Pearson
BTEC Level 3 National Extended Diploma in Health and Social Care

Specification

First teaching from September 2016
First certification from 2018
Issue 8

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Edexcel, BTEC and LCCI qualifications

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About Pearson

Pearson is the world's leading learning company, with 35,000 employees in more than 70 countries working to help people of all ages to make measurable progress in their lives through learning. We put the learner at the centre of everything we do, because wherever learning flourishes, so do people. Find out more about how we can help you and your learners at qualifications.pearson.com

This specification is Issue 8. Key changes are sidelined. We will inform centres of any changes to this issue. The latest issue can be found on our website.

Welcome

With a track record built over 30 years of learner success, BTEC Nationals are widely recognised by industry and higher education as the signature vocational qualification at Level 3. They provide progression to the workplace either directly or via study at a higher level. Proof comes from YouGov research, which shows that 62% of large companies have recruited employees with BTEC qualifications. What's more, well over 100,000 BTEC students apply to UK universities every year and their BTEC Nationals are accepted by over 150 UK universities and higher education institutes for relevant degree programmes either on their own or in combination with A Levels.

Why are BTECs so successful?

BTECs embody a fundamentally learner-centred approach to the curriculum, with a flexible, unit-based structure and knowledge applied in project-based assessments. They focus on the holistic development of the practical, interpersonal and thinking skills required to be able to succeed in employment and higher education.

When creating the BTEC Nationals in this suite, we worked with many employers, higher education providers, colleges and schools to ensure that their needs are met. Employers are looking for recruits with a thorough grounding in the latest industry requirements and work-ready skills such as teamwork. Higher education needs students who have experience of research, extended writing and meeting deadlines.

We have addressed these requirements with:

- a range of BTEC sizes, each with a clear purpose, so there is something to suit each learner's choice of study programme and progression plans
- refreshed content that is closely aligned with employers' and higher education needs for a skilled future workforce
- assessments and projects chosen to help learners progress to the next stage. This means some are set by you to meet local needs, while others are set and marked by Pearson so that there is a core of skills and understanding that is common to all learners. For example, a written test can be used to check that learners are confident in using technical knowledge to carry out a certain job.

We are providing a wealth of support, both resources and people, to ensure that learners and their teachers have the best possible experience during their course. See *Section 10* for details of the support we offer.

A word to learners

Today's BTEC Nationals are demanding, as you would expect of the most respected applied learning qualification in the UK. You will have to choose and complete a range of units, be organised, take some assessments that we will set and mark, and keep a portfolio of your assignments. But you can feel proud to achieve a BTEC because, whatever your plans in life – whether you decide to study further, go on to work or an apprenticeship, or set up your own business – your BTEC National will be your passport to success in the next stage of your life.

Good luck, and we hope you enjoy your course.

Collaborative development

Students completing their BTEC Nationals in Health and Social Care will be aiming to go on to employment, often via the stepping stone of higher education. It was, therefore, essential that we developed these qualifications in close collaboration with experts from professional bodies, businesses and universities, and with the providers who will be delivering the qualifications. To ensure that the content meets providers' needs and provides high-quality preparation for progression, we engaged experts. We are very grateful to all the university and further education lecturers, teachers, employers, professional body representatives and other individuals who have generously shared their time and expertise to help us develop these new qualifications.

Employers, professional bodies and higher education providers have worked with us as part of the Employers and Stakeholder Advisory Group. Universities, professional bodies and businesses have provided letters of support confirming that these qualifications meet their entry requirements. These letters can be viewed on our website.

Summary of Pearson BTEC Level 3 National Extended Diploma in Health and Social Care specification Issue 8 changes

Summary of changes made between the previous issue and this current issue	Page number
The assessment window for *Unit 4: Enquiries into Current Research in Health and Social Care* has changed to a morning session.	Pages 16 and 49
The wording in Section 7 *Teacher/centre malpractice* has been updated to clarify suspension of certification in certain circumstances.	Page 266
The wording under Section 9 *Understanding the qualification grade* has been updated to clarify current practice in ensuring maintenance and consistency of qualification standards.	Page 269

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

Contents

Introduction to BTEC National qualifications for the health and social care sector

This specification contains the information you need to deliver the Pearson BTEC Level 3 National Extended Diplomas in Health and Social Care. The specification signposts you to additional handbooks and policies. It includes all the units for these qualifications.

These qualifications are part of the suite of Health and Social Care qualifications offered by Pearson. In the suite there are qualifications that focus on different progression routes, allowing learners to choose the one best suited to their aspirations.

All qualifications in the suite share some common units and assessments, allowing learners some flexibility in moving between sizes. The qualification titles are given below.

Some BTEC National qualifications provide a broad introduction that gives learners transferable knowledge and skills. These qualifications are for post-16 learners who want to continue their education through applied learning. The qualifications prepare learners for a range of higher education courses and job roles related to a particular sector. They provide progression either by meeting entry requirements in their own right or by being accepted alongside other qualifications at the same level and adding value to them.

In the health and social care sector these qualifications are:

Pearson BTEC Level 3 National Certificate in Health and Social Care (180 GLH) 601/7193/5

Pearson BTEC Level 3 National Extended Certificate in Health and Social Care (360 GLH) 601/7197/2

Pearson BTEC Level 3 National Foundation Diploma in Health and Social Care (510 GLH) 601/7199/6

Pearson BTEC Level 3 National Diploma in Health and Social Care (720 GLH) 601/7194/7

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care (1080 GLH) 601/7198/4.

This specification signposts all the other essential documents and support that you need as a centre in order to deliver, assess and administer the qualification, including the staff development required. A summary of all essential documents is given in *Section 7*. Information on how we can support you with these qualifications is given in *Section 10*.

The information in this specification is correct at the time of publication.

Total Qualification Time

For all regulated qualifications, Pearson specifies a total number of hours that it is estimated learners will require to complete and show achievement for the qualification: this is the Total Qualification Time (TQT). Within TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve teachers and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by teachers or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

BTEC Nationals have been designed around the number of hours of guided learning expected. Each unit in the qualification has a GLH value of 60, 90 or 120. There is then a total GLH value for the qualification.

Each qualification has a TQT value. This may vary within sectors and across the suite depending on the nature of the units in each qualification and the expected time for other required learning.

The following table shows all the qualifications in this sector and their GLH and TQT values.

Qualifications, sizes and purposes at a glance

Title	Size and structure	Summary purpose
Pearson BTEC Level 3 National Certificate in Health and Social Care	180 GLH (240 TQT) Equivalent in size to 0.5 of an A Level. 2 units, both mandatory, of which 1 is external. Mandatory content (100%). External assessment (50%).	An introduction to the health and social care sector through applied learning. Supports progression to higher education. Part of a programme of study that includes other vocational or general qualifications.
Pearson BTEC Level 3 National Extended Certificate in Health and Social Care	360 GLH (480 TQT) Equivalent in size to one A Level. 4 units of which 3 are mandatory and 2 are external. Mandatory content (83%). External assessment (58%).	A broad basis of study for the health and social care sector. This qualification is designed to support progression to higher education when taken as part of a programme of study that includes other appropriate BTEC Nationals or A Levels.
Pearson BTEC Level 3 National Foundation Diploma in Health and Social Care	510 GLH (680 TQT) Equivalent in size to 1.5 A Levels. 6 units of which 4 are mandatory and 2 are external. Mandatory content (76%). External assessment (41%).	This qualification is designed as a one-year, full-time course. It is a coherent study of the health and social care sector and supports progression to an Apprenticeship in the sector or to a further year of study at Level 3. If taken as part of a programme of study that includes other BTEC Nationals or A Levels it supports progression to higher education.
Pearson BTEC Level 3 National Diploma in Health and Social Care	720 GLH (960 TQT) Equivalent in size to two A Levels. 8 units of which 6 are mandatory and 3 are external. Mandatory content (83%). External assessment (46%).	This qualification has been designed to account for two-thirds of a two-year, full-time study programme for learners who are intending to go onto further study in a related sector. It supports access to a range of higher education courses if taken as part of a programme of study that includes another BTEC or A Level alongside it.
Pearson BTEC Level 3 National Extended Diploma in Health and Social Care	1080 GLH (1530 TQT) Equivalent in size to three A Levels. 13 units of which 8 are Mandatory and 4 are external. Mandatory content (72%). External assessment (42%).	This qualification has been designed to be the only qualification in a two-year, full-time study programme; it is an in-depth study of the health and social care sector. It supports progression to health and social care related degrees.

Title	Size and structure	Summary purpose
Pearson BTEC Level 3 National Extended Diploma in Health and Social Care (Health Studies)	1080 GLH (1530 TQT) Equivalent in size to three A Levels. 13 units of which 8 are Mandatory and 4 are external. Mandatory content (72%). External assessment (42%).	This qualification has been designed to be the only qualification in a two-year, full-time study programme. This is an Extended Diploma pathway specifically for those learners who wish to progress to a health-related degree.

Structures of the qualifications at a glance

This table shows all the units and the qualifications to which they contribute. The full structure for this Pearson BTEC Level 3 National in Health and Social Care is shown in *Section 2*. **You must refer to the full structure to select units and plan your programme.**

Key

	Unit assessed externally	**M**	**Mandatory units**	**O**	**Optional units**	**HS**	**Health Studies**

Unit (number and title)	Unit size (GLH)	Certificate (180 GLH)	Extended Certificate (360 GLH)	Foundation Diploma (510 GLH)	Diploma (720 GLH)	Extended Diploma (1080 GLH)	Extended Diploma (1080 GLH) HS
1 Human Lifespan Development	90	M	M	M	M	M	M
2 Working in Health and Social Care	120		M	M	M	M	M
3 Anatomy and Physiology for Health and Social Care	120					M	M
4 Enquiries into Current Research in Health and Social Care	120				M	M	M
5 Meeting Individual Care and Support Needs	90	M	M	M	M	M	M
6 Work Experience in Health and Social Care	60			O	O	M	M
7 Principles of Safe Practice in Health and Social Care	90			M	M	M	M
8 Promoting Public Health	90				M	M	M
9 Infection Prevention and Control	60					O	O
10 Sociological Perspectives	60		O	O	O	O	
11 Psychological Perspectives	60		O	O	O	O	O
12 Supporting Individuals with Additional Needs	60		O	O	O	O	
13 Scientific Techniques for Health Science	60						O
14 Physiological Disorders and their Care	60		O	O	O	O	O
15 Microbiology for Health Science	60						O
16 Policy in Health and Social Care	60					O	
17 Caring for Individuals with Dementia	60					O	O
18 Assessing Children's Development Support Needs	60					O	
19 Nutritional Health	60			O	O	O	O

continued overleaf

Unit (number and title)	Unit size (GLH)	Certificate (180 GLH)	Extended Certificate (360 GLH)	Foundation Diploma (510 GLH)	Diploma (720 GLH)	Extended Diploma (1080 GLH)	Extended Diploma (1080 GLH)
							HS
20 Understanding Mental Wellbeing	60					O	O
21 Medical Physics Applications in the Health Sector	60						O
22 Genetics	60						O
23 Biomedical Science	60						O
24 Biochemistry for Health	60					O	O
25 Complementary Therapies for Health and Social Care	60						O
26 Health Psychology	60						O

Qualification and unit content

Pearson has developed the content of the new BTEC Nationals in collaboration with employers and representatives from higher education and relevant professional bodies. In this way, we have ensured that content is up to date and that it includes the knowledge, understanding, skills and attributes required in the sector.

Each qualification in the suite has its own purpose. The mandatory and optional content provides a balance of breadth and depth, while retaining a degree of choice for individual learners to study content relevant to their own interests and progression choices. Also, the content may be applied during delivery in a way that is relevant to local employment needs.

The proportion of mandatory content ensures that all learners are following a coherent programme of study and acquiring the knowledge, understanding and skills that will be recognised and valued. Learners are expected to show achievement across mandatory units as detailed in *Section 2*.

BTEC Nationals have always required applied learning that brings together knowledge and understanding (the cognitive domain) with practical and technical skills (the psychomotor domain). This is achieved through learners performing vocational tasks that encourage the development of appropriate vocational behaviours (the affective domain) and transferable skills. Transferable skills are those such as communication, teamwork, research and analysis, which are valued in both higher education and the workplace.

Our approach provides rigour and balance, and promotes the ability to apply learning immediately in new contexts. Further details can be found in *Section 2*.

Centres should ensure that delivery of content is kept up to date. In particular units may include reference to regulation, legislation, policies and regulatory/standards organisations. This is designed to provide guidance on breadth and depth of coverage and may be adjusted to update content and to reflect variations within the UK.

Assessment

Assessment is specifically designed to fit the purpose and objective of the qualification. It includes a range of assessment types and styles suited to vocational qualifications in the sector. There are three main forms of assessment that you need to be aware of: external, internal and synoptic.

Externally-assessed units

Each external assessment for a BTEC National is linked to a specific unit. All of the units developed for external assessment are of 90 or 120 GLH to allow learners to demonstrate breadth and depth of achievement. Each assessment is taken under specified conditions, then marked by Pearson and a grade awarded. Learners are permitted to resit external assessments during their programme. You should refer to our website for current policy information on permitted retakes.

The styles of external assessment used for qualifications in the Health and Social Care suite are:

- examinations – all learners take the same assessment at the same time, normally with a written outcome
- set tasks – learners take the assessment during a defined window and demonstrate understanding through completion of a vocational task.

Some external assessments include a period of preparation using set information. External assessments are available twice a year. For detailed information on the external assessments please see the table in *Section 2*. For further information on preparing for external assessment see *Section 5*.

Internally-assessed units

Most units in the sector are internally assessed and subject to external standards verification. This means that you set and assess the assignments that provide the final summative assessment of each unit, using the examples and support that Pearson provides. Before you assess you will need to become an approved centre, if you are not one already. You will need to prepare to assess using the guidance in *Section 6*.

In line with the requirements and guidance for internal assessment, you select the most appropriate assessment styles according to the learning set out in the unit. This ensures that learners are assessed using a variety of styles to help them develop a broad range of transferable skills. Learners could be given opportunities to:

- write up the findings of their own research
- use case studies to explore complex or unfamiliar situations
- carry out projects for which they have choice over the direction and outcomes
- demonstrate practical and technical skills using appropriate workplace values and practices.

You will make grading decisions based on the requirements and supporting guidance given in the units. Learners may not make repeated submissions of assignment evidence. For further information see *Section 6*.

Synoptic assessment

Synoptic assessment requires learners to demonstrate that they can identify and use effectively, in an integrated way, an appropriate selection of skills, techniques, concepts, theories and knowledge from across the whole sector as relevant to a key task. BTEC learning has always encouraged learners to apply their learning in realistic contexts using scenarios and realistic activities that will permit learners to draw on and apply their learning. For these qualifications we have formally identified units which contain a synoptic assessment task. Synoptic assessment must take place after the teaching and learning of other mandatory units in order for learners to be able to draw from the full range of content. The synoptic assessment gives learners an opportunity to independently select and apply learning from across their programmes in the completion of a vocational task. Synoptic tasks may be in internally or externally assessed units. The particular unit that contains the synoptic tasks for this qualification is shown in the structure in *Section 2*.

Language of assessment

Assessment of the internal and external units for these qualifications will be available in English. All learner work must be in English. A learner taking the qualifications may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment. For information on reasonable adjustments see *Section 7*.

Grading for units and qualifications

Achievement in the qualification requires a demonstration of depth of study in each unit, assured acquisition of a range of practical skills required for employment or progression to higher education, and successful development of transferable skills. Learners achieving a qualification will have achieved across mandatory units, including external and synoptic assessment.

Units are assessed using a grading scale of Distinction (D), Merit (M), Pass (P), Near Pass (N) and Unclassified (U). The grade of Near Pass is used for externally-assessed units only. All mandatory and optional units contribute proportionately to the overall qualification grade, for example a unit of 120 GLH will contribute double that of a 60 GLH unit.

Qualifications in the suite are graded using a scale of P to D*, **or** PP to D*D*, **or** PPP to D*D*D*. Please see *Section 9* for more details. The relationship between qualification grading scales and unit grades will be subject to regular review as part of Pearson's standards monitoring processes on the basis of learner performance and in consultation with key users of the qualification.

UCAS Tariff points

The BTEC Nationals attract UCAS points. Please go to the UCAS website for full details of the points allocated.

1 Qualification purpose

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care

In this section you will find information on the purpose of this qualification and how its design meets that purpose through the qualification objective and structure. We publish a full 'Statement of Purpose' for each qualification on our website. These statements are designed to guide you and potential learners to make the most appropriate choice about the size of qualification suitable at recruitment.

Who is this qualification for?

The Pearson BTEC National Extended Diploma in Health and Social Care is intended as an applied general qualification. It is for post-16 learners who want to continue their education through applied learning and who aim to progress to higher education and ultimately to employment in the health and social care sector. The qualification is equivalent in size to three A Levels.

The qualification develops a deep common core of knowledge, understanding and skills in the sector through mandatory content. It allows learners to focus on a particular aspect of the sector through a selection of optional units, including a route that focuses specifically on health studies.

No prior study of the sector is needed, but learners should normally have a range of achievement at Level 2 in GCSEs or equivalent qualifications.

What does this qualification cover?

The content of this qualification has been developed in consultation with higher education to ensure it supports progression to higher study. Employers and professional bodies have also been involved in order to confirm that the content is also appropriate for those interested in working in the sector.

In addition to the knowledge, understanding and skills that underpin study of the health and social care sector, this qualification gives learners experience of the breadth and depth that will prepare them for further study in the sector. This includes the opportunity for learners to choose a health studies pathway with options reflecting the progression opportunities in health care.

Learners taking this qualification will study eight mandatory units:

- Anatomy and Physiology for Health and Social Care
- Human Lifespan Development
- Working in Health and Social Care
- Meeting Individual Care And Support Needs
- Principles of Safe Practice in Health and Social Care
- Enquiries into Current Research in Health and Social Care
- Promoting Public Health
- Work Experience in Health and Social Care.

To develop a better understanding of the demands of the sector to demonstrate their commitment and interest in the sector when applying for further study, learners are required to undertake a minimum of 100 hours' of work experience as part of the course and for learners.

Learners are able to select five optional units from their chosen pathway.

Optional units in the general pathway include:

- Sociological Perspectives
- Psychological Perspectives
- Supporting Individuals with Additional Needs
- Nutritional Health
- Caring for Individuals with Dementia
- Assessing Children's Development Support Needs.

Optional units from the health studies pathway include:

- Microbiology for Health Science
- Genetics
- Biochemistry for Health
- Health Psychology
- Physiological Disorders and their Care.

What could this qualification lead to?

This qualification is the main focus of a two-year study programme of learning and is equivalent to three A Levels, meaning that learners will be fully prepared for a range of health and social care degree programmes.

The qualification is intended to carry UCAS points and is recognised by higher education providers as contributing to meeting admission requirements to many relevant courses, for example:

- BSc (Hons) in Nursing
- BA (Hons) in Social Work
- BSc (Hons) in Physiotherapy
- BSc (Hons) in Occupational Therapy
- BSc (Hons) in Speech Therapy
- BA (Hons) in Health and Social Care.

The health studies pathway in the qualification is more scientific in nature, and learners will select from a wider range of health science units. This will support learners applying for degree programmes that expect larger amounts of prior science knowledge. This can include certain degree programmes in:

- Radiography
- Midwifery and Nursing
- Paramedic Science
- Podiatry
- Healthcare Science
- NHS Practitioner Training Programme.

Learners should always check the entry requirements for degree programmes at specific higher education providers.

How does the qualification provide employability skills?

In the BTEC National units there are opportunities during the teaching and learning phase to give learners practice in developing employability skills. Where employability skills are referred to in this specification, we are generally referring to skills in the following three main categories:

- **cognitive and problem-solving skills**: use critical thinking, approach non-routine problems applying expert and creative solutions, use systems and technology
- **intrapersonal skills**: communicating, working collaboratively, negotiating and influencing, self-presentation
- **interpersonal skills:** self-management, adaptability and resilience, self-monitoring and development.

There are also specific requirements in some units for assessment of these skills where relevant, for example, where learners are required to undertake real or simulated activities.

How does the qualification provide transferable knowledge and skills for higher education?

All BTEC Nationals provide transferable knowledge and skills that prepare learners for progression to university. The transferable skills that universities value include:

- the ability to learn independently
- the ability to research actively and methodically
- being able to give presentations and being active group members.

BTEC learners can also benefit from opportunities for deep learning where they are able to make connections among units and select areas of interest for detailed study. BTEC Nationals provide a vocational context in which learners can develop the knowledge and skills required for particular degree courses, including:

- reading technical texts
- effective writing
- analytical skills
- preparation for assessment methods used in degrees.

