

GCSE (9–1)

Teachers' Guide

HISTORY B **(SCHOOLS HISTORY PROJECT)**

J411

For first teaching in 2016

The People's Health, c.1250 to present

Version 2



Teachers' Guide – The People's Health, c.1250 to present

Teachers may use this guide as an example of one possible way of approaching the teaching content for GCSE History B and NOT a prescriptive plan for how your teaching should be structured.

Within the GCSE History B specification there is flexibility that allows you as a teacher to devise your own programmes of study and to choose your own examples to exemplify content or issues. These can – and should! – pick up on your own areas of interest and expertise, and possibly too on history that is particularly relevant to your own local area. This level of freedom can sometimes be worrying as much as welcome and with a more rigid specification you may feel more instantly certain of what you have to teach. But with a more flexible approach to teaching you are given the freedom to construct a course that is interesting and meaningful for you and your students.

What this guide is intended to do, therefore, is to show you what a term's teaching outline might look like in practice. It should then help you to build your own scheme of work, confident that you've covered all the required content in sufficient depth.

Your starting point for each of the topics you choose to teach in History B should be the *Guide to course planning and Options Booklet*, available from the [OCR website](#). These Teachers Guides build on the information and approaches contained within those documents.

This guide is divided into four sections:

- A brief **overview** of the topic including some common misconceptions and things to watch for.
- **Termly planning document:** how you might structure your term's teaching of this topic.
- **Some lesson elements/ideas.** The termly planning document doesn't include suggested activities, partly because the idea is that you exploit the flexibility of the specification to cover your own chosen content or enquiries, but we've put in a couple of suggested lessons in this section as they've been highly recommended by teachers.
- **Candidate style answers.** In time these will of course be replaced by actual exam answers, but until first assessment you may find these useful as indications of what examiners are expecting to look for in answers.

Part 1 – Introduction and rationale

Health is a fundamental aspect of human history and has an immediate connection with students' own lives. As a thematic study, it is guaranteed to create curiosity about people's experiences and attitudes in the past. The People's Health, c.1250 to present will help your students to make sense of contemporary debates about our environment, the way we respond to disease and the role of government in protecting our health. Public health has always been an important element of SHP's study of Medicine through Time. Making it the sole focus for a thematic study will allow your students to dig deeper into this fascinating history and will help them to develop a richer understanding of the experiences and attitudes of people in the past. The People's Health, c.1250 to present also makes an excellent thematic study because it so readily allows students' to trace changes and continuities over time, and to understand these in the context of the characteristic features of different periods.

Common misconceptions:

This thematic study focuses on the people's health, and firstly it must be emphasised that those teachers who are used to teaching Medicine through Time courses will find some overlap in the content and approaches, but much of the work on medical practitioners and the development of surgery is gone in the new specification. Rather, there is much more emphasis on the roles of government at a local and national level, and popular responses to public health crises. To ensure clarity and coherence, the study has been organised around three issues outlined below. The first bullet point in each section is an overview which helps students understand and contextualise the period they are studying, and therefore it should be taught relatively quickly in a lesson or two. Structuring this unit around historical enquiries will provide a clear focus for students' learning. The specification content is clear, but is sufficiently broad to allow you to decide the focus for students learning. The termly planning guide below is therefore just some possible ideas from one teacher about how to do this.

Notes on the termly planning guide

It is important to note that, as well as being divided into four chronological periods (**column 1 in the planner below**), the study is organised around three issues: **the impact of living conditions on people's health**, **the response to epidemics**, and **attempts to improve public health**. These issues are the direct focus of bullet points 2-4 in the specification content and in the planner below. The first bullet point is an **overview of the chronological period**. It is not necessary to spend more than an hour on that, with the rest of the teaching time divided approximately equally between the three issues (**column 2 in the planner below**).

We recommend that you structure the course around historical enquiries, in order to provide a clear focus for the students' learning. In the example below (**column 3 in the planner**), four such enquiries are suggested, one for each chronological period. However, you could plan shorter enquiries around individual bullet points.

The specification content is sufficiently broad that you can approach your enquiries in such a way as to emphasise aspects, or use case studies, that you find particularly interesting, and that will help bring the content to life for your learners. Some brief suggestions are made in **column 4 in the planner below**, but this is very much an area where you can exercise your professional judgement. Exam questions will reinforce this by rewarding any relevant and valid knowledge.

GCSE History Specification B (SHP) has the development of deep and wide knowledge and understanding at its heart. **Column 4 in the planner below** should not be seen as a checklist, but does exemplify the knowledge and understanding that can reasonably be expected to be gained as a result of the enquiry your students undertake against each specification point. It has been drafted to be consistent with the forthcoming People's Health textbook (Jamie Byrom and Michael Riley, *The People's Health*, c1250 to present (Hodder Education, 2016)). The bullet points in this column can usefully be considered in the light of the **five factors influencing changes and continuities** listed in the specification: belief, attitudes and values; wealth and poverty; urbanisation; government; technology.

Remember, the thematic study has a particular emphasis on developing students' understanding of change and continuity. Change and continuity should be considered within the four chronological periods, as well as across the whole time span.

