement at <https://www.ucas.com/ucas/undergraduate/getting-started/when-apply/how-write-ucas-undergraduate-personal-statement>
- ✓ You can also find a template to help you structure a UCAS statement, at <https://www.ucas.com/sites/default/files/ucas-personal-statement-worksheet.pdf>
- ✓ How to survive Clearing: <https://university.which.co.uk/advice/clearing-results-day/the-survivors-guide-to-clearing>



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