2 Structure

Qualification structure

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care

Mandatory units

There are eight mandatory units, four internal and four external. Learners must complete and achieve at Near Pass grade or above in all mandatory external units and achieve a Pass or above in all mandatory internal units.

Optional units

Learners must complete at least five optional units. The optional units are grouped. Learners must take two units from group A, two units from group B and one further unit from either group A or B.

Unit number	Unit title	GLH	Type	How assessed
Pearson BTEC Level 3 National Extended Diploma in Health and Social Care				
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	**Mandatory**	External
2	Working in Health and Social Care	120	**Mandatory**	External
3	Anatomy and Physiology for Health and Social Care	120	**Mandatory**	External
4	Enquiries into Current Research in Health and Social Care	120	**Mandatory and Synoptic**	External
5	Meeting Individual Care and Support Needs	90	**Mandatory**	Internal
6	Work Experience in Health and Social Care	60	**Mandatory**	Internal
7	Principles of Safe Practice in Health and Social Care	90	**Mandatory**	Internal
8	Promoting Public Health	90	**Mandatory**	Internal
Optional units group A– learners complete 2-3 units				
9	Infection Prevention and Control	60	**Optional**	Internal
11	Psychological Perspectives	60	**Optional**	Internal
14	Physiological Disorders and their Care	60	**Optional**	Internal
17	Caring for Individuals with Dementia	60	**Optional**	Internal
19	Nutritional Health	60	**Optional**	Internal
20	Understanding Mental Wellbeing	60	**Optional**	Internal
24	Biochemistry for Health	60	**Optional**	Internal
Optional units group B– learners complete 2-3 units				
10	Sociological Perspectives	60	**Optional**	Internal
12	Supporting Individuals with Additional Needs	60	**Optional**	Internal
16	Policy in Health and Social Care	60	**Optional**	Internal
18	Assessing Children's Development Support Needs	60	**Optional**	Internal

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care (Health Studies)

Mandatory units

There are eight mandatory units, four internal and four external. Learners must complete and achieve at Near Pass grade or above in all mandatory external units and achieve a Pass or above in all mandatory internal units.

Optional units

Learners must complete at least five optional units. The optional units are grouped. Learners must take three units from group A and two units from group B.

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care (Health Studies)				
Unit number	**Unit title**	**GLH**	**Type**	**How assessed**
	Mandatory units – learners complete and achieve all units			
1	Human Lifespan Development	**90**	**Mandatory**	External
2	Working in Health and Social Care	**120**	**Mandatory**	External
3	Anatomy and Physiology for Health and Social Care	**120**	**Mandatory**	External
4	Enquiries into Current Research in Health and Social Care	**120**	**Mandatory and Synoptic**	External
5	Meeting Individual Care and Support Needs	**90**	**Mandatory**	Internal
6	Work Experience in Health and Social Care	**60**	**Mandatory**	Internal
7	Principles of Safe Practice in Health and Social Care	**90**	**Mandatory**	Internal
8	Promoting Public Health	**90**	**Mandatory**	Internal
	Optional units group A– learners complete 3 units			
9	Infection Prevention and Control	**60**	**Optional**	Internal
11	Psychological Perspectives	**60**	**Optional**	Internal
14	Physiological Disorders and their Care	**60**	**Optional**	Internal
17	Caring for Individuals with Dementia	**60**	**Optional**	Internal
19	Nutritional Health	**60**	**Optional**	Internal
20	Understanding Mental Wellbeing	**60**	**Optional**	Internal
24	Biochemistry for Health	**60**	**Optional**	Internal
	Optional units group B– learners complete 2 units			
13	Scientific Techniques for Health Science	**60**	**Optional**	Internal
15	Microbiology for Health Science	**60**	**Optional**	Internal
21	Medical Physics Applications in the Health Sector	**60**	**Optional**	Internal
22	Genetics	**60**	**Optional**	Internal

Unit number	Unit title	GLH	Type	How assessed
23	Biomedical Science	60	**Optional**	Internal
25	Complementary Therapies for Health and Social Care	60	**Optional**	Internal
26	Health Psychology	60	**Optional**	Internal

External assessment

This is a summary of the type and availability of external assessment, which is of units making up 42% of the total qualification GLH. See *Section 5* and the units and sample assessment materials for more information.

For assessment from 2019 onwards refer to SAMS Issue 4 and unit content in this issue which replaces the 2017 versions.

Unit	Type	Availability
Unit 1: Human Lifespan Development	• Written exam set and marked by Pearson. • 1.5 hours. 90 marks.	**Jan and May/June** **First assessment May/June 2017**
Unit 2: Working in Health and Social Care	• Written exam set and marked by Pearson. • 1.5 hours. 80 marks.	**Jan and May/June** **First assessment May/June 2017**
Unit 3: Anatomy and Physiology for Health and Social Care	• Written exam set and marked by Pearson. • 1.5 hours. 90 marks.	**Jan and May/June** **First assessment January 2018**
Unit 4: Enquiries into Current Research in Health and Social Care	• A task set and marked by Pearson and completed under supervised conditions. • Learners will be provided with a research article (Part A) four weeks prior to a supervised assessment period in order to carry out secondary research. • Learners should compile notes on their secondary research in monitored sessions of six hours scheduled by the centre. • The supervised assessment period (Part B) is undertaken in a single morning session of three hours. • Written submission • 65 marks.	**Dec/Jan and May/June** **For assessment from January 2019 onwards**

Synoptic assessment

The mandatory synoptic assessment requires learners to apply learning from across the qualification to the completion of a defined vocational task. Within the assessment for *Unit 4: Enquiries into Current Research in Health and Social Care*, learners complete a research commentary based on a pre-released article and their secondary research, drawing together their knowledge and understanding of working practices and provision of services. Learners complete the task using knowledge and understanding from their studies of the sector and apply both transferable and specialist knowledge and skills.

In delivering the unit you need to encourage learners to draw on their broader learning so they will be prepared for the assessment.

Employer involvement in assessment and delivery

You are encouraged to give learners opportunities to be involved with employers.
See *Section 4* for more information.

3 Units

Understanding your units

The units in this specification set out our expectations of assessment in a way that helps you to prepare your learners for assessment. The units help you to undertake assessment and quality assurance effectively.

Each unit in the specification is set out in a similar way. There are two types of unit format:

- internal units
- external units.

This section explains how the units work. It is important that all teachers, assessors, internal verifiers and other staff responsible for the programme review this section.

Internal units

Section	Explanation
Unit number	The number is in a sequence in the sector. Numbers may not be sequential for an individual qualification.
Unit title	This is the formal title that we always use and it appears on certificates.
Level	All units are at Level 3 on the national framework.
Unit type	This shows if the unit is internal or external only. See structure information in *Section 2* for full details.
GLH	Units may have a GLH value of 120, 90 or 60 GLH. This indicates the numbers of hours of teaching, directed activity and assessment expected. It also shows the weighting of the unit in the final qualification grade.
Unit in brief	A brief formal statement on the content of the unit that is helpful in understanding its role in the qualification. You can use this in summary documents, brochures etc.
Unit introduction	This is designed with learners in mind. It indicates why the unit is important, how learning is structured, and how learning might be applied when progressing to employment or higher education.
Learning aims	These help to define the scope, style and depth of learning of the unit. You can see where learners should be learning standard requirements ('understand') or where they should be actively researching ('investigate'). You can find out more about the verbs we use in learning aims in *Appendix 2*.
Summary of unit	This new section helps teachers to see at a glance the main content areas against the learning aims and the structure of the assessment. The content areas and structure of assessment are required. The forms of evidence given are suitable to fulfil the requirements.
Content	This section sets out the required teaching content of the unit. Content is compulsory except when shown as 'e.g.'. Learners should be asked to complete summative assessment only after the teaching content for the unit or learning aim(s) has been covered.

Section	Explanation
Assessment criteria	Each learning aim has Pass and Merit criteria. Each assignment has at least one Distinction criterion. A full glossary of terms used is given in *Appendix 2*. All assessors need to understand our expectations of the terms used. Distinction criteria represent outstanding performance in the unit. Some criteria require learners to draw together learning from across the learning aims.
Essential information for assignments	This shows the maximum number of assignments that may be used for the unit to allow for effective summative assessment, and how the assessment criteria should be used to assess performance.
Further information for teachers and assessors	The section gives you information to support the implementation of assessment. It is important that this is used carefully alongside the assessment criteria.
Resource requirements	Any specific resources that you need to be able to teach and assess are listed in this section. For information on support resources see *Section 10*.
Essential information for assessment decisions	This information gives guidance for each learning aim or assignment of the expectations for Pass, Merit and Distinction standard. This section contains examples and essential clarification.
Links to other units	This section shows you the main relationship among units. This section can help you to structure your programme and make best use of materials and resources.
Employer involvement	This section gives you information on the units that can be used to give learners involvement with employers. It will help you to identify the kind of involvement that is likely to be successful.

External units

Section	Explanation
Unit number	The number is in a sequence in the sector. Numbers may not be sequential for an individual qualification.
Unit title	This is the formal title that we always use and it appears on certificates.
Level	All units are at Level 3 on the national framework.
Unit type	This shows if the unit is internal or external only. See structure information in *Section 2* for full details.
GLH	Units may have a GLH value of 120, 90 or 60 GLH. This indicates the numbers of hours of teaching, directed activity and assessment expected. It also shows the weighting of the unit in the final qualification grade.
Unit in brief	A brief formal statement on the content of the unit.
Unit introduction	This is designed with learners in mind. It indicates why the unit is important, how learning is structured, and how learning might be applied when progressing to employment or higher education.
Summary of assessment	This sets out the type of external assessment used and the way in which it is used to assess achievement.
Assessment outcomes	These show the hierarchy of knowledge, understanding, skills and behaviours that are assessed. Includes information on how this hierarchy relates to command terms in sample assessment materials (SAMs).
Essential content	For external units all the content is obligatory, the depth of content is indicated in the assessment outcomes and sample assessment materials (SAMs). The content will be sampled through the external assessment over time, using the variety of questions or tasks shown.
Grade descriptors	We use grading descriptors when making judgements on grade boundaries. You can use them to understand what we expect to see from learners at particular grades.
Key terms typically used in assessment	These definitions will help you analyse requirements and prepare learners for assessment.
Resources	Any specific resources that you need to be able to teach and assess are listed in this section. For information on support resources see *Section 10*.
Links to other units	This section shows the main relationship among units. This section can help you to structure your programme and make best use of materials and resources.
Employer involvement	This section gives you information on the units that can be used to give learners involvement with employers. It will help you to identify the kind of involvement that is likely to be successful.

Index of units

This section contains all the units developed for this qualification. Please refer to *pages 5–6* to check which units are available in all qualifications in the health and social care sector.

Unit 1: Human Lifespan Development

Level: **3**

Unit type: **External**

Guided learning hours: **90**

Unit in brief

Learners cover physical, intellectual, emotional and social development across the human lifespan, and the factors affecting development and the effects of ageing.

Unit introduction

Health and social care practitioners need to develop a knowledge base for working with people in every stage of their lives, and they need to know how their own experiences relate to health and wellbeing. Although it is generally accepted that there may be deterioration in health with age following adulthood, medical intervention means people are living longer and have better life prospects.

This unit will develop your knowledge and understanding of patterns of human growth and development. You will explore the key aspects of growth and development, and the experience of health and wellbeing. You will learn about factors that can influence human growth, development and human health. Some of these are inherited and some are acquired through environmental, social or financial factors during our lifespan. You will learn about a number of theories and models to explain and interpret behaviour through the human lifespan. In this unit, you will explore the impact of both predictable and unpredictable life events, and recognise how they impact on individuals. You will study the interaction between the physical and psychological factors of the ageing process, and how this affects confidence and self-esteem, which in turn may determine how individuals will view their remaining years.

This unit is externally assessed. It covers aspects of human growth and development through the different life stages. This content will serve as an introduction to health and social care needs and so will sit at the heart of the qualification.

Summary of assessment

The unit will be assessed through one examination of 90 marks lasting 1 hour and 30 minutes.

Learners will be assessed through a number of short- and long-answer questions. Learners will need to explore and relate to contexts and data presented. The questions will assess understanding of growth and development through the human lifespan, the factors that affect growth and development and the effects of ageing.

The assessment availability is twice a year in January and May/June. The first assessment availability is May/June 2017.

Sample assessment materials will be available to help centres prepare learners for assessment.

Assessment outcomes

AO1 Demonstrate knowledge of physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing

Command words: describe, discuss, evaluate, identify, justify, to what extent

Marks: ranges from 3 to 6 marks

AO2 Demonstrate understanding of physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing

Command words: describe, discuss, evaluate, explain, justify, outline, to what extent, which

Marks: ranges from 1 to 6 marks

AO3 Analyse and evaluate information related to human development theories/models and factors affecting human growth and development

Command words: evaluate

Marks: 10 marks

AO4 Make connections between theories/models in relation to human development, factors affecting human growth and development and effects of ageing

Command words: discuss, evaluate, justify, to what extent

Marks: ranges from 10 to 12 marks

Essential content

The essential content is set out under content areas. Learners must cover all specified content before the assessment.

A Human growth and development through the life stages

A1 Physical development across the life stages

- Growth and development are different concepts:
  - principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions
  - principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.
- In infancy (0–2 years), the individual develops gross and fine motor skills:
  - the development of gross motor skills
  - the development of fine motor skills
  - milestones set for the development of the infant – sitting up, standing, cruising, walking.
- In early childhood (3–8 years), the individual further develops gross and fine motor skills:
  - riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently
  - turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing.
- In adolescence (9–18 years), the changes surrounding puberty:
  - development of primary and secondary sexual characteristics
  - the role of hormones in sexual maturity.
- In early adulthood (19–45 years), the individual reaches physical maturity:
  - physical strength peaks, pregnancy and lactation occur
  - perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness.
- In middle adulthood (46–65 years), the female enters menopause:
  - causes and effects of female menopause and the role of hormones in this
  - effects of the ageing process in middle adulthood.
- In later adulthood (65+ years), there are many effects of ageing:
  - health and intellectual abilities can deteriorate.

A2 Intellectual development across the life stages

- In infancy and early childhood there is rapid growth in intellectual and language skills:
  - Piaget's model of how children's logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children's thoughts and actions
  - Chomsky's model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language.
- In early adulthood, thinking becomes realistic and pragmatic, with expert knowledge about the practical aspects of life that permits judgement about important matters.
- The effects of age on the functions of memory:
  - memory loss in later adulthood.

A3 Emotional development across the life stages

- Attachment to care-giver in infancy and early childhood:
  - theories of attachment, to include types of attachment and disruptions to attachment.
- The development and importance of self-concept:
  - definitions and factors involved in the development of a positive or negative self-esteem
  - definitions and factors involved in the development of a positive or negative self-image.

A4 Social development across the life stages

- The stages of play in infancy and early childhood:
  - solo play, parallel play and co-operative play.
- The importance of friendships and friendship groups:
  - the social benefits of friendships
  - the effects of peer pressure on social development.
- The development of relationships with others.
- The development of independence through the life stages:
  - peer influence in adolescence, starting employment, leaving home, starting a family.

B Factors affecting human growth and development

B1 The nature/nurture debate related to factors

- Development across the lifespan is a result of genetic or inherited factors – Gesell's maturation theory.
- Development across the lifespan is a result of environmental factors – Bandura's social learning theory.
- Both factors may play a part – stress-diathesis model.

B2 Genetic factors that affect development

- Genetic predispositions/disorders to particular conditions – cystic fibrosis, brittle bone disease, phenylketonuria (PKU), Huntington's disease, Klinefelter's syndrome, Down's syndrome, colour blindness, Duchenne muscular dystrophy, susceptibility to diseases such as cancer, high blood cholesterol and diabetes.
- Biological factors that affect development – foetal alcohol syndrome, effects of maternal infections and lifestyle/diet during pregnancy, congenital defects.

B3 Environmental factors that affect development

- Exposure to pollution – respiratory disorders, cardiovascular problems, allergies.
- Poor housing conditions – respiratory disorders, cardio vascular problems, hypothermia, and anxiety and depression.
- Access to health and social care services – availability of transport, opening hours of services, ability to understand the needs and requirements of particular services.

B4 Social factors that affect development

- Family dysfunction – parental divorce or separation, sibling rivalry, parenting style.
- Bullying – effects of bullying on self-esteem, self-harm, suicide.
- Effects of culture, religion and belief – beliefs that may prevent medical intervention, dietary restrictions.

B5 Economic factors that affect development

- Income and expenditure.
- Employment status.
- Education.
- Lifestyle.

B6 Major life events that affect development

- Predictable events:
  - these are events that are expected to happen at a particular time. While expected, they may still have an effect on a person's health and wellbeing. This effect can be positive or negative, regardless of the event.
- Unpredictable events:
  - these are events that happen unexpectedly and can have serious physical and psychological effects on an individual. These effects can be positive or negative, regardless of the event.
- Many events can be either predictable or unpredictable depending on the life course of the individual. They can include:
  - starting school/nursery
  - moving house
  - marriage and divorce
  - starting a family
  - beginning employment
  - retirement
  - death of a relative/partner/friend
  - accidents or injury
  - changing employment
  - leaving home
  - promotion or redundancy
  - serious illness.
- The effects of life events on health.
- Holmes-Rahe social readjustment rating scale and the effects of life events on a person's stress levels and health.

C Effects of ageing

C1 The physical changes of ageing

- Cardiovascular disease – age can increase the risks of cardiovascular disease. This can be exacerbated by lifestyle choices.
- The degeneration of the nervous tissue.
- Osteoarthritis.
- Degeneration of the sense organs.
- The reduced absorption of nutrients.
- Dementia, to include Alzheimer's disease.
- Effects of illnesses that are common in ageing.

C2 The psychological changes of ageing

- Effects on confidence and self-esteem.
- Effects of social change:
  - role changes
  - loss of a partner
  - loss of friends
  - increase in leisure time.
- Financial concerns.
- Effects of culture religion and beliefs.
- Social disengagement theory.
- Activity theory.

C3 The societal effects of an ageing population

- Health and social care provision for the aged.
- Economic effects of an ageing population.

Grade descriptors

To achieve a grade a learner is expected to demonstrate these attributes across the essential content of the unit. The principle of best fit will apply in awarding grades.

Level 3 Pass

Learners are able to explore familiar applications of physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing. Learners can use research with relevance to given situations related to human development theories/models and factors affecting human growth and development. They can select and organise information using appropriate knowledge and concepts about theories/models in relation to human development, factors affecting human growth and development and effects of ageing.

Level 3 Distinction

Learners are able to articulate arguments and views concisely and professionally to justify and evaluate physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing. They are able to use detailed analysis and research to make recommendations related to human development theories/models and factors affecting human growth and development. They can draw on knowledge and understanding of theories/models in relation to human development, factors affecting human growth and development and effects of ageing.

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
Describe	Learners give a clear, objective account in their own words showing recall, and in some cases application, of the relevant features and information about a subject. For example, 'Describe gross and fine motor skills in relation to…'.
Discuss	Learners consider different aspects of a topic, how they interrelate and the extent to which they are important. For example, 'Discuss how **both** the environment **and** genetic factors may account for…'.
Evaluate	Learners draw on varied information, themes or concepts to consider aspects such as strengths or weaknesses, advantages or disadvantages, alternative actions, and relevance or significance. For example, 'Evaluate possible explanations for the development of…'.

Command or term	Definition
Explain	Learners show they understand the origins, functions and objectives of a subject and its suitability for purpose. They give reasons to support an opinion, view or argument, with clear details. For example, 'Explain two possible features of the development of…'.
Identify	Learners indicate the main features or purpose of something, and/or are able to discern and understand facts or qualities. For example, 'Identify the services that might be available to…'.
Justify	Learners give reasons or evidence to support an opinion or prove something right or reasonable. For example, 'Justify how overcoming…'.
Outline	Learners provide a summary or overview or a brief description of something. For example, 'Outline ways in which this might affect their physical health.'
To what extent	Learners show clear details and give reasons and/or evidence to support an opinion, view or argument. It could show how conclusions are drawn (arrived at). For example, 'To what extent might recent…'.
Which	Learners specify one or more items from a definite set. For example, 'Which body part…'.

Links to other units

This unit may be taught alongside:
- Unit 2: Working in Health and Social Care
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health.

It may be advisable to teach this unit before:
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 12: Supporting Individuals with Additional Needs
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 17: Caring for Individuals with Dementia
- Unit 18: Assessing Children's Development Support Needs
- Unit 19: Nutritional Health
- Unit 20: Understanding Mental Wellbeing
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 2: Working in Health and Social Care

Level: **3**
Unit type: **External**
Guided learning hours: **120**

Unit in brief

Learners explore what it is like to work in the health and social care sector, including the roles and responsibilities of workers and organisations.