Sections and Issues	Enquiry	Content	Possible examples - this is not an exhaustive list but rather some possibilities of content to explore	Suggested timing (hours)
Medieval Britain c. 1250–c.1500	<i>Matters of life and death: Did anyone really care about health in medieval England?</i>	The characteristic features of medieval Britain: an overview	<ul style="list-style-type: none"> • Religion • 'Class system' – people, lords, everyone else. • Land ownership • Food and famine • War and rebellion • Technology • Homes and possessions • Life and leisure 	1.5
		Living conditions: housing, food, clean water and waste	<ul style="list-style-type: none"> • Towns and cities • Threats to public health • Patterns of housing • Diet and everyday food preparation and storage • Access to water • What happened to waste? • Enforcement of laws on cleanliness 	1.5
		Responses to the Black Death: beliefs and actions	<ul style="list-style-type: none"> • People's explanations of causes at the time • Religious beliefs • The role of doctors • Popular responses: effective and ineffective • Case studies of individual towns 	2
		Approaches to public health in late-medieval towns and monasteries	<ul style="list-style-type: none"> • Actions taken by towns and cities e.g. Norwich • Regulations and laws e.g. care of the sick, food standards • Role of monasteries in improving understanding of public health • Improvements e.g. rakers 	1.5

Sections and Issues	Enquiry	Content	Possible examples - this is not an exhaustive list but rather some possibilities of content to explore	Suggested timing (hours)
Early Modern Britain c.1500-c.1750	<i>More of the same? How much did public health change?</i>	Cultural, social and economic change including the growth of towns: an overview	<ul style="list-style-type: none"> • Reasons for growth of towns and cities • Increasing role of trade and industry • Population growth • Cultural changes e.g. smoking, printing press, religious changes 	1
		Changing living conditions: housing, food, clean water and waste	<ul style="list-style-type: none"> • Different groups of people and their housing • Food and drink e.g. ale consumption • Urban environments e.g. how clean was the water? • Getting rid of waste 	1.5
		Responses to outbreaks of plague including national plague orders and local reactions	<ul style="list-style-type: none"> • Reasons for outbreaks of plague • Why the plagues were so terrifying • Early responses by government to the plague e.g. by Henry VIII and Elizabeth I • Local responses e.g. Cambridge • How people reacted to the plague: effective and ineffective responses 	1.5
		The impact of local and national government on public health including measures to improve the urban environment and the government response to the gin craze, 1660–1751	<ul style="list-style-type: none"> • Town planning and improvement • Reasons for alcohol becoming a bigger problem • Gin Acts and their effects 	1.5

Sections and Issues	Enquiry	Content	Possible examples - this is not an exhaustive list but rather some possibilities of content to explore	Suggested timing (hours)
Industrial Britain c.1750-c.1900	<i>Revolution! Why were there such huge changes in the people's health, 1750-1900?</i>	Industrialisation, the growth of major cities and political change: an overview	<ul style="list-style-type: none"> • Technological change • Population growth • Movement of population • Industrial revolution / industrialisation • Life for the rich and poor • Changes in agricultural sector • Growth of intellectualism • Growth of the Empire • The development of the railways • Changes in education and reading habits • Extension of the franchise and growth of parliamentary rule 	1.5
		Urban living conditions in the early nineteenth century: housing, food, clean water and waste	<ul style="list-style-type: none"> • Urbanisation and slums • Water supplies in major towns and cities and its effects e.g. cholera • Increase in the pub trade 	1
		Responses to cholera epidemics	<ul style="list-style-type: none"> • Work of Snow and response to him • Opposition to public health acts e.g. the 'Dirty Party' • Effectiveness of government and other responses by 1900 	1.5
		Public health reform in the nineteenth century including the Public Health Acts and local initiatives	<ul style="list-style-type: none"> • Reasons for and effects of the various Public Health Acts, role of Chadwick • Other government action e.g. Sale of Food and Drugs Act • Local initiatives in e.g. Birmingham 	1.5

Sections and Issues	Enquiry	Content	Possible examples - this is not an exhaustive list but rather some possibilities of content to explore	Suggested timing (hours)
Britain since c.1900	<i>Better than ever? Do the changes in public health since 1900 tell a simple story of progress?</i>	Economic, political, social and cultural change: an overview	<ul style="list-style-type: none"> Continued growth of cities and towns Changing work and increased wealth Development of rights Decline in church attendance and changing beliefs Technological change Increasing role of government Transportation changes Leisure and entertainment Growth in migration and multiculturalism Changes in society and family life 	1.5
		Living conditions and lifestyles: housing, food, air quality and inactivity	<ul style="list-style-type: none"> Changes to food, drink and diet e.g. obesity epidemic? Government responses e.g. air quality legislation and pollution responses Changes to people's daily lives, patterns of working 	1.5
		Responses to Spanish Influenza and AIDS	<ul style="list-style-type: none"> Responses from the people: effective and ineffective Role of the media Local and national government responses 	1.5
		Growing government involvement in public health including pollution controls, anti-smoking initiatives and the promotion of healthy lifestyles	<ul style="list-style-type: none"> Government advertisements and campaigns since 1960s Increased role of government, NHS in public health campaigns since 1980s Contemporary attitudes and responses to public health issues 	2

Assessment strategies

Teachers may use these exemplar answers as an example of one possible way of achieving the marks given and NOT an exact approach for how an answer should be structured.