Unit introduction

This unit will help you to understand what it is like to work in the health and social care sector. When working for an organisation in this sector, you will have important responsibilities that you need to understand and carry out. These include maintaining the safety of and safeguarding individuals with health and social care needs, making sure that you properly handle their personal information and preventing discrimination towards them. You will need to understand how you will be accountable both to these individuals and the regulatory bodies that represent people who work in the health and social care sector. It is necessary for you to understand how your work will be monitored when you carry out a specific role such as nurse or social worker.

You will begin by looking at the range of roles and general responsibilities of people who work in health and social care settings. You will learn about the organisations that provide services in this sector, and the different settings in which these services are delivered according to the needs of the service user. You will learn about the ways these services are provided and about the barriers that can prevent people from getting the services they need.

As an employee of an organisation that provides services in the health and social care sector, you will have responsibilities towards people who seek information and advice, those who are being assessed and people who use services provided by or on behalf of your employer. You will also have responsibilities towards your employers, both as an employee and when you are undertaking specific duties on behalf of your employer. These organisations are regulated and inspected so you will also need to understand how inspectors and regulators monitor the work that you do. You will learn about working with people with specific needs, including ill health, learning disabilities, physical and sensory disabilities, and the needs of people who occupy different age categories. This unit will cover the skills you need to work in these areas of health and social care.

Summary of assessment

This unit will be assessed through one examination of 80 marks lasting 1 hour and 30 minutes.

Learners will be assessed through a number of short- and long-answer questions.

The paper consists of four sections, and each section is based on a different short scenario briefly explaining the situation of a person with health and social care needs. Each scenario is relevant to a different service user group. Each section of the paper is structured with questions of 2, 4, 6 and 8 marks.

The assessment availability is twice a year in January and May/June. The first assessment availability is May/June 2017.

Sample assessment materials will be available to help centres prepare for assessment.

Assessment outcomes

AO1 Demonstrate knowledge of service user needs, roles and responsibilities of workers, and working practices within the health and social care sector

Command words: identify

Marks: 2 marks

AO2 Demonstrate understanding of service user needs, roles and responsibilities of workers, working practices and procedures in the health and social care sector

Command words: describe

Marks: 4 marks

AO3 Analyse and evaluate information related to the roles and responsibilities of health and social care workers and organisations and how workers and organisations are monitored and regulated

Command words: explain

Marks: 6 marks

AO4 Make connections between the roles and responsibilities of health and social care workers and organisations, how workers and organisations are monitored and regulated and how multidisciplinary teams work together to meet service user needs

Command words: discuss

Marks: 8 marks

Essential content

The essential content is set out under content areas. Learners must cover all specified content before the assessment.

A The roles and responsibilities of people who work in the health and social care sector

A1 The roles of people who work in health and social care settings

Understand the roles of people who work in health and social care settings, to include:

- doctors
- nurses
- midwives
- healthcare assistants
- social workers
- occupational therapists
- youth workers
- care managers/assistants
- support workers.

A2 The responsibilities of people who work in health and social care settings

Understand the day-to-day responsibilities of people who work in health and social care settings, to include:

- following policies and procedures in place in the health and social care setting in which they work
- healing and supporting recovery for people who are ill
- enabling rehabilitation
- providing equipment and adaptations to support people to be more independent
- providing personal care, to include washing, feeding, toileting
- supporting routines of service users, to include day-to-day family life, education, employment, leisure activities
- assessment and care and support planning, involving service users and their families.

A3 Specific responsibilities of people who work in health and social care settings

Applying care values and principles.

- Promoting anti-discriminatory practice by:
  - o implementing codes of practice and policies that identify and challenge discrimination in specific health and social care settings
  - o adapting the ways health and social care services are provided for different types of service users.
- Empowering individuals, to include:
  - o putting the individual at the heart of service provision and promoting individualised care
  - o promoting and supporting individuals' rights to dignity and independence
  - o providing active support consistent with beliefs, cultures and preferences of health and social care service users
  - o supporting individuals who need health and social care services to express their needs and preferences
  - o promoting the rights, choices and wellbeing of individuals who use health and social care services
  - o balancing individual rights to health and social care services with the rights of other service users and staff
  - o dealing with conflict in specific health and social care settings, to include GP surgeries, hospital wards, residential care homes for the elderly, residential care homes for vulnerable children and young adults, and domiciliary care settings.

- Ensuring safety – how people who work in health and social care ensure safety for individuals and staff through:
  - o use of risk assessments
  - o safeguarding and protecting individuals from abuse
  - o illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water
  - o control of substances harmful to health
  - o use of protective equipment and infection control
  - o reporting and recording accidents and incidents
  - o complaints procedures
  - o provision of first-aid facilities.
- Information management and communication – ways of promoting effective communication and ensuring confidentiality through:
  - o applying requirements of the data protection legislation
  - o adhering to legal and workplace requirements specified by codes of practice in specific health and social care settings
  - o the recording, storage and retrieval of medical and personal information, to include electronic methods, mobile phones, social media, written records, use of photographs
  - o maintaining confidentiality to safeguard service users
  - o respecting the rights of service users where they request confidentiality
  - o following appropriate procedures where disclosure is legally required.
- Being accountable to professional bodies – how employees are accountable to professional bodies, to include:
  - o following codes of professional conduct
  - o being familiar with/applying current codes of practice
  - o ensuring that revalidation procedures are followed
  - o following safeguarding regulations
  - o following procedures for raising concerns/whistleblowing.

A4 Multidisciplinary working in the health and social care sector

Partnership working, to include:

- the need for joined-up working with other service providers
- ways service users, carers and advocates are involved in planning, decision-making and support with other service providers
- holistic approaches.

A5 Monitoring the work of people in health and social care settings

How the work of people in health and social care settings is monitored, to include:

- line management
- external inspection by relevant agencies
- whistleblowing
- service user feedback
- criminal investigations.

B The roles of organisations in the health and social care sector

B1 The roles of organisations in providing health and social care services

- Ways services are provided by:
  - o the public sector:
    - – NHS Foundation Trusts, to include hospitals, mental health services and community health services
    - – adult social care
    - – children's services
    - – GP practices

- o the voluntary sector
- o the private sector.
- Settings where health and social care services are provided to meet different needs, to include:
  - o hospitals
  - o day care units
  - o hospice care
  - o residential care
  - o domiciliary care
  - o the workplace.

B2 Issues that affect access to services

- Referral.
- Assessment.
- Eligibility criteria.
- Barriers to access, to include specific needs, individual preferences, financial, geographical, social, cultural.

B3 Ways organisations represent interests of service users

To include:

- charities/patient groups
- advocacy
- complaints policies
- whistleblowing policies.

B4 The roles of organisations that regulate and inspect health and social care services

The ways organisations regulate and inspect health and social care services, and the people who work in them.

Organisations that regulate or inspect health and social care services. (Learners should study organisations relevant to either England, Wales or Northern Ireland; they do not need to study organisations relevant to all UK countries.)

- In England:
  - o Care Quality Commission (CQC)
  - o Ofsted.
- In Wales:
  - o Care and Social Services Inspectorate Wales (CSSIW)
  - o Healthcare Inspectorate Wales (HIW).
- In Northern Ireland:
  - o Regulation and Quality Improvement Authority (RQIA).
- The roles of organisations which regulate or inspect health and social care services, to include:
  - o how regulation and inspections are carried out
  - o how organisations and individuals respond to regulation and inspection
  - o changes in working practices required by regulation and inspection
  - o how services are improved by regulation and inspection.

Organisations that regulate professions in health and social care services.

- In England:
  - o Nursing and Midwifery Council (NMC)
  - o Health and Care Professions Council (HCPC)
  - o General Medical Council (GMC).
- In Wales (in addition to above):
  - o Care Council for Wales (Social Care).
- In Northern Ireland (in addition to above):
  - o Northern Ireland Social Care Council (NISCC).
- The roles of organisations which regulate professions in health and social care services, to include:
  - o how regulation is carried out
  - o how organisations and individuals respond to regulation
  - o the changes in working practices required by regulation
  - o how services are improved by regulation.

B5 Responsibilities of organisations towards people who work in health and social care settings

Responsibilities of organisations that provide health and social care services, to include ensuring employees:

- understand how to implement the organisation's codes of practice
- meet National Occupational Standards (NOS)
- undertake continuing professional development (CPD)
- are safeguarded through being able to:
  - o have internal/external complaints dealt with properly
  - o take part in whistleblowing
  - o have membership of trades unions/professional associations
  - o follow protocols of regulatory bodies.

C Working with people with specific needs in the health and social care sector

C1 People with specific needs

- Ill health, both physical and mental.
- Learning disabilities.
- Physical and sensory disabilities.
- Age categories to include:
  - o early years
  - o later adulthood.

C2 Working practices

- Relevant skills required to work in these areas.
- How policies and procedures affect people working in these areas.
- How regulation affects people working in these areas.
- How working practices affect people who use services in these areas.
- Recent examples of how poor working practices have been identified and addressed.

Grade descriptors

To achieve a grade a learner is expected to demonstrate these attributes across the essential content of the unit. The principle of best fit will apply in awarding grades.

Level 3 Pass

Learners demonstrate knowledge and understanding of the roles and responsibilities of the people who work in health and social care settings in context. They also understand how organisations in the wider context impact on employee practices. Learners understand the influence of codes of practice on how employees undertake activities, and how and why the work of people in health and social care settings needs to be monitored. Learners can make judgements on the effectiveness of practices on service users, and can propose and justify recommendations for delivering services in context, based on health and social care concepts and principles.

Level 3 Distinction

Learners demonstrate a thorough understanding of the roles and responsibilities of people who work in health and social care settings and the influence of organisations, in context. They can justify recommendations related to an employee's specific responsibilities, or multidisciplinary activities, but understand the organisational context in which those employees and teams operate. They can evaluate the impact and effectiveness of services in meeting the needs of different service users, and how monitoring and codes of practice impact on the work of employees within health and social care settings. Learners can analyse service user requirements in context and provide justified recommendations for service delivery for a variety of different service user groups underpinned by health and social care concepts and principles.

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
Describe	Learners give a clear, objective account in their own words showing recall, and in some cases application, of the relevant features and information about a subject. For example, 'Describe two responsibilities of healthcare assistants…'.
Discuss	Learners consider different aspects of a topic, how they interrelate and the extent to which they are important. For example, 'Discuss how personal information might be managed by health and social care professionals'.

Command or term	Definition
Explain	Learners show they understand the origins, functions and objectives of a subject and its suitability for purpose. They give reasons to support an opinion, view or argument, with clear details. For example, 'Explain reasons why health and social care services are provided in different settings'.
Identify	Learners indicate the main features or purpose of something, and/or is able to discern and understand facts or qualities. For example, 'Identify two ways that a support worker might help…'.

Links to other units

This unit has links with most other units in these qualifications.

Pearson BTEC Level 3 Nationals in Health and Social Care

This unit may be taught alongside:

- Unit 1: Human Lifespan Development
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care.

It may be advisable to teach this unit before:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 6: Work Experience in Health and Social Care
- Unit 9: Infection Prevention and Control
- Unit 12: Supporting Individuals with Additional Needs
- Unit 14: Physiological Disorders and their Care
- Unit 17: Caring for Individuals with Dementia
- Unit 18: Assessing Children's Development Support Needs
- Unit 19: Nutritional Health
- Unit 20: Understanding Mental Wellbeing.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 3: Anatomy and Physiology for Health and Social Care

Level: **3**

Unit type: **External**

Guided learning hours: **120**

Unit in brief

Learners cover the structure, organisation and function of the human body, and anatomical and physiological systems and medical research related to disorders affecting these systems.

Unit introduction

A clear understanding of anatomy and physiology is essential for most health care professions and this unit lays the groundwork for your studies in careers such as nursing, midwifery or the allied health professions. Equally, if you are looking to enter the workforce, knowledge of anatomy and physiology is beneficial to those working in supportive roles in the health and social care sector.

This unit focuses on the anatomy and physiology of the human body. You will learn the core knowledge of cellular structure and function and the organisation of the body as a whole. You will then build on this to develop a more detailed knowledge of the fine anatomy and physiology of the skeletal and muscular systems and those systems involved in energy metabolism. You will examine energy and the cardiovascular, respiratory and digestive systems and the functioning of body systems associated with energy metabolism. You will consider some common disorders and how homeostatic mechanisms operate in the maintenance of an internal environment. You will investigate the processes relating to natural conception and prenatal development from the point of fertilisation through to birth. You will examine factors that affect prenatal development, including genetic and chromosome disorders.

This unit is externally assessed, as it covers the structure, organisation and function of the human body, and anatomical and physiological systems. This content will serve as an introduction to most health care professions and so will sit at the heart of the qualification.

Summary of assessment

The unit will be assessed through one examination of 90 marks lasting 1 hour and 30 minutes.

Learners will be assessed through a number of short- and long-answer questions and multiple-choice questions. The questions will assess understanding of the structure of human anatomy and the function of different body systems.

The assessment availability is twice a year in January and May/June. The first assessment availability is January 2018.

Sample assessment materials will be available to help centres prepare for assessment.

Assessment outcomes

AO1 Demonstrate knowledge of the structure, organisation and function of the human body

Command words: complete, define, describe, in which, match, state, what, which

Marks: ranges from 1 to 4 marks

AO2 Demonstrate understanding of the structure, organisation and function of the human body and relevant medical research

Command words: compare and contrast, complete, explain, outline

Marks: ranges from 2 to 6 marks

AO3 Analyse and evaluate information related to anatomical and physiological systems and medical research related to disorders affecting these systems

Command words: by how many, to what extent, what

Marks: ranges from 1 to 3 marks

AO4 Make connections between common disorders and how they affect human anatomical and physiological systems

Command words: deduce, provide, to what extent

Marks: ranges from 2 to 8 marks

Essential content

The essential content is set out under content areas. Learners must cover all specified content before the assessment.

A The structure and organisation of the human body

A1 How cells work

- The function and structure of cells, including membrane, nucleus, ribosomes, rough and smooth endoplasmic reticulum, mitochondria, centrioles, lysosomes and Golgi apparatus.

A2 Characteristics of tissues

The function, structure and location of:

- epithelial – simple (cuboidal, columnar, squamous, ciliated), compound (simple, keratinised)
- connective – blood, cartilage, bone, areolar, adipose
- muscle – striated, non-striated, cardiac
- nervous – neurones, neuroglia.

A3 The structure and function of body organs

- Location, structure and function of heart, lungs, brain, stomach, liver, pancreas, duodenum, ileum, colon, kidneys, bladder, ovaries/testes, uterus, skin.

A4 Energy in the body

- Transformation of energy (chemical, heat, sound, electrical, light).
- Energy metabolism – role of energy in the body, anabolism and catabolism (aerobic and anaerobic respiration).
- Basal metabolic rate.

A5 Human genetics

- Principles of Mendelian inheritance.
- Genetic variation, to include: genetic and chromosome disorders, Downs syndrome, phenylketonuria (PKU), sickle cell disease, cystic fibrosis, Huntington's chorea.
- Diagnostic testing for genetic and chromosome disorders, to include amniocentesis and chorionic villus sampling.

B The structure, function and disorders of body systems

B1 Homeostatic mechanisms

- Definition of homeostasis.
- Internal environment.
- The concept of negative feedback as a regulatory mechanism.
- Body temperature – production of heat by the body, loss of heat by the body, roles of hypothalamus and autonomic nervous system (role of arterioles and sweat glands), effects of shivering, implications of surface area to volume ratios, fever.
- Blood glucose levels – roles of pancreas, liver, insulin, glucagon.
- Fluid balance – water intake/output/loss, role of kidneys and renal system.
- Failure of homeostatic mechanisms – hypothermia, dehydration.

B2 The structure, function and main disorders of the cardio-vascular system

- The structure and function of the cardiovascular system, heart structure, cardiac cycle, heart rate (including regulation), stroke volume, blood pressure.
- Blood vessels – arteries, arterioles, capillaries, venules, veins.
- Pulmonary and systemic circulation.
- The structure and function of the blood.
- Disorders of the cardiovascular system – CHD, stroke, anaemia, hypertension.

B3 The structure, function and main disorders of the respiratory system

The structure and function of the respiratory system:

- the role of air passages in nose
- the structure and functions of trachea, bronchi, lungs, bronchial tree, alveoli
- the role of ciliated epithelial tissue
- respiratory muscles – intercostal muscles, diaphragm
- ventilation (including regulation), gaseous exchange, diffusion
- disorders of the respiratory system – smoking related, asthma, chronic obstructive pulmonary disease (COPD), pneumonia.

B4 The structure, function and main disorders of the skeletal system

- The structure of the skeletal system: axial skeleton, appendicular skeleton, types of bone (long bones, short bones, flat bones, irregular bones, sesamoid bones).
- The function of the skeletal system: support, protection, attachment for skeletal muscle, source of blood cell production, store of minerals, structure and function of ligaments and cartilage.
- The location of major bones – cranium, parietal, temporal, occipital, mandible clavicle, ribs, sternum, humerus, radius, ulna, scapula, ilium, pubis, ischium, carpals, metacarpals, phalanges, femur, patella, tibia, fibula, tarsals, metatarsals, vertebral column, vertebrae.
- The classifications of joints – fibrous joints, cartilaginous joints, synovial joints.
- Synovial joint structure.
- Movement allowed at each joint, to include flexion, extension, circumduction, adduction, abduction, gliding.
- Disorders of the skeletal system, to include fractures osteoarthritis, osteoporosis, increase in people with rickets.

B5 The structure, function and main disorders of the muscular system

- The structure of striated muscle.
- How muscles are attached to the body: tendons, fascia.
- Types of contraction: isometric, concentric, eccentric.
- Function of the muscular system: movement – antagonistic pairs (agonist, antagonist), synergist, fixator.
- Location and action of major muscles, to include erector spinae, rectus abdominis, internal and external obliques, biceps brachii, triceps brachii, deltoids, pectoralis major, trapezius, latissimus dorsi, gluteus maximus, semimembranosus, semitendinosus, biceps femoris, adductors, rectus femoris, vastus lateralis, vastus medialis, vastus intermedius, tibialis anterior, gastrocnemius, soleus.
- Disorders of the muscular system – muscular dystrophy.

B6 The structure, function and main disorders of the digestive system

- Alimentary canal – oesophagus, stomach, duodenum, ileum, colon.
- Liver, pancreas, salivary glands.
- The role of the digestive system in the breakdown and absorption of food materials, ingestion, peristalsis, digestion, absorption, egestion.
- The role of enzymes in digestion – amylases, proteases, lipases, sites of secretion, role in digestion.
- The role of microorganisms in the gut.
- Major products of digestion – peptides and amino acids, sugars, glycerol and fatty acids, roles in the body, storage of excess fats and carbohydrates, deamination of excess amino acids and the fate of end products, the role of the liver, the role of the kidneys.
- Absorption of food – into blood, into lacteals, role of villi and microvilli.
- Disorders – ulcers, hepatitis, coeliac disease.

B7 The structure, function and main disorders of the nervous system

- The central nervous system (CNS), the brain and spinal cord – co-ordination of both voluntary and involuntary activities of the body.
- The peripheral nervous system – motor neurones, sensory neurones, nerve cells.
- The parasympathetic nervous system and sympathetic nervous system. Conduction of nerve impulses to and from the CNS.
- Disorders – Parkinson's disease, multiple sclerosis (MS), dementia.

B8 The structure, function and main disorders of the endocrine system

- Hypothalamus – control of pituitary gland via releasing hormones, control of daily rhythms.
- Pituitary gland – control of growth, function of sex organs, osmoregulation.
- Thyroid gland – regulation of growth and function of many body systems, role in regulation of blood calcium levels.
- Ovaries – production of oestrogen and progesterone (sex hormones).
- Pancreas – regulation blood sugar via production of insulin and glucagon.
- Adrenal glands – the 'fight or flight' response via the hormone adrenaline, regulation of blood pressure via the hormone aldosterone.
- Testes – production of androgen hormones which are involved in the development of maleness and the production of sperm.
- Disorders of the endocrine system – diabetes mellitus and diabetes insipidus, hypothyroidism.

B9 Structure, function and disorders of the lymphatic and immune systems

- Lymph – formed from tissue fluid and carries fluids back to the blood system.
- Lymphatic vessels – carriage of lymph.
- Lymphatic organs – the formation and maturation of lymphocytes.
- Lymphocytes – the immune response via T and B cells.
- Spleen – filtration of the blood, destruction and recycling of parts of red blood cells.
- Disorders of the lymphatic and immune system – Hodgkin's disease, leukaemia.

B10 Structure, function and disorders of the renal system

- Kidneys – filtering toxins from the blood, regulating water and salt balance and pH.
- Ureters – carrying urine form the kidney to the bladder.
- Bladder – storage or urine.
- Urethra – carrying urine from the bladder to the outside world.
- Disorders of the renal system – urinary tract infections (UTIs), renal failure.

B11 Structure, function and disorders of the reproductive system

- Female:
  - ovaries – production of eggs
  - fallopian tubes – carrying eggs to uterus and site of fertilisation
  - uterus – site of development of embryo and foetus
  - cervix – neck of the womb canal for sperm entry
  - vagina – muscular, lubricated canal providing point of entry for penis and exit of baby during childbirth
  - vulva – external opening of vagina
  - disorders – endometriosis, polycystic ovary syndrome.
- Male:
  - penis – introduction of semen with sperm into female
  - urethra – carriage of semen along penis
  - scrotum – holds testes outside body to keep them cooler than body temperature
  - testes – manufacture of sperm
  - vas deferens – carries sperm from testes to penis
  - seminal vesicles – secretion of fluids of semen

- o prostate gland – production of secretions of fluids of semen
- o disorders – hydrocele, prostate cancer/BPH.
- The way in which natural conception occurs and patterns of pre-natal growth:
  - o the production of gametes, to include meiosis
  - o the physiological process of conception from fertilisation to birth, to include cell division and chromosomal behaviour
  - o the stages and significant developments during foetal growth through the trimesters
  - o birth
  - o cell division for growth, to include mitosis and DNA replication.
- Factors affecting prenatal development:
  - o how the following factors affect foetal development – positive and negative factors, to include genetic, age, diet, health, smoking, alcohol consumption
  - o forms of teratogen and their effects
  - o congenital disorders, to include spina bifida, cerebral palsy, effects of rubella.

C Medical research

C1 How data is collected and used

- Clinical trials – double blind, placebo.
- Epidemiological studies.
- Mortality and morbidity statistics.
- Data analysis skills to evaluate the efficacy of medical procedures and effects of lifestyle choices.

Grade descriptors

To achieve a grade a learner is expected to demonstrate these attributes across the essential content of the unit. The principle of best fit will apply in awarding grades.

Level 3 Pass

Learners are able to recall knowledge and show understanding of human anatomy and physiology. They can explore familiar applications of knowledge to demonstrate understanding of the structure and functions of different body systems, how these systems interrelate and the effect of disorders on human anatomy and physiology. Learners are able to select and organise information using appropriate knowledge and concepts of physiological systems and common disorders.

Level 3 Distinction

Learners will be able to articulate arguments and views concisely and professionally to justify the conclusions they reach in relation to the functioning of different body systems. Learners will be able to show a depth of understanding of how the knowledge applies to detailed situations in relation to human anatomy and physiology. They will evaluate concepts to reach reasoned and valid judgements. They will draw on and show a synthesis of knowledge and understanding of the different body systems.

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
By how many	Learners calculate an item in relation to another. For example, 'By how many times has the probability of…'.
Compare and contrast	Learners can identify the main factors relating to two or more items/situations or aspects of a subject that is extended to explain the similarities, differences, advantages and disadvantages. For example, 'Compare and contrast the procedures used in…'.
Complete	Learners provide all items. For example, 'Complete the diagram…'.
Deduce	Learners reach a conclusion about something by reasoning. For example, 'Deduce the probability of…'.
Define	Learners state or describe the nature, scope or meaning of a subject as objective facts. For example, 'Define the term *inherited condition*'.

Command or term	Definition
Describe	Learners give a clear, objective account in their own words showing recall, and in some cases application, of the relevant features and information about a subject.
	For example, 'Describe the events that occur during…'.
Explain	Learners show they understand the origins, functions and objectives of a subject and its suitability for purpose. They give reasons to support an opinion, view or argument, with clear details.
	For example, 'Explain why blood pressure fluctuates…'.
Identify	Learners indicate the main features or purpose of something, and/or is able to discern and understand facts or qualities.
	For example, 'Identify how the system…'.
In which	Learners specify a particular item.
	For example, 'In which trimester is the woman likely to…'.
Outline	Learners provide a summary or overview or a brief description of something.
	For example, 'Outline why both cells A and B have…'.
Provide a key	Learners correspond an item to another.
	For example, 'Provide a key for Graph…'.
State	Learners express facts about something definitely or clearly.
	For example, 'State the names of the…'.
To what extent	Learners show clear details and give reasons and/or evidence to support an opinion, view or argument. It could show how conclusions are drawn (arrived at).
	For example, 'To what extent do these data support…'.
What	Learners specify one or more items from a definite set.
	For example, 'What is the percentage of…'.
Which	Learners specify one or more items from a definite set.
	For example, 'Which statement describes the…'.

Links to other units

This unit may be taught alongside:

- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health.

It may be advisable to teach this unit before:

- Unit 12: Supporting Individuals with Additional Needs
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 17: Caring for Individuals with Dementia
- Unit 18: Assessing Children's Development Support Needs
- Unit 19: Nutritional Health
- Unit 20: Understanding Mental Wellbeing
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 4: Enquiries into Current Research in Health and Social Care

Level: **3**

Unit type: **External**

Guided learning hours: **120**

Unit in brief

Learners explore the methodologies of contemporary research and investigate the implications for health and social care practice and services.

Unit introduction

There are many reasons why research is carried out into contemporary health and social care issues, for example to explore the effect of diet on health and wellbeing or the provision and impact of addiction centres in the local community. As a health and social care professional you will need to understand the purpose of research, how it is carried out and the importance of research for improving the wellbeing of those using health and social care services.

In this unit, you will find out about the different research methods that can be used to gather information and the ethical issues that need to be considered. You will review research carried out into a contemporary issue in the sector, and will develop skills that will enable you to carry out your own secondary research into the issue. You will then consider how the research findings may benefit service users or improve practice, and make recommendations for further research. To complete the assessment task within this unit, you will need to draw on your learning from across your programme.

Effective research skills will help you to progress to employment in the health and social care sector and to a variety of higher education programmes, where research often forms part of the programme. To complete the assessment task for within this unit, you will need to draw on your learning from across your programme.

Summary of assessment

This unit is assessed under supervised conditions. Part A is released four weeks before Part B is scheduled for learners to carry out research. Learners should compile notes on their secondary research in monitored sessions of six hours scheduled by the centre. Part B is a supervised assessment of three hours taken in a single morning session at a time specified by Pearson.

The assessment is set and marked by Pearson.

Please see *Issue 4* of the Sample Assessment Material to help prepare learners for assessment.

The number of marks for both versions of the task is 65.

The assessment availability is December/January and May/June each year.

Assessment outcomes

AO1 Demonstrate knowledge and understanding of methods, skills and ethical issues related to carrying out research within the health and social care sector

AO2 Apply knowledge and understanding of the methods, skills and ethical issues to current research in the health and social care sector

AO3 Analyse information and data related to current research in health and social care, demonstrating the ability to interpret the potential impact and influence of the research on health and social care practice and service provision

AO4 Evaluate current health and social care research to make informed judgements about the validity of the research methods used, further areas for research and the potential impact of the research on health and social care practice and service provision

Essential content

The essential content is set out under content areas. Learners must cover all specified content before the assessment.

A Types of issues where research is carried out in the health and social care sector

A1 Purpose of research in the health and social care sector

- The purpose of research – to improve outcomes for people using services, informing policy and practice, extending knowledge and understanding, identifying gaps in provision.
- Examples of research that have led to an improvement in practice and policy, e.g. changes in treatment of health conditions, changes in practice in providing care and support.

A2 Issues

- Health conditions, e.g. how effective certain types of treatment are, health trends in certain areas or among certain age groups and why this should be the case, strategies for avoiding certain health conditions and the success of these strategies.
- Lifestyle factors, e.g. prevalence in certain age groups, how far lifestyle factors contribute to health and social care needs, the effect on demand for services, what can be done to mitigate factors.
- Social care and welfare needs, e.g. practice in providing care and support to individuals with specific needs, the success of these practices in promoting individuals' independence and wellbeing, services provided to individuals with specific needs and the effect of these services on individuals' wellbeing.

B Research methods in health and social care

B1 Research methodologies

- Organisations involved in research, to include health authorities, local authorities, social service departments and charities and community organisations, Office for National Statistics (ONS).
- Research methods, including questionnaires, interviews, case studies, scientific experiments, checklists, observation, and their advantages and disadvantages.
- Analysis of data, e.g. data compiled from local authorities and GP surgeries, to identify whether methods of care and support or treatment for health conditions are successful, to identify trends.
- The difference between qualitative and quantitative data.
- Conducting effective literature searches.
- Identifying, analysing and evaluating source material.

B2 Planning Research

How to plan a piece of research, including:
- rationale for the research
- deciding on achievable objectives
- selecting appropriate research methods
- selecting target group and sample
- deciding realistic timescales
- deciding how research will be monitored and modified
- deciding measures for success
- considering ethical issues while carrying out research.

B3 Ethical issues

Ethical principles in research reporting, including:
- maintaining confidentiality of participants, including of any settings
- ensuring that participants have given their consent

- the need to seek consent from parents or carers if participants are under 18 or lack appropriate mental capacity
- research conduct, including keeping a professional distance
- data protection legislation, policies and procedures, including using the research only for the stated purpose
- human rights legislation, policies and procedures and how this relates to conduct of research (legislation must be current at time of delivery and applicable to England, Wales or Northern Ireland)
- the use and misuse of results, including statistics that inform practice, informed consent from participants and the 1947 Nuremberg Code in relation to ethical research, misuse of results, e.g. Andrew Wakefield and the MMR research
- conflicts of interest in research and how to avoid them, peer reviews including human subjects, mentoring, research misconduct, professional distance, disclosure and whistle-blowing
- role of organisations, e.g. National Social Care Research Ethics Committee.

B4 Research skills
- Time management, organisational skills.
- Non-judgemental practice.
- Showing connections between sources of information.
- Methods of analysis and drawing conclusions.
- Recognising potential sources of bias or error.
- Distinguishing between fact and opinion, and identifying bias.
- Interpreting graphs and tables produced by others.
- Selecting relevant numerical data.
- Analysis of results, including compilation of data, results and findings, use of methods of analysis valid for data collected, including triangulation, use of percentages, use of statistical averages.
- Making notes and keeping records from source material.
- Reading techniques, e.g. skimming, scanning.
- Conventions for presenting bibliography and reference lists.

C Carrying out and reviewing relevant secondary research into a contemporary health and social care issue

C1 Selecting appropriate secondary sources
- Selecting sources of reliable secondary research, including professional journals, professional bodies, textbooks, periodicals, websites, research organisations.
- Conducting electronic searches using academic search engines, databases, keywords, advanced search tools, refining search data to narrow range of information to manageable size.
- Consideration of the suitability of the sources, including reference to ethical principles, confidentiality, conflicts of interest, fair representation of people using services.
- Selecting relevant numerical data, to include graphs, tables and statistics.
- Examining and interpreting graphs and tables produced by others.
- Recognising bias in graphs, tables and statistics.

C2 Evaluation of research
- Examining content of secondary materials including introduction, body of text, conclusion.
- Academic reading, to include surveying structure of source materials.
- Advantages and limitations of research sources and methodologies, e.g. access to data.
- Validity and reliability of results, including possible bias error, use and misuse of statistics, ethical principles, generalisability.
- Recommendations, as a result of the research, for work with people who use services.
- Potential areas for further development of the research.
- Potential for development of working practice and provision of services.

C3 Wider applications of research

- Making recommendations for potential future areas for research.
- Implications of research for health and social care practice.
- Implications of research for health and social care service provision.

Grade descriptors

To achieve a grade a learner is expected to demonstrate these attributes across the essential content of the unit. The principle of best fit will apply in awarding grades.

Level 3 Pass

Learners will demonstrate an understanding of the ways that current research is used in health and social care, and the appropriateness of different types of research related to specific issues and enquiries. They will apply secondary research techniques and review the success of techniques and skills in the context of current research into issues in health and social care, referencing validity and reliability. Learners will apply their knowledge and understanding from across their learning to explore feasible ethical solutions to further the research into key areas in the sector. They will demonstrate analytical and evaluative skills in order to judge the effectiveness of research in context, and recognise the implications for future practice/provision in the sector.

Level 3 Distinction

Learners will make critical, rationalised judgements about the techniques and skills evidenced within the research around the issue/enquiry and its use in the health and social care sector. Their use of secondary research techniques and skills will demonstrate their understanding of the wider issue in context. They will evaluate the purpose, actions and results of the research against the principles of validity and reliability, and demonstrate a thorough understanding of how feasible ethical solutions to research can be planned and delivered in context. Learners will form conclusions linked to the implications of the research for future practice/provision in the sector. These conclusions, and any recommendations for adaptations, will be justified and articulated professionally.

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
Article	The pre-released account of a piece of recent research relating to an aspect of health or social care. Could be based on a longer research report.
Ethical issue	Ethically related aspects that may have affected how the research was carried out.
Health and social care practice	Used in relation to how health and social care professionals carry out their work or job roles.
Health and social care services	May be used in relation to how services are provided and/or made available to the individuals that need them.
Issue	May be used on its own to describe the subject of the research that the article is describing.
Literature review	An assessment of existing research around a particular issue or area of study.

Command or term	Definition
Primary research	Research compiled directly from the original source, which may not have been compiled before. Learners are not expected to carry out primary research, but they are expected to understand the advantages and disadvantages of different primary research methods.
Qualitative research	Descriptive data, such as data drawn from open-ended questions in questionnaires, interviews or focus groups.
Quantitative research	Data in numerical form that can be categorised and used to construct graphs or tables of raw data, such as data drawn from results of experiments, hospital data showing admissions of individuals with certain health conditions, closed questions in questionnaires.
Research methods	Refers to how the research described in the article was carried out, for example through quantitative methods such as analysis of figures drawn from hospitals or GP surgeries; or qualitative based on focus groups, questionnaires.
Secondary sources/research	Published research reports and data, likely to be based on analysis of primary research.

Links to other units

The assessment for this unit should draw on knowledge, understanding and skills developed from:
- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 6: Work Experience in Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health.

Employer involvement

Centres may involve employers in the delivery of this unit, if there are local opportunities. There is no specific guidance related to this unit.

Unit 5: Meeting Individual Care and Support Needs

Level: **3**

Unit type: **Internal**

Guided learning hours: **90**

Unit in brief

Learners focus on the principles and practicalities that underpin meeting individuals' care and support needs, which are the foundation of all the care disciplines.

Unit introduction

For you to be able to provide the care and support that individuals need, it is important that you have a good understanding of the principles behind providing quality care and support. This unit introduces you to the values and issues that need to be considered when planning care and support that meet the needs of an individual in a health and social care environment.

In this unit, you will learn about the values and principles of meeting care and support needs and look at some of the ethical issues that arise when personalising care. You will examine factors that can impact the professionals who provide the care and support, and the challenges that must be overcome to allow access to good quality care and health services. You will explore the different methods used by professionals across all care services. You will reflect on these methods when you consider the importance of multi-agency working in providing a package of care and support that meets all the needs of individuals. To complete the assessment task within this unit, you will need to draw on your learning from across your programme.

This unit will be useful if you are intending to pursue a career in social care or healthcare, for instance as a social worker or health visitors, practice nurse or occupational therapist. The unit will also be invaluable if you wish to progress to higher education, to degrees in areas such as health and social care management, social work and nursing.

Learning aims

In this unit you will:

A Examine principles, values and skills which underpin meeting the care and support needs of individuals

B Examine the ethical issues involved when providing care and support to meet individual needs

C Investigate the principles behind enabling individuals with care and support needs to overcome challenges

D Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine principles, values and skills which underpin meeting the care and support needs of individuals	**A1** Promoting equality, diversity and preventing discrimination **A2** Skills and personal attributes required for developing relationships with individuals **A3** Empathy and establishing trust with individuals	A report in response to case studies of individuals of different ages that considers the principles, values and skills needed to provide care and support for others while maintaining an ethical approach and enabling individuals to overcome challenges.
B Examine the ethical issues involved when providing care and support to meet individual needs	**B1** Ethical issues and approaches **B2** Legislation and guidance on conflicts of interest, balancing resources and minimising risk	
C Investigate the principles behind enabling individuals with care and support needs to overcome challenges	**C1** Enabling individuals to overcome challenges **C2** Promoting personalisation **C3** Communication techniques	
D Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs	**D1** How agencies work together to meet individual care and support needs **D2** Roles and responsibilities of key professionals on multidisciplinary teams **D3** Maintaining confidentiality **D4** Managing information	A report based on case studies on how working practices are used to successfully meet individual needs.

Content

Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals

A1 Promoting equality, diversity and preventing discrimination

- Definition of equality, diversity and discrimination.
- Importance of preventing discrimination.
- Initiatives aimed at preventing discrimination in care, e.g. the use of advocacy services.

A2 Skills and personal attributes required for developing relationships with individuals

To include:

- the 6Cs – care, compassion, competence, communication, courage and commitment
- people skills – empathy, patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills
- communication skills – communicating with service users, colleagues and other professionals, e.g. active listening and responding, using appropriate tone of voice and language, clarifying, questioning, responding to difficult situations
- observation skills, e.g. observing changes in an individual's condition, monitoring children's development
- dealing with difficult situations.

A3 Empathy and establishing trust with individuals

Learners require an overview of the different theories of empathy and the various methods of establishing positive relationships with individuals in their care.

- Attachment and emotional resilience theory, to include the effect of secure attachments and support on emerging autonomy and resilience.
- The triangle of care.
- Empathy theories, e.g. Johannes Volkelt, Robert Vischer, Martin Hoffman and Max Scheler.

Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs

B1 Ethical issues and approaches

- Ethical theories, to include consequentialism, deontology, principlism and virtue ethics.
- Managing conflict with service users, carers and/or families, colleagues.
- Managing conflict of interests.
- Balancing services and resources.
- Minimising risk but promoting individual choice and independence for those with care needs and the professionals caring for them.
- Sharing information and managing confidentiality.

B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk

- Organisations, legislation and guidance that influence or advise on ethical issues. All legislation and guidance must be current and applicable to England, Wales or Northern Ireland.
- Organisations, e.g. National Health Service (NHS), Department of Health (DH), National Institute for Care Excellence (NICE), Health and Safety Executive (HSE).
- Legislation, e.g. Mental Health Act 2007, Human Rights Act 1998, Mental Capacity Act 2005, National Health Service Act 2006 Section 140, Equality Act 2010, Care Act 2014.
- Guidance, e.g.:
  - the DH Decision Support Tool
  - five-step framework
  - NICE and NHS guidance on Care Pathways and Care Plans
  - *Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups* (2013) (NHS)
  - HSE guidance on risk assessments.

- How this guidance may be counterbalanced by other factors, e.g. religion, personal choice, government policies.

Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges

C1 Enabling individuals to overcome challenges

- Different types of challenges faced by individuals with care and support needs, to include:
  - awareness and knowledge
  - practical challenges
  - skills challenges
  - acceptance and belief challenges
  - motivational challenges
  - communication challenges.
- Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires.
- Strategies used to overcome challenges, to include educational information materials, training courses, opinion leaders, clinical audits, computer-aided advice systems, patient-mediated strategies.
- Role of policy frameworks in minimising challenges, including:
  - NHS Patient Experience Framework, in particular understanding of the eight elements that are critical to the service users' experience of NHS services
  - Health Action Plans and how they are used to minimise challenges
  - Adult Social Care Outcomes Framework (ASCOF)
  - Common Assessment Framework (CAF).
- Impact of not enabling individuals to overcome challenges.

C2 Promoting personalisation

- Personalisation – ensuring that every person receiving care and support is able to set their personal goals and has choice and control over the shape of their care and support.
- Methods of recognising preferences, to include care plans, learning plans, behavioural plans, specialist support from health and social care professionals.
- The importance of promoting choice and control and the financial impact of this on care provision.

C3 Communication techniques

- Different approaches for effective communication, to include humanistic, behavioural, cognitive, psychoanalytical and social.
- Types of communication examples, to include verbal, body language, written, formal and informal.
- Alternative communications, to include Makaton, British Sign Language (BSL), braille, communication boards and symbol systems.
- Theories of communication, to include Argyle, Tuckman, Berne.
- New technologies and communication techniques.

Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs

D1 How agencies work together to meet individual care and support needs

- Role of organisations responsible for commissioning healthcare services, e.g. Clinical Commissioning Groups in England, Local Health Boards in Wales, Health and Social Care Board in Northern Ireland; formation, organisation roles and members.
- Role of organisations responsible for commissioning social care services, e.g. local authorities.
- Role of bodies responsible for integrating health and social care, e.g. Health and Wellbeing Boards (HWB).