Learners will be credited wherever and however they demonstrate the knowledge, skills and understanding needed for a particular level.

Why did people's attempts to stop the spread of plague in the period 1500–1750 have limited impact? Support your answer with examples.

Explanations could consider: the nature and impact of plague (e.g. its rapid spread and its devastating impact on the functioning of communities); the lack of knowledge about the cause of plague; people's beliefs, attitudes and values including the belief that the plague was sent by God; the weakness of local and national government in enforcing plague orders.

Explanations are most likely to show understanding of the second order concept of causation but reward appropriate understanding of any other second order concept. Answers which simply describe some of the attempts to stop the spread of plague cannot reach beyond level 1.

The question is assessing AO1 (5 marks) and AO2 (5 marks). The levels are as follows:

Level 5 (9–10 marks)

Demonstrates strong knowledge of key features and characteristics of the period in ways that show secure understanding of them (AO1).
Uses these to show sophisticated understanding of one or more second order concepts in a fully sustained and very well-supported explanation (AO2).

Level 4 (7–8 marks)

Demonstrates sound knowledge of key features and characteristics of the period in ways that show secure understanding of them (AO1).
Uses these to show strong understanding of one or more second order concepts in a sustained and well-supported explanation (AO2).

Level 3 (5–6 marks)

Demonstrates sound knowledge of key features and characteristics of period in ways that show some understanding of them (AO1).
Uses these to show sound understanding of one or more second order concepts in a generally coherent and organised explanation (AO2).

Level 2 (3–4 marks)

Demonstrates some knowledge of features and characteristics of the period in ways that show some understanding of them (AO1).
Uses these to show some understanding of one or more second order concepts in a loosely organised explanation (AO2).

Level 1 (1–2 marks)

Demonstrates some knowledge of features and characteristics of the period (AO1).
Uses these to show some basic understanding of one or more second order concepts, although the overall response may lack structure and coherence (AO2).

0 marks

No response or no response worthy of credit.

Answer A

People tried to stop the spread of the plague in early modern England in lots of different ways but with very little success. This is because of a number of reasons; fear, nobody knew what really caused the plague and because the government didn't really help with public health. The plague was so scary that people were very frightened. Sometimes up to 30% of the population of a town or village could die. This meant that when the plague arrived there would be panic and middle and upper class people would often try to flee the town rather than stay to help try and prevent the spread of the disease.

Another reason why people couldn't stop the spread of the plague was that nobody knew that rats and fleas caused the plague. Many people thought it was a punishment sent by God for their sins. Some people believed that God had moved the stars into a special alignment to create a miasma or bad air that carried the plague. So rather than trying to clear up the towns and villages to get rid of the rats people went to church more often and prayed and fasted in the hope of stopping the spread of the plague. By 1650 some people thought it might be contagious but they still didn't know about the rats.

Finally the government didn't really do much to help stop the spread of the plague. Henry VIII passed a law that said plague victims should be isolated in their own home (he copied this idea from the French and Italian governments) and he said that searchers should be appointed to find and bury the dead. Elizabeth built on this by issuing plague orders which said that if one member of a family had the plague the whole family (both sick and healthy) should be locked up in their home. They even appointed watchmen to make sure it was enforced. The plague orders also included burning victim's clothes, stopping ill people entering the town and praying to God so they didn't really help stop the spread of the plague because it didn't get rid of the rats and fleas.

The most important reason why the plague couldn't be stopped in this period was because people didn't understand how it was caused and how it spread so the measures they took didn't really stop it spreading. This was exactly the same as the Black Death in the Middle Ages. It wasn't until the 19th century that doctors began to understand what caused disease and how to prevent it spreading.

Commentary

This is a level 5 response. It shows a strong knowledge of key features and characteristics of attempts to stop the spread of plague across the period. The response shows a sophisticated understanding of a second order concept and is a very well supported explanation.

Answer B

People in the period 1500-1750 tried to stop the plague but nothing really worked. One reason they couldn't stop it spreading was because they didn't know what caused the plague. Most people thought it was sent by God as a punishment for sin. So they went to church more and prayed and stopped going to alehouses to try and stop the plague spreading. However this didn't work because the plague was caused by rats and fleas.

Another reason why the spread of the plague couldn't be stopped is because they used to lock families up in their homes if someone got ill. This meant everyone in the family would get the plague. They also had plague orders to try and stop the spread of the plague but towns didn't always follow the orders because the town leaders often wanted to escape from the towns hoping they wouldn't get ill.

There were lots of reasons why the plague kept spreading, the most important reason was that nobody understood the cause of the plague so they couldn't stop it.

Commentary

This is a level 3 response. It demonstrates sound knowledge of some key features and characteristics of attempts to stop the plague. There is some understanding of a second-order concept and it is generally coherent and organised.



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