- Role of assessment and eligibility frameworks, to include Common Assessment Framework (CAF), the National Eligibility Criteria (Care Act 2014), Department of Health, National Framework for NHS Continuing Healthcare.
- The Education, Health and Care plan (EHC).

D2 Roles and responsibilities of key professionals on multidisciplinary teams

- Multidisciplinary teams, members and formation.
- Specific roles and responsibilities relating to meeting individual needs of a variety of health and care professionals in a multidisciplinary team, to include:
  o healthcare professionals, e.g. GP, nurse, paediatrician, clinical psychologist
  o social care professionals, e.g. social worker, occupational therapist
  o education professionals, e.g. special educational needs co-ordinator (SENCO), educational psychologist
  o allied health professionals, e.g. speech and language therapist
  o voluntary sector workers, e.g. Macmillan nurses, family support workers.
- How multi-agency and multidisciplinary teams work together to provide co-ordinated support, e.g. an autistic child may have involvement with the following agencies and professionals: NHS (GP, paediatrician, clinical psychologist, counsellor, speech and language therapist), local authority and education services (social worker, SENCO, educational psychologist), and the voluntary sector (family support officers from the National Autistic Society).

D3 Maintaining confidentiality

- Definition of confidentiality.
- Working practices to maintain confidentiality, to include:
  o keeping yourself informed of the relevant laws
  o keeping information locked away or password protected
  o sharing information only with people who are entitled to have access to the information, e.g. other people in the multidisciplinary team, service users and their carers or families (depending on the situation)
  o being professional about how information is shared.
- Codes of practice for care workers establishing importance of confidentiality.
- Relevant aspects of legislation, e.g. Health and Social Care Act 2012.
- Role of the Health and Social Care Information Centre (HSCIC).

D4 Managing information

- Working practices for managing information, to include:
  o identifying why the information is needed
  o identifying what information is needed
  o searching for the information
  o using information legally and ethically.
- The importance of sharing information with colleagues, other professionals, the individual with care needs and their family.
- Impact of new technologies on managing information.
- Bodies that control the management of information, e.g. the National Adult Social Care Intelligence Service (NASCIS).
- Legislation and codes of practice that relate to the storage and sharing of information in health and social care. Legislation and codes of practice must be current and applicable to England, Wales or Northern Ireland, e.g.:
  o Data protection legislation
  o Freedom of information legislation
  o Mental health legislation
  o Mental capacity legislation
  o Care Quality Commission (CQC) codes of practice
  o The Health and Care Professions Council (HCPC) codes of practice.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals		
A.P1 Explain the importance of promoting equality and diversity for individuals with different needs. **A.P2** Explain the skills and personal attributes necessary for professionals who care for individuals with different needs.	**A.M1** Analyse the impact of preventing discrimination for individuals with different needs. **A.M2** Assess different methods professionals might use when building relationships and establishing trust with individuals with needs.	**A.D1** Evaluate the success of promoting anti-discriminatory practice for specific individuals with different needs. **BC.D2** Justify the strategies and techniques used to overcome ethical issues and challenges experienced by individuals with different needs when planning and providing care.
Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs		
B.P3 Explain how to incorporate ethical principles into the provision of support for individuals with different needs.	**B.M3** Analyse how an ethical approach to providing support would benefit specific individuals with different needs.	
Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges		
C.P4 Explain the strategies and communication techniques used with individuals different needs to overcome different challenges. **C.P5** Explain the benefits of promoting personalisation when overcoming challenges faced by individuals with different needs.	**C.M4** Assess the strategies and communication techniques used to overcome different challenges faced by individuals with different care and support needs.	
Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs		
D.P6 Explain why meeting the needs of the individuals requires the involvement of different agencies. **D.P7** Explain the roles and responsibilities of different members of the multidisciplinary team in meeting the needs of specific individuals. **D.P8** Explain the arrangements for managing information between professionals.	**D.M5** Assess the benefits of multidisciplinary and multi-agency working for specific individuals with care and support needs. **D.M6** Analyse the impact of legislation and codes of practice relating to information management on multidisciplinary working.	**D.D3** Justify how organisations and professionals work together to meet individual needs while managing information and maintaining confidentiality. **D.D4** Evaluate how multi-agency and multidisciplinary working can meet the care and support needs of specific individuals.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignment for this unit. The relationship of the learning aims and criteria is:

Learning aims: A, B and C (A.P1, A.P2, B.P3, C.P4, C.P5, A.M1, A.M2, B.M3, C.M4, A.D1, BC.D2)

Learning aim: D (D.P6, D.P7, D.P8, D.M5, D.M6, D.D3, D.D4)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

- current policies, legislation and codes of practice – ideally, these should be provided through visiting guest speakers or, if they are undertaking work experience, through learners' work experience placement
- case studies on which to base their assignments. Teachers must provide learners with a range of case studies to choose from, or learners can choose their own case study with the teacher's approval. If learners are basing their assignments on real case studies, for example from their work experience placement, then confidentiality must be respected.

Essential information for assessment decisions

Learning aims A, B and C

For distinction standard, learners will select material from the provided case studies which allows them to explore the issues surrounding equality and diversity, and preventing discrimination, and how successfully promoting anti-discriminatory practice has been achieved for each case study. Learners will draw together their understanding of the empathy theories and how they are applied, together with personal skills and attributes, to successfully promote anti-discriminatory practice. Learners must demonstrate clear understanding of the skills and attributes needed by professionals in order to meet individual care and support needs. Learners must consider the advantages and disadvantages of theories and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. Learners must demonstrate clear understanding of all of the terminology used in a health and social care context.

Learners will make reasoned judgements about different ethical issues and their influence on planning support to meet individual care and support needs. Learners must suggest how professionals could best minimise risk and balance resources, to reach a justified conclusion of how this can have a positive impact on the individual.

Learners will draw together their understanding of strategies that can be used to overcome the challenges faced by individuals. They must consider the advantages and disadvantages of the strategies and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. They must also explore a range of legislation and codes of practice and their influence in overcoming challenges, the ethical issues, the resulting conflicts of interest and how they can be resolved. Learners must consider the different approaches used by professionals when communicating with individuals with care needs and make reasoned judgements about the success of the communication techniques used.

For merit standard, learners will relate the situation of the individuals in the case studies with the possible effects of discrimination, and the skills, attributes and empathy theories that can be employed to prevent discrimination. Learners will be expected to use vocational language to explore empathy and how professionals could establish trust with the individuals in their different care environments. Learners could include a description of the six Cs of care and a range of communication skills that professionals use when building positive relationships. They could consider the impact of these skills on individuals when preventing discrimination.

Learners must demonstrate the relevance of each selected empathy theory. They should analyse the value of each in explaining the importance of professionals building positive relationships with individuals. They must use the case studies to demonstrate how professionals promote equality, diversity and antidiscriminatory practices.

Learners will carefully consider different ethical theories and approaches and draw conclusions about how the application of each one may impact on meeting individual care and support needs. Learners must demonstrate understanding of more complex influencing factors such as the ethical issues on maintaining confidentiality.

Learners will use vocational language to analyse the success of strategies and communication techniques when used by professionals to overcome the challenges faced by individuals with care and support needs. They will also explore the impact of challenges on individuals and how professionals use a variety of approaches to enable individuals to overcome such challenges. Learners could research the range of legislation and codes of practice used when overcoming challenges, using information from recognised sources.

For pass standard, learners will consider the importance of promoting equality and diversity, and preventing discrimination for each case study. Learners must recall and relate knowledge of how the professionals in the case studies promote equality and diversity and the skills and attributes needed to do this. They must use the case studies to demonstrate their understanding of the importance of promoting equality. Learners must explain the key principles of providing care, showing an understanding of the skills and attributes required by those professionals who meet the care and support needs of individuals.

Learners must show that they have planned and carried out research on the different ethical principles using appropriate search techniques. They should produce evidence of their understanding that is up to date, well referenced and relevant. Learners' conclusions about the impact of ethical principles must be supported by examples from their research.

Learners will recall and relate in some detail, knowledge of the strategies and communication techniques used by professionals. Evidence must be supported by examples of the challenges faced by the individuals in each case study and learners must state whether the approach used was successful or not. They could also explain the relevant legislation or codes of practice. Learners must explain the key principles of the communication techniques that each professional used and explain, using reasoned arguments, the impact that these have had on each individual.

Learners will recall knowledge relating to the care and support needs of each individual and relate it to how each professional promotes personalisation and recognises individual preferences and promotes choice when enabling individuals to overcome challenges. When explaining the benefits of this approach, learners could contrast it with the possible outcome for individuals if preferences and choices were not taken into account.

Learning aim D

For distinction standard, learners will draw on and bring together their knowledge and understanding across learning aims to make suitable judgements on how successful multi-agency and multidisciplinary working meets individual needs. Learners must evaluate how an individual's right to equality and independence can be promoted by multi-agency and multidisciplinary teams through enabling individuals to overcome challenges, but that this must be balanced with overcoming ethical issues.

Learners will consider how different organisations and professionals on the multi-agency and multidisciplinary teams work together to justify the suitability of each in providing support to meet each individual's needs, while managing information and maintaining confidentiality. Learners could then discuss how effective the team's working practices are for meeting individual needs. They could go on to make reasoned judgements about the importance of legislation and codes of practice in managing information and maintaining confidentiality. Learners could draw on the roles and responsibilities of three professionals in a variety of care environments to demonstrate proficient understanding of complex situations such as end-of-life plans or child-protection cases when maintaining confidentiality becomes an ethical issue.

For merit standard, learners will give supported reasons for the benefits of organisations and professionals on multi-agency and multidisciplinary teams providing co-ordinated care and support for individuals. Learners must make reasoned, analytical judgements on the benefits of multidisciplinary working, showing the way that the roles of different team members interrelate and work together to meet individual needs. Learners will actively reflect on how codes of practice and legislation impact on multidisciplinary working. They must analyse how legislation and codes of practice provide guidance for managing information, including who information can be shared with and when to share it, and this must be related to the situations in the case studies.

For pass standard, learners will determine the level of impact that the roles and responsibilities of three members of the multidisciplinary team from the case studies have in meeting individual support needs, and how organisations work together to commission and provide care for individuals. Learners must show that they understand how support from different disciplines can be combined to provide a full package of care for the individuals.

Learners must recall and relate knowledge and understanding of how members of the multidisciplinary team manage information. They could include examples of legislation and codes of practice that the team is bound by when managing information and resolving conflicts of interest, in order to show their understanding of the issues involved.

Learners' research must be relevant to the given case studies and information must be selected and organised to reach suitable conclusions.

Links to other units

The assessment for this unit should draw on knowledge, understanding and skills developed from:
- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 6: Work Experience in Health and Social Care

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the benefits of work experience. They carry out and reflect on a period of work experience, and plan for personal and professional development.

Unit introduction

If you are thinking about a career in health and social care, then work experience is a good way of making you aware of the tasks and activities you may be required to carry out. This unit will help you reflect on and develop your personal attributes and skills required for work in this sector, and extend your knowledge and understanding of the responsibilities of health and social care professionals.

In this unit, you will learn about the benefits of work experience in health and social care. You will examine how work experience can help you to develop personal and professional skills, such as communication and teamwork, and to understand more about the expectations of different professional roles. You will develop a plan to support your learning in placement and you will monitor your progress with a reflective journal. This is a practical unit which will support your work experience placement in health and social care and provide a foundation for you to develop, apply and reflect on knowledge and skills in a realistic situation.

A work experience placement will prepare you for further study in a variety of higher education programmes. It is often a requirement for progression to higher education, and is a component of degree courses in the sector such as social work or nursing.

Learning aims

In this unit you will:

A Examine the benefits of work experience in health and social care for own learning and development
B Develop a work experience plan to support own learning and development
C Carry out work experience tasks to meet set objectives
D Reflect on how work experience influences own personal and professional development.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine the benefits of work experience in health and social care for own learning and development	**A1** Developing skills and attributes **A2** Clarifying expectations for employment in health and social care **A3** Exploring career options	A report evaluating the benefits of work experience and the importance of preparing for placement. The report must include a plan to meet personal and professional goals.
B Develop a work experience plan to support own learning and development	**B1** Preparation for work experience **B2** Setting goals and learning objectives	
C Carry out work experience tasks to meet set objectives	**C1** Work experience tasks **C2** Work shadowing and observation	Observation of learners on work placement carrying out tasks and activities and interacting with service users and staff, evidenced by observation report signed by assessor. A reflective log evaluating own development on work placement.
D Reflect on how work experience influences own personal and professional development	**D1** Reviewing personal and professional development **D2** Using feedback and action planning	

Content

Learning aim A: Examine the benefits of work experience in health and social care for own learning and development

A1 Developing skills and attributes

- Reflecting on own skills and attributes and areas for development.
- Developing professionalism.
- Communication and interpersonal skills.
- Organisational skills, e.g. time management, prioritising tasks.
- Technical skills, e.g. data handling, using specialist equipment.
- Teamwork skills.
- Confidence and personal responsibility.
- Ability to link theory with practice.

A2 Clarifying expectations for employment in health and social care

- Respecting diversity and equality.
- Respecting confidentiality and dignity.
- Understanding health, safety and security.
- Understanding and applying care values.
- Preparation for employment in the sector.

A3 Exploring career options

- Working in different settings, e.g. residential care, hospital.
- Working with different age groups and service users, e.g. children with special needs, older people with dementia.
- Sources of information about careers in health and social care.
- Using work experience to inform career choices, confirm ideas or consider alternative options.

Learning aim B: Develop a work experience plan to support own learning and development

B1 Preparation for work experience

- Expectations for learners on work experience, e.g. dress, behaviour.
- Practical considerations, e.g. Disclosure and Barring Service (DBS) checks.
- Responsibilities and limitations for learners on work experience, e.g. providing intimate personal care, handling confidential information.
- Researching specific work experience placements, e.g. organisation, job roles.
- Role of placement supervisors/mentors.

B2 Setting goals and learning objectives

- Reflecting on current knowledge and skills.
- Identifying own strengths and areas for development.
- Identifying established standards and values required for health and social care professionals, e.g. the NHS Constitution.
- Identifying SMART (specific, measurable, achievable, realistic, time-bound) targets for own work experience.
- Setting personal development goals, e.g. developing communication skills, confidence.
- Setting professional development goals, e.g. developing competence, technical ability.

Learning aim C: Carry out work experience tasks to meet set objectives

C1 Work experience tasks

- Assisting and participating in clinical tasks (providing direct care for service users as appropriate), e.g. interacting with service users, assisting with meals.
- Assisting and participating in non-clinical tasks (not directly related to the provision of care for service users), e.g. attending meetings, general office tasks.
- Promoting person-centred approaches.
- Importance of supervision in work experience.
- Using work experience reflective journals to link theory with practice, reflecting on how work experience placement influences own professional development.

C2 Work shadowing and observation

- Work shadowing different professionals, as appropriate.
- Observing specific procedures, as appropriate.
- Working relationships and agreed ways of working in health and social care.
- Reflecting on work practice and procedures used within the setting.

Learning aim D: Reflect on how work experience influences own personal and professional development

D1 Reviewing personal and professional development

- Reflective practice is an ongoing activity.
- Theories and frameworks for reflective practice.
- Reviewing work experience reflective journal.
- Evaluating own performance.
- Reflecting on own personal and professional development.

D2 Using feedback and action planning

- The importance of continuing professional development (CPD).
- Identifying areas of positive and constructive feedback.
- Highlighting areas for improvement.
- Creating an action plan for personal and professional development.
- Identifying career goals.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine the benefits of work experience in health and social care for own learning and development		
A.P1 Explain how work experience can support the development of own professional skills and personal attributes for work in the health and social care sector. **A.P2** Discuss ways in which work experience can inform own career choices and help prepare for employment in the health and social care sector.	**A.M1** Analyse how work experience can provide support in gaining a realistic understanding of the health and social care sector.	**AB.D1** Justify the benefits of preparation in supporting own understanding of the expectations of work experience.
Learning aim B: Develop a work experience plan to support own learning and development		
B.P3 Explain own responsibilities and limitations on work experience placement. **B.P4** Explain how to meet own specific personal and professional development goals while on work placement.	**B.M2** Assess the importance of own work experience plan to support own learning and development.	
Learning aim C: Carry out work experience tasks to meet set objectives		
C.P5 Demonstrate work-related skills to meet set objectives for work experience tasks. **C.P6** Discuss ways in which work shadowing and observation can support development of own skills while on work placement.	**C.M3** Demonstrate work-related skills with confidence and proficiency to meet objectives in different situations.	**C.D2** Demonstrate work-related skills proficiently, taking the initiative to carry out activities according to own responsibilities and setting's procedures and selecting appropriate skills and techniques for different situations.
Learning aim D: Reflect on how work experience influences own personal and professional development		
D.P7 Review own strengths and areas for development in response to feedback on work experience placement. **D.P8** Produce a personal and professional development plan which identifies improvements to own skills for future development.	**D.M4** Assess how self-reflection can contribute to personal and professional development in work experience placement.	**D.D3** Justify how planning for and reflecting on skills developed during own work experience placement have informed own future plans for personal and professional development.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aims: C and D (C.P5, C.P6, D.P7, D.P8, C.M3, D.M4, C.D2, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to a work experience placement in a health and social care setting.

Learners will be provided with a work experience log for them to record the skills they develop on their placement, and to plan for their placement and development.

Essential information for assessment decisions

Learning aims A and B

Learners must record evidence for this assignment in their work experience log, using Form HSC AG 3.

For distinction standard, learners will reach valid judgements about the benefits of preparation for work experience placements. Learners must use research to justify the expectations of work experience and articulate their views concisely. They must draw on and show synthesis of knowledge across learning aims A and B to make suitable justifications and recommendations for their planned placement.

For merit standard, learners will make reasoned, analytical judgements involving comparison and discussion. Learners must use research to extend their understanding about the expectations of work experience placements. They must select and apply knowledge to demonstrate the relevance and purpose of their work experience plan to support their learning and development.

For pass standard, learners will recall key knowledge to demonstrate their understanding of how work experience can prepare them for employment in a health or social care setting. Learners must use research, with relevance to given situations, to explain their responsibilities and limitations in a work experience placement. They must select and organise information using appropriate knowledge and concepts to produce a plan to meet their specific personal and professional development goals while on work placement.

Learning aims C and D

Learners must record evidence for this assignment in their work experience log, using Form HSC AG 5. They must be given a witness statement from a workplace supervisor that describes, in sufficient detail for the assessor to make a judgement, how learners carried out the required activities. Alternatively they should be given an assessor observation record that details how learners carried out the required activities and how they met the assessment criteria.

For distinction standard, learners will make valid judgements about the risks and limitations of techniques and processes used in their work experience setting and how this can impact the desired outcomes and development of skills. Learners must select appropriate skills and techniques best suited to the situation, and show that they have developed their skills to improve outcomes while on placement. For example, they must communicate professionally using appropriate methods for their audience. They must show initiative while acting in expected constraints and assess different work-related situations in relation to particular outcomes. Learners must justify any decisions related to their work situation. They must manage themselves successfully to prioritise activities and monitor their progress.

Learners must engage actively with others as well as use their own initiative to gain feedback and to create opportunities for personal improvement. They must evaluate their reasoning behind decision-making in their placement and respond effectively to feedback. They must draw together their learning and experiences gained across the learning aims, demonstrating valid insights into their planning and performance in order to plan their personal and professional development.

For merit standard, learners will show the required attributes necessary for their work experience placement. They should select and deploy appropriate techniques, processes and skills with increased confidence and proficiency to meet set objectives in different work experience situations.

Learners will modify techniques and processes to suit different situations and to deal with contingencies. For example, they must select and use appropriate communication methods to suit particular audiences, such as interacting with service users or contributing to a team meeting. They must manage their time to prioritise activities and progress towards required outcomes.

Learners will use the knowledge, skills and understanding gained from across their learning to select and justify solutions regarding how work experience tasks can support their personal and professional development. Learners must monitor their achievement against their work experience plan to ensure the relevance of targets, and must reflect actively on evidence of their performance using feedback from others.

For pass standard, learners will carry out tasks and activities fully, correctly and safely to achieve the desired outcomes. Learners must select appropriate techniques, processes or skills in well-defined situations, and review the success of these. They must identify the responsibilities of staff in the placement and relate this knowledge to occupational roles and organisational structures. They must communicate using appropriate English and vocational language and respond to communication from others. They must time manage their work effectively and manage outcomes.

Learners will apply the knowledge, skills and understanding gained from across their learning to explore solutions to realistic and vocational tasks regarding the ways in which work shadowing and observation can support personal and professional development.

Learners must maintain structured records of their work experience that show how they have planned opportunities to develop their skills and gain feedback on their performance from others.

Links to other units

This unit draws on knowledge taught in:
- Unit 2: Working in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care.

This unit may be taught alongside most other units in the qualifications, including:
- Unit 12: Supporting Individuals with Additional Needs
- Unit 13: Scientific Techniques for Health Science
- Unit 14: Physiological Disorders and their Care
- Unit 17: Caring for Individuals with Dementia
- Unit 18: Assessing Children's Development Support Needs
- Unit 19: Nutritional Health
- Unit 20: Understanding Mental Wellbeing.

Employer involvement

Learners must have access to a work experience placement in a health and social care setting. Learners will be provided with a work experience log for them to record the skills they develop on their placement, and to plan for their placement and development.

Unit 7: Principles of Safe Practice in Health and Social Care

Level: **3**

Unit type: **Internal**

Guided learning hours: **90**

Unit in brief

Learners explore the importance of safe working practices, safeguarding procedures and responding to emergency situations in health and social care settings.

Unit introduction

When working in health and social care settings, you must have a clear understanding of the duty of care and safe working practices and procedures, and how to promote the safety and wellbeing of service users. Safe working practice is a priority in health and social care. This unit will develop your knowledge and understanding of the key principles relating to safeguarding vulnerable individuals, promoting health and safety, and responding to different situations and emergency incidents in health and social care settings.

You will learn about the professional responsibilities for maintaining safe practice. You will explore the legal duty of care and the importance of legislation, policies and procedures in protecting individuals from harm, upholding their rights and promoting their welfare. You will examine the types of abuse and neglect that service users can experience and learn how to recognise and respond to concerns about abuse and neglect in health and social care settings. This unit will support you in carrying out practical procedures to maintain health and safety and respond to accidents and emergencies in health and social care settings, such as infection control procedures and fire and evacuation drills.

This unit provides essential knowledge and understanding and forms a good basis for aspects of higher education study in health and social work courses and nursing qualifications. It will also prepare you for work in the health and social work sector in a variety of roles.

Learning aims

In this unit you will:

A Examine how a duty of care contributes to safe practice in health and social care settings

B Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings

C Investigate the influence of health and safety legislation and policies in health and social care settings

D Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine how a duty of care contributes to safe practice in health and social care settings	**A1** Duty of care **A2** Complaints procedures	A report evaluating duty of care and safeguarding procedures in a health and social care setting.
B Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings	**B1** Types and signs of abuse and neglect **B2** Factors that could contribute to individuals being vulnerable to abuse and neglect **B3** Responding to suspected abuse and neglect **B4** Reducing the likelihood of abuse and neglect	
C Investigate the influence of health and safety legislation and policies in health and social care settings	**C1** Health and safety legislation and policies in health and social care **C2** Influence of legislation and policies on health and social care practice	A resource file evaluating safe practice principles, procedures and responsibilities in a health and social care setting.
D Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings	**D1** Procedures to maintain health and safety **D2** Procedures for responding to accidents and emergencies **D3** Health and safety responsibilities	

Content

Learning aim A: Examine how a duty of care contributes to safe practice in health and social care settings

A1 Duty of care

- Legal obligation to protect wellbeing and prevent harm.
- Upholding the rights and promoting the interests of individuals experiencing abuse or neglect.
- Protecting health, safety and wellbeing.
- Ensuring safe practice.
- Balancing individual rights with risks.

A2 Complaints procedures

- Complaints policies and procedures.
- Reasons why complaints may be made, e.g. failure in a duty of care, dissatisfaction with quality of care.
- Investigating complaints.
- Responding to complaints with respect and treating them seriously.
- Using complaints to improve the quality of service provision.
- Legal proceedings and clinical negligence.

Learning aim B: Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings

B1 Types and signs of abuse and neglect

- Types of abuse and neglect:
  - neglect and acts of omission, including failure to provide for medical or physical care needs, failure to give dignity or privacy
  - physical, including hitting, pushing, burning, misuse of medication
  - psychological, including emotional, verbal, humiliation, threats of punishment
  - sexual, including sexual activity where the individual cannot give consent, sexual harassment
  - financial, including misuse or theft of money, fraud, exploitation of property or inheritance
  - discriminatory, including sex, race, culture, religion, age, ability or sexual orientation
  - domestic abuse, government definition – 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to psychological, physical, sexual, financial and emotional abuse.
    - Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
    - Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'
- Signs of abuse and neglect:
  - neglect and acts of omission, including unkempt appearance, unexplained weight loss, ulcers, bed sores
  - physical, including unexplained injuries or bruising, burn marks, malnutrition
  - psychological, including unexplained changes in behaviour, anxiety, depression
  - sexual, including bruising or bleeding in rectal or genital areas, sexually transmitted diseases or pregnancy
  - financial, including inability to pay for household expenditure, missing personal possessions
  - discriminatory, including being withdrawn, fearful, anxious, loss of self-esteem, anger, frustration.

B2 Factors that could contribute to individuals being vulnerable to abuse and neglect

- Vulnerable groups of people, including babies, children, older people.
- Physical vulnerability, including physical disabilities, chronic medical conditions, sensory impairment.
- Cognitive impairment, including dementia, Alzheimer's disease, special educational needs, speech impairment.
- Emotional vulnerability, including depression, anxiety, phobias.
- Social vulnerability, including isolation, loneliness, institutionalised behaviour.
- Staffing issues that may lead to institutional abuse and neglect, e.g. lack of staff training, lack of leadership, low staff levels.

B3 Responding to suspected abuse and neglect

- Following safeguarding policies and procedures.
- Different agencies involved, including social services, health services, police, voluntary organisations, Care Quality Commission.
- Professional roles and legal responsibilities, including the adult protection co-ordinator and child safeguarding boards.
- Responding to disclosure.
- Reporting and recording procedures.
- Whistleblowing, informing employer, following setting's whistleblowing procedures, informing prescribed body, e.g. Care Quality Commission.

B4 Reducing the likelihood of abuse and neglect

- Identifying people at risk of abuse and neglect and the importance of observation.
- Awareness raising, providing information, advice and advocacy.
- Knowledge and understanding of policies and procedures.
- Knowledge and understanding of legislation and regulation.
- Inter-agency collaboration and multi-agency working.
- Staff training and continuing professional development (CPD).
- Promoting empowerment and choice for service users.

Learning aim C: Investigate the influence of health and safety legislation and policies in health and social care settings

C1 Health and safety legislation and policies in health and social care

Legislation must be current and applicable to England, Wales or Northern Ireland. To include relevant sections of, e.g.:

- Health and safety at work legislation
- Manual handling operations regulations (MHOR)
- Food hygiene (England) regulations
- Control of substances hazardous to health (COSHH)
- Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR)
- Data protection legislation
- Care standards legislation
- Equality legislation
- Care legislation
- Care Quality Commission Standards
- Disclosure and Barring Service (DBS) checks.

C2 Influence of legislation and policies on health and social care practice

- Safeguarding vulnerable adults, children and young people.
- Protection from accidents, injuries and illness, including infection control, food preparation, hazardous substances.
- Managing risk assessments and maintaining a safe working environment, including safe moving and handling.
- Promoting health and wellbeing, including handling medication.
- Providing confidence and reassurance for families and other carers.
- Meeting legal and regulatory requirements, including record keeping.
- Recruitment of staff in health and social care, including DBS checks.

Learning aim D: Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings

D1 Procedures to maintain health and safety

- Infection control and prevention, e.g. standard infection control precautions.
- Safe moving and handling of equipment and individuals.
- Food preparation and storage.
- Storage and administration of medication.
- Storage and disposal of hazardous substances.

D2 Procedures for responding to accidents and emergencies

- Responding to accidents and illness, including basic first aid.
- Fire safety, evacuation and security procedures.
- Reporting and record keeping.

D3 Health and safety responsibilities

- Responsibilities of employers, including health and safety management, risk assessment, providing relevant equipment, information and training.
- Responsibilities of employees, including taking reasonable care of own and others' health and safety, following guidance from health and safety training, identifying potential hazards in the setting.
- Responsibilities of others in the setting, e.g. visitors, including following health and safety guidance and emergency procedures if required, abiding by relevant regulations, policies and procedures.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine how a duty of care contributes to safe practice in health and social care settings		
A.P1 Explain the implications of a duty of care in a selected health or social care setting. **A.P2** Discuss ways in which complaints and appeals procedures address failure in a duty of care in a selected health or social care setting.	**A.M1** Assess the importance of balancing individual rights with a duty of care in a selected health or social care setting.	**A.D1** Evaluate the significance of a duty of care and complaints procedures in promoting safe practice in a selected health or social care setting. **B.D2** Justify procedures for responding to concerns about abuse and neglect in the selected health or social care setting.
Learning aim B: Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings		
B.P3 Describe the types and signs of abuse and neglect that may be experienced by different individuals. **B.P4** Explain the factors that may contribute to and reduce the likelihood of abuse and neglect for service users in health and social care. **B.P5** Explain how to respond to concerns about abuse and neglect in the selected health or social care setting.	**B.M2** Assess the importance of recognising and responding to evidence or concerns about different types of abuse and neglect in health and social care.	
Learning aim C: Investigate the influence of health and safety legislation and policies in health and social care settings.		
C.P6 Compare the influence of different health and safety laws or policies on health and social care practice in a selected setting.	**C.M3** Analyse how health and safety legislation or policies influence safe practice in a selected health or social care setting.	**CD.D3** Justify the effectiveness of health and safety legislation, policies and procedures in maintaining health and safety in a selected health or social care setting. **CD.D4** Evaluate the importance of safe practice procedures and responsibilities in maintaining and promoting the health, safety and welfare of service users in a selected health or social care setting.
Learning aim D: Explore procedures to maintain health and safety and respond to accidents and emergencies in health and social care settings		
D.P7 Explain how different procedures maintain health and safety in a selected health or social care setting. **D.P8** Explain the health and safety responsibilities of employers, employees and others in a selected health or social care setting.	**D.M4** Analyse how individual responsibilities and health, safety and emergency procedures contribute to safe practice in a selected health or social care setting.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, B.P5, A.M1, B.M2, A.D1, B.D2)

Learning aims: C and D (C.P6, D.P7, D.P8, C.M3, D.M4, CD.D3, CD.D4)

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to current legislation, policies and codes of practice relating to safe practice in health and social care settings. Legislation must be current and applicable to England, Wales or Northern Ireland.

Learners should have access to case studies on which to base their assignments. Teachers should give learners a range of case studies to choose from, or learners can choose a health and social care setting with the teacher's approval. If learners are basing their assignments on real settings, for example their work experience placement, then confidentiality must be respected.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will draw on and bring together their knowledge and understanding about the role of duty of care and safeguarding procedures in promoting safe practice in a health or social care setting. Learners will apply their understanding to more complex situations where they will recognise and respond to evidence or concerns about abuse and neglect in the setting, for example where different agencies may need to respond to concerns about abuse and neglect. Learners must reach reasoned and valid judgements on the significance of a duty of care and safeguarding procedures in promoting safe practice in health and social care.

For merit standard, learners will relate concepts about balancing individual rights with a duty of care in a selected health or social care setting. Learners will apply their understanding of the importance of recognising and responding to evidence or concerns about different types of abuse and neglect to less familiar situations, such as where several factors are contributing to abuse. They must make reasoned, analytical judgements on the significance of a duty of care and safeguarding procedures in promoting safe practice in health and social care.

For pass standard, learners will select and organise information relating to the implications of a duty of care and the types and signs of abuse and neglect that may be experienced by health and social care service users. Learners must demonstrate their understanding of how complaints and appeals procedures address failure in a duty of care in a health or social care setting. They will also show they understand the factors that may contribute to and reduce the likelihood of abuse and neglect for service users. They must recall key knowledge and understanding of how to respond to evidence or concerns about abuse and neglect in health and social care settings.

Learning aims C and D

For distinction standard, learners will draw on and bring together their understanding across the learning aims to reach valid judgements about the importance of safe practice procedures and responsibilities in a health or social care setting. Learners will articulate arguments and views concisely to justify conclusions about the effectiveness of health and safety legislation, policies and procedures in maintaining health and safety in a health and social care setting. Learners will relate their knowledge to more complex situations that are affected by different health and safety laws or procedures.

For merit standard, learners will select and apply knowledge to demonstrate the relevance of the chosen health and safety legislation or policies and their purpose, with reference to relevant examples. Learners must make reasoned, analytical judgements, discussing how individual responsibilities and health, safety and emergency procedures contribute to safe practice in the health and social care setting.

For pass standard, learners will compare the influence of two different health and safety laws or policies on health and social care practice in the setting, with reference to relevant examples. Learners must demonstrate understanding of two different health and safety procedures relevant to the setting. They must select and organise information about the health and safety responsibilities of employers, employees and others in the health and social care setting and show how these contribute to safe practice.

Links to other units

This unit may be taught alongside:

- Unit 2: Working in Health and Social Care
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs.

It may be advisable to teach this unit before:

- Unit 9: Infection Prevention and Control
- Unit 12: Supporting Individuals with Additional Needs
- Unit 13: Scientific Techniques for Health Science
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 17: Caring for Individuals with Dementia
- Unit 18: Assessing Children's Development Support Needs
- Unit 20: Understanding Mental Wellbeing
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 23: Biomedical Science
- Unit 24: Biochemistry for Health
- Unit 25: Complementary Therapies for Health and Social Care.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 8: Promoting Public Health

Level: **3**
Unit type: **Internal**
Guided learning hours: **90**

Unit in brief

Learners explore the aims of public health policy and the current approaches to promoting and protecting health and encouraging behaviour change in the population.

Unit introduction

Public health is concerned with protecting and improving the health of the population. Practitioners working in the health and social care sectors need to be aware of the implications of public health policy for services and those who use services. They need to consider the reasons for improving the health of individuals and the general public.

This unit will give you an understanding of the aims of public health policy. You will explore how patterns of health and ill health of the population are monitored and how this leads to the development of public health policy. You will consider factors affecting health locally and nationally. You will consider different methods of promoting and protecting public health. You will develop an appreciation of the barriers to be overcome with promoting public health and ways of making people aware of public health issues. You will gain a greater understanding of how healthcare professionals and government agencies use public health initiatives to encourage individuals to change their behaviour in relation to their health.

This unit will prepare you for progression to higher education, to health-related degrees in areas such as nursing or occupational therapy, or to social work degrees.

Learning aims

In this unit you will:

A Examine strategies for developing public health policy to improve the health of individuals and the population

B Examine the factors affecting health and the impact of addressing these factors to improve public health

C Investigate how health is promoted to improve the health of the population

D Investigate how health promotion encourages individuals to change their behaviour in relation to their own health.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine strategies for developing public health policy to improve the health of individuals and the population	**A1** The origins and aims of public health policy **A2** Strategies for developing public health policy **A3** Monitoring the health status of the population **A4** Groups that influence public health policy	A report on the aims of public health policy, and how it seeks to minimise the factors adversely affecting the health of the population.
B Examine the factors affecting health and the impact of addressing these factors to improve public health	**B1** Factors affecting health **B2** The socio-economic impact of improving health of individuals and the population	
C Investigate how health is promoted to improve the health of the population	**C1** The role of health promoters **C2** Approaches to promoting public health and wellbeing **C3** Approaches to protecting public health and wellbeing **C4** Disease prevention and control methods	A report on how a specific health promotion campaign has contributed to improving the health of a community, with reference to local demographic data compared to the national average.
D Investigate how health promotion encourages individuals to change their behaviour in relation to their own health	**D1** Features of health promotion campaigns **D2** Barriers to participation and challenging indifference **D3** Models and theories that justify health behaviour change **D4** Approaches to increasing public awareness of health promotion	

Content

Learning aim A: Examine strategies for developing public health policy to improve the health of individuals and the population

A1 The origins and aims of public health policy

- Contributors to public health systems from 1942, e.g. include the Beveridge Report 1942, National Health Service Act 1946, rising public anxiety about the risk of epidemics, e.g. measles.
- Aims of public health policy, to include:
  - planning national provision of healthcare and promoting the health of the population
  - identifying and monitoring the needs of the population
  - identifying and reducing inequalities between groups and communities in society
  - protecting individuals, groups and communities in society from threats to health and wellbeing that arise from environmental hazards and communicable diseases
  - addressing specific national health problems over a period of time
  - developing programmes to screen for early diagnosis of disease.

A2 Strategies for developing public health policy

- Strategies, to include identifying the health needs and promoting the health of the population, developing programmes to reduce risk and screen for early disease.
- Planning and evaluating the national provision of health and social care target setting, to include local and national provision.
- Minimising harm of environmental factors, to include recycling, waste management, pollution reduction, ensuring food safety.

A3 Monitoring the health status of the population

Sources of information for determining patterns of health and ill health:

- statistics to include World Health Organization (WHO), government, regional, local
- studies to include epidemiological, regional and local reports, demographic data, Public Health Observatories reports on health inequalities to include Black Report 1980, Acheson Report 1998
- how data is used by public health practitioners to monitor and respond to public health issues.

A4 Groups that influence public health policy

Key groups in setting and influencing public health policy development:

- government and government agencies, e.g. Department of Health
- pressure groups, e.g. Age Concern, British Heart Foundation, Action on Smoking and Health (ASH)
- international groups, e.g. WHO, United Nations (UN)
- national groups, e.g. the National Institute for Health and Care Excellence (NICE), Cancer Research UK.

Learning aim B: Examine the factors affecting health and the impact of addressing these factors to improve public health

B1 Factors affecting health

- Socio-economic, e.g. income, education.
- Environmental, e.g. housing, access to exercise facilities.
- Genetic, e.g. sickle cell anaemia.
- Lifestyle, e.g. diet, substance misuse.
- Links between social change, lifestyle choices and public health issues, e.g. obesity, cancers.

B2 The socio-economic impact of improving health of individuals and the population

- The social and economic impact of ill health on individuals and the population.
- Reduced health and social inequalities through improvements in more disadvantaged communities.
- Increased life expectancy, including quality of life.
- Reduced demand for or pressure on health and social care services.

Learning aim C: Investigate how health is promoted to improve the health of the population

C1 The role of health promoters

- Aims – to improve the health of individuals and the population and reduce health inequalities.
- Global, e.g. WHO.
- National/regional/local as appropriate to England, Wales or Northern Ireland, e.g.:
  - o Department of Health
  - o Public Health Agency
  - o clinical commissioning groups (CCGs)
  - o health professionals.

C2 Approaches to promoting public health and wellbeing

To include both national and local services:

- monitoring the health status of the community and identifying those most at risk, e.g. children, unemployed, older people, minority ethnic groups
- health surveillance programmes
- targeted education and health awareness and health promotion programmes
- socio-economic support to reduce health inequality between individuals and communities, e.g. winter fuel payments, free school meals, housing support
- improving access to health and care services
- co-ordinating national and local services
- disease registration to inform of health trends and for strategic health planning
- statutory duty to notify certain communicable diseases, e.g. measles, tuberculosis.

C3 Approaches to protecting public health and wellbeing

To include both national and local services:

- evidence-based responses through environmental surveillance and intelligence gathering
- environmental controls, e.g. waste disposal and treatment, water supply, food production, preparation, storage and sales
- regulations, control and monitoring of public areas and work environments
- the role of microbiology services to identify and control outbreaks of food-, water- or air-borne disease
- the role of field epidemiology in controlling communicable disease, e.g. pandemic influenza preparedness and response
- specific programmes for health protection, e.g. immunisation, health and genetic screening programmes.

C4 Disease prevention and control methods

- Prevention and control of communicable diseases, e.g. guidance on hygiene, BCG vaccination to protect against tuberculosis, use of antibiotics to prevent the spread of bacterial meningitis.
- Prevention and control of non-communicable diseases, raising awareness of causes, contributory lifestyle factors and the symptoms of, e.g. skin cancer, coronary heart disease.
- Socio-economic support and protection benefits, e.g. pensions, free school meals.

Learning aim D: Investigate how health promotion encourages individuals to change their behaviour in relation to their own health

D1 Features of health promotion campaigns

- Relation to health policy.
- Objectives.
- Target audience.
- Reasons for approach – media resources.
- Ethical considerations.
- Analysis of data obtained during and after promotion to evaluate outcomes against original objectives.
- Influence of campaign focus, target audience and ethical considerations on chosen model.

D2 Barriers to participation and challenging indifference

- Cost, e.g. cost of transport affecting access to health services and treatments, cost of exercise facilities, cost of nutritional food.
- Individual resistance/indifference.
- Accessibility of resources.
- Lifestyle factors, e.g. diet, exercise, smoking.
- The media, e.g. over-exposure leading to public indifference, inaccurate reporting discouraging participation.

D3 Models and theories that justify health behaviour change

Models and theories to include:

- health belief model
- theory of reasoned action
- theory of planned behaviour
- stages of change model
- social learning theory.

D4 Approaches to increasing public awareness of health promotion

- Health education activities, e.g. healthy eating campaigns, government standards for school lunches.
- Social marketing approach – marketing mix, benefits, limitations.
- Role of mass media – different forms, benefits, limitations.
- Community development approach – holistic concept, participation, empowerment, benefits, limitations.
- Two-way communication – in health and social care settings; other uses, peer educators, use of theatre and drama, interactive video and computer packages.
- National campaigns, e.g. physical activity, diet, smoking ban, Drink Wise, reduction of teenage pregnancies.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine strategies for developing public health policy to improve the health of individuals and the population		
A.P1 Explain the strategies used to develop public health policy in order for it to meet its aims. **A.P2** Explain how monitoring information to determine patterns of health and ill health is used by government to inform the creation of public health policy.	**A.M1** Analyse how public health policy is influenced by strategies and patterns of health and ill health.	**AB.D1** Evaluate how far the use of strategies and monitoring the health status of the population helps public health policy to meet its aims in reducing the factors that influence public health, with reference to a specific demographic area.
Learning aim B: Examine the factors affecting health and the impact of addressing these factors to improve public health		
B.P3 Explain factors affecting current patterns of health and ill health in a specific demographic area. **B.P4** Explain the impact of public health policy in minimising these factors in relation to a specific demographic area.	**B.M2** Assess the extent to which factors affect current patterns of health and ill health, with reference to a specific demographic area. **B.M3** Assess how minimising the factors affecting health can contribute to improving the health of the population in relation to the area.	
Learning aim C: Investigate how health is promoted to improve the health of the population		
C.P5 Explain how approaches to health promotion and protection have been applied in a selected health promotion campaign. **C.P6** Explain how approaches to prevention and control have been applied in a selected campaign.	**C.M4** Assess the success of approaches used to promote and protect health and prevent disease in a selected health promotion campaign.	**C.D2** Justify the approaches used to promote and protect health and prevent disease in a selected health promotion campaign. **D.D3** Evaluate the success of a specific public health campaign in encouraging behaviour change in relation to health. **D.D4** Evaluate how far a recent health promotion campaign met the aims of public health policy through the strategies and approaches used to improve the health of a demographic area.
Learning aim D: Investigate how health promotion encourages individuals to change their behaviour in relation to their own health		
D.P7 Explain how models or theories that justify behaviour change can be used to overcome barriers in relation to a selected health promotion campaign. **D.P8** Explain the features of a selected health promotion campaign and the approaches used to increase public awareness.	**D.M5** Analyse how theories or models and approaches have been used in a selected health promotion campaign to overcome barriers and increase public awareness.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, B.M3, AB.D1)

Learning aims: C and D (C.P5, C.P6, D.P7, D.P8, C.M4, D.M5, C.D2, D.D3, D.D4)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to information about current public health policies and recent public health campaigns.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will argue concisely and professionally to evaluate how far public health policy has met its aims in a specific demographic area. Learners must show in-depth understanding of strategies used to develop policy and how these, and population health status monitoring, are used to create public health policy. Learners will use their research to deepen their understanding and arrive at valid conclusions on the socio-economic impact of improving the health of the population. Learners must draw together their understanding of the four factors affecting health, and must include one example from each. They must refer to local demographic data and compare this to national data to make suitable justifications and recommendations.

For merit standard, learners will make reasoned, analytical judgements on how monitoring patterns of health in the population and strategies influence public health policy in relation to a specific demographic area. Learners must use their research to extend their understanding to less familiar contexts such as how population health status monitoring has led to public health policy creation. Learners must interrelate facts, theories, concepts and contexts to show how one example from each of the four factors affects the health of the population. They should use local demographic data and compare it to national data, drawing suitable conclusions.

For pass standard, learners will recall knowledge of three different strategies used to develop public health policy. Learners must use relevant research, including numerical and graphical data sources related to the monitoring of patterns of health and ill health, and how this is used to create public health policy. Learners must select one example of the four factors to show how these affect health in the local demographic area and use relevant research on the impact of public health policy in minimising these factors. Learners must select and organise their information in order to reach suitable judgements.

Learning aims C and D

For distinction standard, learners will draw on and bring together their understanding across the learning aims to illustrate how far a specific health promotion campaign meets the aims of the related public health policy. Learners will make suitable justifications and recommendations for the approaches used, and include a full evaluation of how successfully the campaign met its objectives in encouraging behaviour change and improved health. Learners must use detailed analysis and research to justify the validity of their conclusions. Justifications must be backed up by relevant research and learners must articulate their arguments concisely and professionally.

For merit standard, learners will use their research to interrelate the objectives of the public health campaign, the approaches used to promote health, protect against and control ill health and increase public awareness with the theories or models to change behaviour. They will use this research to draw suitable conclusions on the success of the approaches, theories and models used. They will apply their knowledge to less familiar situations regarding how theories or models are used to bring about behaviour change. They will reach analytical judgements involving discussion and justification.

For pass standard, learners will select and organise information using relevant knowledge and concepts regarding how two approaches to health promotion and protection, and two approaches to prevent and control, have been used in a specific health promotion campaign. They must recall knowledge of how two barriers to behaviour change can be overcome by relevant theories or models. They must select and organise their information relating to the features of the health promotion campaign and the ways in which it has sought to increase public awareness.

Links to other units

This unit may be taught alongside:

- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care.

It may be advisable to teach this unit before:

- Unit 9: Infection Prevention and Control
- Unit 10: Sociological Perspectives
- Unit 11: Psychological Perspectives
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 16: Policy in Health and Social Care
- Unit 19: Nutritional Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 9: Infection Prevention and Control

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the causes and transmission of infections and the procedures that workers in health and social care settings follow to prevent and control infection.

Unit introduction

As a health and social care worker you will need to minimise the possible transmission of infection to your service users and fellow service providers. People using health and social care services are often vulnerable and service providers need to ensure that they do not have their health status compromised further when using these services.

In this unit, you will develop an understanding of the causes and transmission of infections and how they can be prevented and controlled. You will carry out procedures to prevent infection in health and social care settings. You will develop knowledge of the relevant legislation, policies and procedures that apply to health and social care settings. You will investigate the roles and responsibilities of employees and organisations in preventing and controlling the transmission of infection.

A comprehensive understanding of all aspects of infection prevention and control underpins many roles in the health and social care sector. It is particularly important for workers such as support workers in care homes and healthcare assistants or clinical support workers in health settings, who are responsible for minimising spread of infection. Health and social care employers need to ensure that all their workers use up-to-date procedures to help minimise infection.

Learning aims

In this unit you will:

A Understand the causes of infections and transmission of infection

B Explore how to prevent and control the transmission of infection in health and social care settings

C Investigate the roles and responsibilities of health and social care organisations and workers in preventing and controlling infections.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand the causes of infections and transmission of infection	**A1** Causes of infection **A2** Types of infection and resulting diseases **A3** Ways infections are transmitted	A report based on individual research into how infections occur and how they are transmitted.
B Explore how to prevent and control the transmission of infection in health and social care settings	**B1** The use of standard procedures to prevent infection in health and social care settings **B2** Decontamination techniques	A practical demonstration by learners of following infection control and decontamination procedures, with reflective account.
C Investigate the roles and responsibilities of health and social care organisations and workers in preventing and controlling infections	**C1** Organisational policies and procedures to minimise infections in health and social care settings **C2** Roles and responsibilities of health and social care workers	A report based on a real health and social care setting explaining the procedures in place to minimise infection and the roles and responsibilities of the setting and workers in minimising infection.

Content

Learning aim A: Understand the causes of infections and the transmission of infection

A1 Causes of infection

- Agents of infection, to include bacteria, virus, parasites, fungi.
- Reservoirs of infection, to include other people, organisms, spore/cyst formation.
- Carriers of infection, to include water-borne diseases, vector-(insect-)borne diseases, human contact, raw or infected food.

A2 Types of infection and resulting diseases

- Types of infection, to include systematic infection, localised infection.
- Symptoms of diseases transmitted through:
  - o fungi, e.g. athlete's foot, ringworm
  - o viruses, e.g. influenza, common cold, Norovirus, HIV, Hepatitis B, poliomyelitis
  - o bacteria, e.g. MRSA, tetanus, Legionnaires' disease, tuberculosis, cholera, salmonellosis
  - o vector-borne diseases, e.g. malaria, Lyme disease.

A3 Ways infections are transmitted

- Conditions needed for growth of micro-organisms – warmth, moisture, nutrients.
- Factors aiding transmission, including:
  - o susceptibility of the host, e.g. age, nutrition, lifestyle
  - o environmental factors – climate, vector presence, sanitation, pollution
  - o social factors – poverty, housing conditions, nutrition, travel/migration.
- How infective agents can be transmitted and enter the body to include:
  - o food-borne diseases resulting from poor food hygiene, e.g. salmonellosis, Norovirus
  - o water-borne diseases resulting from unclean water supplies, e.g. poliomyelitis, cholera
  - o transmission through droplet infection, e.g. influenza, common cold, tuberculosis, Legionnaires' disease
  - o transmission through body fluids, e.g. HIV, Hepatitis B
  - o transmission of vector-borne diseases through bites from infected arthropods, e.g. malaria, Lyme disease.

Learning aim B: Explore how to prevent and control the transmission of infection in health and social care settings

B1 The use of standard procedures to prevent infection in health and social care settings

- Cleanliness, including hand-washing techniques, use of antiseptics and alcohol gels, using washing facilities, maintaining a clean environment, maintaining equipment in the setting.
- Appropriate food-handling practices for preparing, cooking, serving and storing food, including chilling/freezing, wrapping, storage times post preparation, food storage temperatures, defrosting, use-by dates, prevention of cross contamination.
- Correct handling and disposal of waste, e.g. spillages, soiled laundry management, household waste, sharps, clinical/hazardous waste, biological spillages, correct handling and disposal of waste using the correct colour-coded bag or bin.
- Use of personal protective equipment (PPE) – purpose, correct practice for application, use and disposal.

B2 Decontamination techniques

To include:

- following organisational policy on decontamination
- role of PPE
- three steps of the decontamination process – cleaning, disinfection, sterilisation
- importance of cleaning, disinfection and sterilisation; differences between them

- contamination risks:
  - low risk, e.g. floors, furniture, mobility aids
  - medium risk, e.g. bedpans, urinals, commodes
  - high risk, e.g. instruments used for invasive technique.

Learning aim C: Investigate the roles and responsibilities of health and social care organisations and workers in preventing and controlling infections

Legislation must be current and applicable to England, Wales or Northern Ireland.

C1 Organisational policies and procedures to minimise infections in health and social care settings

- Impact of relevant legislation on organisational policies and procedures.
- Roles of organisations in preventing and controlling infections, to include provision of worker training, provision of correct equipment, production of policy on decontamination, in line with national guidelines, legislation and regulations.
- Ensuring policies and procedures are in place and are followed, to include:
  - documentation and record keeping
  - reporting outbreaks of infectious diseases
  - admissions and transfer of patients with infections
  - collection, handling and storing of specimens
  - personal hygiene procedures
  - food hygiene procedures
  - correct use of PPE
  - disposal of waste procedures
  - ensuring visitors comply with hygiene policies and procedures.

C2 Roles and responsibilities of health and social care workers

- The role of health and social care workers, formal and informal carers, specialist infection control workers, e.g. infection control nurses, environmental health officers, work of the health protection services.
- Following policies and procedures, including:
  - cleaning and clearing service areas
  - decontamination procedures
  - record keeping and documentation in relation to infection
  - reporting infectious or notifiable diseases and outbreaks, accidents and near accidents
  - preparing food and cooking in the setting, including correct temperature, preserving nutritional value, ensuring food safety
  - following the correct dress code, accessories, permitted footwear, use of PPE
  - admissions, transfers and discharges of individuals
  - procedures following the death of an individual
  - handling, collection and storing of specimens – urine (MSU/CSU), faeces, blood, vomit, sputum, wound swabs
  - ensuring all visitors comply with hygiene policies and procedures.
- Protection of service users:
  - primary protection, e.g. immunisation, prophylactic drug treatment, national health initiatives
  - secondary protection, e.g. screening, microbiological examinations of blood, tissues.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand the causes of infections and transmission of infection		
A.P1 Explain the causes of different infections and the diseases that can result from them. **A.P2** Explain how these diseases can be transmitted and contracted.	**A.M1** Assess how the transmission and contraction of infectious diseases can be influenced by different factors.	**A.D1** Analyse potential ways in which infections are caused, transmitted and disease is contracted.
Learning aim B: Explore how to prevent and control the transmission of infection in health and social care settings		
B.P3 Demonstrate the correct use of standard procedures to prevent infection in a health or social care setting. **B.P4** Demonstrate correct decontamination techniques in a health or social care setting. **B.P5** Review how successfully use of own techniques prevented and controlled infection.	**B.M2** Demonstrate the correct use of procedures to prevent and control infection, adapting them for different situations.	**B.D2** Justify the procedures and techniques selected and adapted to prevent and control infection with reference to the different situations.
Learning aim C: Investigate the roles and responsibilities of health and social care organisations and workers in preventing and controlling infections		
C.P6 Explain how organisational policies and procedures apply legislation to prevent the transmission of different infections in a named health or social care organisation. **C.P7** Discuss the roles and responsibilities of different health and social care workers in preventing and controlling infection in a named health or social care organisation.	**C.M3** Analyse how, by implementing and following infection control policies and procedures, the health or social care organisation and workers help to prevent the transmission of infection.	**C.D3** Evaluate how procedures and workers' roles and responsibilities in a named health or social care organisation successfully prevent and control the transmission of infection.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of three summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.P2, A.M1, A.D1)

Learning aim: B (B.P3, B.P4, B.P5, B.M2, B.D2)

Learning aim: C (C.P6, C.P7, C.M3, C.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to local health or social care settings that will allow them to explore the roles and responsibilities of the setting and workers in relation to infection prevention and control. They should be able to follow and carry out procedures to prevent and control infection, including decontamination procedures. Ideally, this should be learners' work experience placement. However, learners may demonstrate their skills under simulated conditions if they have no opportunities to do so while on placement.

Where specific information needs to be reported on from a real setting, learners must obtain permission from the setting and ensure the confidentiality of the setting and its workers.

Learners must have access to relevant legislation relating to infection control. All legislation must be up to date and applicable to England, Wales or Northern Ireland.

They must also have access to relevant professional codes of practice, applicable to England, Wales or Northern Ireland.

Learners must have access to the policies and procedures of the setting that relate to infection prevention and control.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will analyse the transmission of infections, including conditions for the growth of micro-organisms, contributing factors and the transmission of infectious agents. Learners must articulate arguments concisely and professionally and use detailed analysis and research to reach valid conclusions.

For merit standard, learners will assess how different factors can influence the transmission and contraction of these infections, including host, environmental and social factors. Learners will draw suitable conclusions relating to the conditions for growth of micro-organisms, factors aiding transmission and how infective agents enter the body. Learners must use information from different relevant sources in their assessment of influencing factors.

For pass standard, learners will explain how organisms cause infection, the diseases that result, the symptoms of each, and how they are transmitted and contracted. Learners must clearly link the cause of infection and how the resulting disease is transmitted and contracted. Learners must use research that is relevant to health or social care situations, including data relating to the causes and transmission of infections, to lead to suitable judgements.

Learning aim B

General note

This assignment should ideally be carried out in a health and social care setting such as the learner's work placement. However, learners may demonstrate skills under simulated conditions if there are no opportunities to do so in a setting.

Learners must gain permission from a manager in the setting before carrying out infection control and decontamination procedures, and they must share the results with their manager or supervisor before submitting their evidence.

For distinction standard, learners will show they developed, applied and improved their infection control skills, and how they used these skills in more complex situations, for example situations where several procedures must be followed to protect different service users and staff from infection, such as personal hygiene procedures, ensuring surfaces and equipment are free of infection, disposing of waste. Learners must make valid judgements about the risks and limitations of the techniques and procedures used in different situations, and justify how they used the most appropriate in the context of infection control.

For merit standard, learners will select and carry out infection control and decontamination procedures with increased confidence for different health or social care situations. Learners must be observed selecting and carrying out the correct procedures for each situation and modifying procedures appropriate to the situation.

For pass standard, learners will be observed selecting and deploying appropriate techniques correctly and safely. They must be observed selecting and carrying out decontamination techniques for well-defined situations, such as decontaminating floors or furniture. They must seek feedback from colleagues/staff in the setting to review how successfully they used the techniques.

Learning aim C

General note

This assignment must be based on a named health or social care setting which ideally should be learners' own work experience placement.

The evidence should cover the roles and responsibilities of formal carers such as nurses or support workers.

For distinction standard, learners will draw on and bring together knowledge from across the learning aims. They must assess infection prevention and control procedures for different health or social care situations and evaluate the procedures that workers carry out to prevent and control infection. Learners must provide details of the useful aspects of the procedures and how workers in the setting put these aspects into practice. Learners must reach conclusions using professional vocational language.

For merit standard, learners will identify responsibilities of different staff members involved with infection prevention and control and justify the procedures followed in relation to these responsibilities. Learners must apply their knowledge to detailed situations, which may require several procedures to be put into effect, such as hygiene procedures, reporting and recording outbreaks of infection, and the use of PPE. Learners must interrelate facts, theories and concepts to reach a valid conclusion and use vocational language relevant to the context.

For pass standard, learners will explain how policies and procedures used in the setting apply legislation to control infections and prevent their transmission among service users and service providers. Learners will explore the responsibilities of workers in relation to infection control in well-defined situations within the setting, such as food preparation procedures. Learners must use relevant vocational language.

Links to other units

Pearson BTEC Level 3 National Extended Diploma in Health and Social Care

This unit draws on knowledge taught in:

- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health.

This unit may be taught alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science.

Employer involvement

Centres must involve employers in the delivery of this unit. Learners must have access to local health or social care settings that will allow them to explore the roles and responsibilities of the setting and workers in relation to infection prevention and control. They should follow and carry out procedures to prevent and control infection, including decontamination procedures. Ideally, this should include learners' work experience placement.

Learners will be provided with a work experience log to record how they followed infection prevention and control procedures.

Unit 10: Sociological Perspectives

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners study the application of sociological approaches to health and social care, and explore social inequalities, demographic change, and patterns and trends in social groups.

Unit introduction

Sociology will lead you to question many of the attitudes you hold and the assumptions you make about society and individuals who have care and support needs. To work effectively in health and social care you need to be familiar with sociologists' research findings, and be able to apply a sociological understanding to your practice.

You will gain an understanding of the different sociological perspectives and concepts, and consider how these can be applied to health and social care. You will examine what is meant by health, and how the definitions and models used by health and social care professionals affect people. By examining inequalities in society, you will be better equipped to understand and support people who come from different social groups. You will explore recent changes in health and social care.

These activities will help you gain the skills necessary for progression to higher education in many subject areas, including social work, health and social care and nursing.

Learning aims

In this unit you will:

A Understand how sociological concepts and perspectives are applied to the study of health and social care

B Examine how sociological approaches support understanding of models and concepts of health

C Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand how sociological concepts and perspectives are applied to the study of health and social care	**A1** Concepts and terminology used within sociology **A2** The key sociological perspectives	A report on the role of sociological perspectives in the understanding of society, and models and concepts of health in relation to service provision in a local health and social care setting.
B Examine how sociological approaches support understanding of models and concepts of health	**B1** The biomedical model of health and alternatives **B2** The concepts of health, ill health and disability	
C Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery	**C1** Inequalities within society **C2** Demographic change and data **C3** Patterns and trends in health and ill health within social groups	A report on the sociological explanations for patterns and trends of health and ill health in different social groups. This should include how demographic data is used in service provision in a local health and social care setting to reduce social inequality affecting those groups.

Content

Learning aim A: Understand how sociological concepts and perspectives are applied to the study of health and social care

A1 Concepts and terminology used within sociology

- Diversity of culture and identity:
  - socialisation, including norms, values and roles
  - social class
  - race and ethnic or national origin
  - gender
  - age
  - region
  - religion or belief systems
  - sexual orientation
  - disability.
- The main social institutions:
  - family networks
  - education
  - health and social care services.

A2 The key sociological perspectives

The main sociological perspectives, and the strengths and limitations of each perspective's explanation of society:

- functionalism
- conflict, including Marxism and feminism
- social action, including interactionism
- postmodernism.

Learning aim B: Examine how sociological approaches support understanding of models and concepts of health

B1 The biomedical model of health and alternatives

- The biomedical model:
  - origins and significance
  - criticisms
  - implications for professionals and individuals who have care and support needs.
- The alternatives:
  - social
  - complementary.

B2 The concepts of health, ill health and disability

- Physical and mental ill health and disability as social and biological constructs.
- Definitions of health, including World Health Organization (WHO), holistic, positive and negative.
- Medicalisation.
- The sick role.
- Clinical iceberg.

Learning aim C: Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery

C1 Inequalities within society

- People experience inequality in terms of:
  - social class
  - race and ethnic or national origin
  - age
  - sex
  - disability
  - sexual orientation
  - region.
- Different social groups experience inequalities through:
  - stereotyping
  - prejudices
  - labelling
  - attitudes
  - discrimination
  - marginalisation.

C2 Demographic change and data

- Demographic change:
  - birth and death rates
  - family and household size
  - migration
  - ethnic composition
  - life expectancy.
- Uses of demographic data:
  - assessing the potential needs of the population
  - planning/targeting services.

C3 Patterns and trends in health and ill health within social groups

- Mortality rates, suicide rates, incidence and prevalence of disease and illness.
- Difficulties in measuring health.
- Local or national patterns and trends of care for different groups in society.
- Marketisation of health and social care.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand how sociological concepts and perspectives are applied to the study of health and social care		
A.P1 Explain how sociological perspectives are applied to the understanding of health and social care. **A.P2** Explain how sociological perspectives contribute to the understanding of society.	**A.M1** Analyse the contribution of sociological perspectives to the understanding of health and social care and society.	**AB.D1** Evaluate the role of sociological perspectives in the understanding of society and models and concepts of health in relation to service provision in a local health and social care setting.
Learning aim B: Examine how sociological approaches support understanding of models and concepts of health		
B.P3 Compare the biomedical model of health with an alternative model of health. **B.P4** Explain the contribution of concepts of health, ill health and disability to service provision in a local health and social care setting.	**B.M2** Analyse how the biomedical and an alternative model of health, and concepts of health, ill health and disability affect service provision in a local health and social care setting.	
Learning aim C: Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery		**C.D2** Evaluate sociological explanations for patterns and trends of health and ill health in different social groups, and how demographic data is used in service provision in a local health and social care setting to reduce social inequality affecting those groups.
C.P5 Explain how social inequality affects different groups in society. **C.P6** Explain how demographic data is used in service provision in a local health and social care setting. **C.P7** Explain patterns and trends in health and ill health within different social groups.	**C.M3** Analyse the impact of social inequality on different groups in society. **C.M4** Analyse the impact of the use of demographic data in a local health and social care setting in enabling the enhancement of service provision for different social groups.	**C.D3** Evaluate the importance of the sociological perspectives used in a health and social care setting in relation to understanding society, reducing social inequality and improving service provision for different social groups.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aim: C (C.P5, C.P6, C.P7, C.M3, C.M4, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

There are no specific resources required for this unit.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on concepts and terminology used in sociology. They must use research to justify the validity of the key sociological perspectives. Learners must draw on knowledge and understanding of the biomedical model of health and alternatives. They must evaluate the concepts of health, ill health and disability to reach reasoned and valid judgements.

For merit standard, learners will make reasoned, analytical judgements involving comparison, discussion or justification of concepts and terminology used within sociology. They must use research to extend understanding of the key sociological perspectives. Learners must interrelate facts, theories, concepts and contexts of the biomedical model of health and alternatives, drawing suitable conclusions. They must make reasoned, analytical judgements involving discussion on the concepts of health, ill health and disability.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of sociological concepts and terminology. They must use research with relevance to given situations, including using data sources on the key sociological perspectives. Learners must select and organise information using appropriate knowledge and concepts to make suitable judgements on the biomedical model of health and alternatives, and the concepts of health, ill health and disability.

Learning aim C

For distinction standard, learners will draw on research information to deepen their understanding and arrive at original and valid conclusions on inequalities within society. They must articulate arguments and views concisely and professionally to justify conclusions on demographic change and data. Learners must use detailed analysis and research to make recommendations and proposals on patterns and trends in health and ill health within at least two social groups.

For merit standard, learners will record information effectively from a wide range of sources or sources of particular relevance, to enable detailed or wide-ranging analysis of inequalities within society. They must select and apply knowledge to demonstrate the relevance and purpose of demographic change and data. Learners must show that they understand how knowledge is applied to detailed situations in relation to patterns and trends in health and ill health within at least two social groups.

For pass standard, learners will plan and carry out research using appropriate search and analysis techniques to understand inequalities within society. They must recall and relate knowledge through understanding a range of appropriate contexts of demographic change and data. Learners must select and organise information using appropriate knowledge and concepts about patterns and trends in health and ill health within at least two social groups.

Links to other units

This unit draws on knowledge taught in:

- Unit 6: Work Experience in Health and Social Care
- Unit 11: Psychological Perspectives
- Unit 12: Supporting Individuals with Additional Needs
- Unit 16: Policy in Health and Social Care.

Employer involvement

Centres may involve employers in the delivery of this unit, if there are local opportunities. There is no specific guidance related to this unit.

Unit 11: Psychological Perspectives

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore key theoretical perspectives that have been put forward on psychological and physical development and how they are applied in different health and social care settings.

Unit introduction

An important aspect of working in the health and social care sector is to have a good understanding of the ways in which psychological development occurs in order to effectively meet the individual needs of service users. Having knowledge of the key concepts and ideas enables you to understand the ways in which development and behaviours occur.

In this unit, you will learn about the different psychological perspectives that have been put forward and how these approaches have influenced thinking and practices in meeting and supporting service user needs. You will explore some key ideas that will give you a good understanding of how the mind develops, and the factors that influence development and behaviours. This knowledge is useful in developing your understanding of how these perspectives have formed the basis of different techniques to manage behaviours, and the therapeutic and other interventions used in the health and social care sector.

These activities will help you gain the skills necessary for progression to higher education in many subject areas including psychology, health and social care, nursing and medical practice.

Learning aims

In this unit you will:

A Examine how psychological perspectives contribute to the understanding of human development and behaviour

B Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours

C Examine how psychological perspectives are applied in health and social care settings.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine how psychological perspectives contribute to the understanding of human development and behaviour	**A1** Principal psychological perspectives as applied to the understanding of development and behaviour **A2** Application of psychological perspectives to health and social care practice **A3** Contribution of psychological perspectives to the understanding of specific behaviours	A report on the role of psychological perspectives in the understanding of human development and the management and treatment of two selected service users with different behaviours.
B Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours	**B1** Factors that affect human development and specific behaviours **B2** Contribution of psychological perspectives to the management of behaviours **B3** Contribution of psychological perspectives to the treatment of behaviours	
C Examine how psychological perspectives are applied in health and social care settings	**C1** Behaviour of service users in health and social care settings **C2** Practices in health and social care settings	A report on the application of psychological perspectives in two local health and social care settings in enabling professionals to enhance the social functioning of two different service users.

Content

Learning aim A: Examine how psychological perspectives contribute to the understanding of human development and behaviour

A1 Principal psychological perspectives as applied to the understanding of development and behaviour

- Behaviourist: role of reinforcement, conditioning, e.g. Pavlov.
- Social learning: effects of other individuals, groups, culture and society on behaviour of individuals, self-fulfilling prophecy, role theory, e.g. Bandura.
- Psychodynamic: importance of the unconscious mind, importance of early experiences, e.g. Freud.
- Humanistic: Maslow's hierarchy of needs, self-actualisation, self-concept, self-esteem, e.g. Rogers.
- Cognitive: information processing, e.g. Piaget.
- Biological: maturational theory, importance of genetic influences on behaviour, influence of nervous and endocrine systems on behaviour, e.g. Gesell.
- Theories of human development: nature versus nurture, continuity versus discontinuity, nomothetic versus idiographic.

A2 Application of psychological perspectives to health and social care practice

- Behaviourist, e.g. changing/shaping behaviour by operant conditioning.
- Social learning, e.g. promotion of anti-discriminatory behaviours and practices, use of positive role models in health education campaigns.
- Psychodynamic, e.g. conscious and unconscious mind
- Humanistic, e.g. client centred therapy, putting the service user at the centre of care planning
- Cognitive, e.g. understanding intellectual development and developmental norms, Therapies such as cognitive behavioural therapy and neuro-linguistic programming
- Biological, e.g. understanding genetic predisposition to certain illnesses or health-related behaviours. The biology of emotion, impact of substances on behaviour – e.g. effects of drugs and medication.

A3 Contribution of psychological perspectives to the understanding of specific behaviours

- Perspectives: application of complementary and contrasting psychological theories to the understanding of specific behaviours.
- Specific behaviours associated with, e.g. anxiety and depression, separation and loss, stress and coping, self-harm, prejudice and discrimination, child abuse, addiction, violence and aggression.

Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours

B1 Factors that affect human development and specific behaviours

- Physical.
- Social, cultural and emotional.
- Economic.
- Physical environment.
- Psychological.

B2 Contribution of psychological perspectives to the management of behaviours

- Cognitive behavioural therapy, e.g. treatment of phobias, mental illnesses, post-traumatic stress disorder, approaches to challenging behaviour, monitoring and improving behaviour.
- Social learning theory, e.g. use of positive role models, treatment of eating disorders.
- Role of psychodynamic perspective in, e.g. psychoanalysis, exploration of factors influencing behaviour.
- Humanistic perspective, e.g. person-centred counselling.
- Biological perspective, e.g. drugs, biofeedback.

B3 Contribution of psychological perspectives to the treatment of behaviours

- Interventions: use of perspectives to inform development of therapeutic practices.
- Therapeutic practices as relevant to behaviour, e.g. group therapy, family therapy, addiction therapy, behaviour modification programmes.
- Ethical issues.
- How the therapies work.
- Reasons for attending therapy sessions.

Learning aim C: Examine how psychological perspectives are applied in health and social care settings

C1 Behaviour of service users in health and social care settings

- Concept of role.
- Conformity to minority/majority.
- Influence, e.g. Asch.
- Conformity to social roles e.g. Zimbardo.
- Obedience, e.g. Milgram.
- Attitude change, e.g. Festinger.
- Factors influencing hostility and aggression.

C2 Practices in health and social care settings

- Promoting independence and empowerment by respecting individual rights.
- Value base of care.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine how psychological perspectives contribute to the understanding of human development and behaviour		
A.P1 Explain how psychological perspectives are applied to the understanding of human development. **A.P2** Explain how psychological perspectives contribute to the understanding of specific human behaviours.	**A.M1** Analyse the contribution of psychological perspectives to the understanding of human development and behaviours.	**AB.D1** Evaluate the role of psychological perspectives in the understanding of human development and the management and treatment of service users' behaviours.
Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours		
B.P3 Explain how different factors influence human development and specific behaviours. **B.P4** Explain the contribution of psychological perspectives to the management and treatment of different service users' behaviours.	**B.M2** Analyse the value of identifying factors influencing human development and behaviours in the application of psychological perspectives to the management and treatment of different service users' behaviours.	
Learning aim C: Examine how psychological perspectives are applied in health and social care settings		**C.D2** Evaluate the application of psychological perspectives in local health and social care settings in enabling professionals to enhance the social functioning of selected service users.
C.P5 Compare the application of psychological perspectives in local health and social care settings. **C.P6** Explain how professionals use psychological perspectives to improve the social functioning of selected service users.	**C.M3** Assess the impact of the use of psychological perspectives in local health and social care settings, in enabling professionals to enhance the social functioning of selected service users.	**C.D3** Evaluate the importance of the psychological perspectives used in health and social care settings, in relation to understanding human development and managing and treating behaviours to enhance the social functioning of service users.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aim: C (C.P5, C.P6, C.M3, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

There are no specific resources required for this unit.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on principal psychological perspectives relating to human development and behaviours. They must use research to justify the validity of psychological perspectives applied in health and social care practice. Learners must draw on knowledge and understanding of factors that affect human development and specific behaviours, making suitable justifications on psychological perspectives' contribution to the management and treatment of two selected service users with different behaviours.

For merit standard, learners will make reasoned, analytical judgements involving comparison, discussion or justification of principal psychological perspectives relating to human development and behaviours. They must use research to extend understanding of psychological perspectives applied in health and social care practice. Learners must interrelate facts, theories, concepts and contexts of factors that affect human development and specific behaviours, drawing suitable conclusions on psychological perspectives' contribution to the management and treatment of two selected service users with different behaviours.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of principal psychological perspectives relating to human development and behaviours. They must use research with relevance to given situations, including using data sources on psychological perspectives applied in health and social care practice. Learners must select and organise information using appropriate knowledge and concepts to make suitable judgements on factors that affect human development and specific behaviours, and psychological perspectives' contribution to the management and treatment of two selected service users with different behaviours.

Learning aim C

For distinction standard, learners will articulate their arguments and views concisely and professionally to justify conclusions on the behaviour of two different service users in health and social care settings. They must use detailed analysis and research to make recommendations and proposals on the practices in two different health and social care settings.

For merit standard, learners will select and apply knowledge to demonstrate relevance and purpose of the behaviour of two different service users in health and social care settings. They must show that they understand how knowledge is applied to detailed situations involving the practices in two different health and social care settings.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of the behaviour of two different service users in health and social care settings. They must select and organise information using appropriate knowledge and concepts about the practices in two different health and social care settings.

Links to other units

This unit draws on knowledge taught in:

- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health
- Unit 10: Sociological Perspectives
- Unit 12: Supporting Individuals with Additional Needs
- Unit 26: Health Psychology.

Employer involvement

Centres may involve employers in the delivery of this unit, if there are local opportunities. There is no specific guidance related to this unit.

Unit 12: Supporting Individuals with Additional Needs

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the role of health and social care services in providing care and support to individuals with additional needs.

Unit introduction

While working in health and social care, you may care for a full range of individuals who have additional needs. Individuals with these additional needs have a right to receive the best quality care and support. This unit aims to give you specialist knowledge that can be crucial to ensuring that those with additional needs meet their full potential.

As a practitioner in a health or social care environment, you will be responsible for ensuring that everyone in your care has the same opportunities. Additional needs are essentially about each person's uniqueness and wellbeing rather than about discrimination, and it will be your job to ensure that you treat people equally, respect diversity and foster an environment with high expectations. In this unit, you will explore the range of additional needs that are faced by individuals, considering the effects these needs have on their wellbeing, rights and access. Individuals with additional needs may need provision from a number of services, meaning that organisations work in partnership to assess needs and provide support. You will investigate the support provided to explain how it is possible to overcome the challenges that these needs pose to daily living. Finally, you will investigate the legislation, frameworks and policies that govern work in the health and social care sector, and support the rights of individuals with additional needs.

This unit will help you progress to a range of careers with children and adults with additional needs and also to higher education to study nursing, social work and therapist careers.

Learning aims

In this unit you will:

A Examine reasons why individuals may experience additional needs

B Examine how to overcome the challenges to daily living faced by people with additional needs

C Investigate current practice with respect to provision for individuals with additional needs.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine reasons why individuals may experience additional needs	**A1** Diagnosing or determining additional needs **A2** Cognitive and learning needs **A3** Physical and health needs **A4** Social and emotional needs	A report that demonstrates a clear understanding of how additional needs are determined and diagnosed, with examples of the additional needs that individuals can experience.
B Examine how to overcome the challenges to daily living faced by people with additional needs	**B1** Definitions of disability **B2** Minimising environmental and social challenges **B3** Minimising personal challenges **B4** Attitudes of others	A report that demonstrates current practices and procedures for providing care for children and adults with additional needs, including the support given to overcome challenges to daily living.
C Investigate current practice with respect to provision for individuals with additional needs	**C1** Professionals involved in supporting individuals with additional needs **C2** Support and adaptations for individuals with additional needs **C3** Financial support for individuals with additional needs **C4** Statutory provision for children with additional needs **C5** Statutory provision for adults with additional needs **C6** Person-centred care for all individuals with additional needs	

Content

Learning aim A: Examine reasons why individuals may experience additional needs

A1 Diagnosing or determining additional needs

- Definitions of mild, moderate, severe and profound learning disabilities.
- Diagnostic procedures, tools and standards used to diagnose a disability.
- Professional background, qualifications and experience of those undertaking the diagnosis and assessment.
- Parameters used to describe the diagnosed condition. This must include the type, causation, severity and stability over time, and prognosis of the condition.

A2 Cognitive and learning needs

- Learning difficulties, to include dyslexia, dyspraxia and attention deficit hyperactivity disorder (ADHD).
- Autism-spectrum disorders, to include Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS) and childhood disintegrative disorder.
- Inherited conditions, to include Down's syndrome, Huntington's disease, dementia, Alzheimer's.
- Needs of older people, to include memory loss, slower cognitive speed, life-long learning.

A3 Physical and health needs

- Needs of older people, to include arthritis, diabetes and cardiovascular disease.
- Health needs, to include physical needs cystic fibrosis, sickle cell disorders, stroke and mental illnesses.
- Sensory disabilities, to include deafness and hearing impairment, visual impairment.
- Accidents, to include paraplegia, loss of limb.
- Infectious diseases that can lead to individuals having additional needs.
- Problems during pregnancy and birth that can lead to individuals having additional needs.

A4 Social and emotional needs

- Needs generated from family circumstances, to include specific needs of looked-after children, bereavement, school refuser and bullying.
- Needs generated by being elderly, to include loss of loved ones, fear of dying, family far away, isolation, lack of money.
- Needs affected by the learning environment.

Learning aim B: Examine how to overcome the challenges to daily living faced by people with additional needs

B1 Definitions of disability

- Models of disability, to include medical and social models.
- Understanding of disability and dependency as social constructs.
- Definitions of disability, disablement, discrimination and impairment.

B2 Minimising environmental and social challenges

How society's infrastructure should support equality for people with additional needs.
To include:

- access and barriers, e.g. public buildings, public transport
- minimising barriers, e.g. ramps, information in large print
- employment, e.g. adaptations to work environment, communication aids
- inclusion, e.g. leisure activities, internet and social networking
- daily living, e.g. shopping, home and personal care services, mobility aids.

B3 Minimising personal challenges

How health and social care workers can support personal challenges and help to minimise some of the daily challenges to daily living for people with additional needs.
To include:

- physical, e.g. dressing, washing, feeding, indoor/outdoor activity
- intellectual, e.g. education, media, internet
- emotional, e.g. isolation, depression, dependency
- social, e.g. friendships, personal relationships.

B4 Attitudes of others

How important it is that health and social care workers are aware of the attitudes of others, how these attitudes can be detrimental to health, wellbeing and inclusion, and how to respond appropriately to show support to people with additional needs.
To include:

- stereotyping and judgemental assumptions
- marginalisation, such as failure to include, avoidance
- discrimination, including failure to make adjustments or modifications
- disempowerment, including not allowing individuals to make decisions, removing choice
- labelling.

Learning aim C: Investigate current practice with respect to provision for individuals with additional needs

C1 Professionals involved in supporting individuals with additional needs

- The basic job roles regarding caring for individuals with additional needs, to include community learning disability nurses, occupational therapists, physiotherapists, psychiatrists, psychologists, social workers, speech and language therapists, special needs teachers.

C2 Support and adaptations for individuals with additional needs

- Equipment and adaptations such as mobility aids, daily living adaptations (including those for people with paraplegia) and communication aids, e.g. hearing aids, British Sign Language and Makaton.
- Therapies, to include occupational therapy, art therapy, music therapy, speech therapy and physiotherapists.
- Short- and long-term support.

C3 Financial support for individuals with additional needs

- Welfare rights, including State Pension, Pension Credit, Housing Benefit, Council Tax Benefit, health benefits.
- Support for people at work, including Disability Employment Advisers based at local Jobcentres, Work Choice programme.
- Transport support, including the Blue Badge scheme, Shopmobility, accessible buses and taxis.
- Support for carers including Carer's Allowance.

C4 Statutory provision for children with additional needs:

Please note that legislation must be current and applicable to England, Wales or Northern Ireland.

- Common Assessment Framework (CAF).
- The requirements on health, colleges, schools and early years providers to co-produce the local offer from 1 September 2014.
- Education, Health and Care Plans from 1 September 2014.
- Codes of practice, legislation and policies relating to provision for children with additional needs.

C5 Statutory provision for adults with additional needs

Please note that legislation must be current and applicable to England, Wales or Northern Ireland.

- Codes of practice, legislation and policies relating to provision for adults with additional needs.
- Care and support statutory guidance issued under the Care Act 2014 (DH).
- Guidelines for caring for adults with mental illness covered in the National Service Framework for Mental Health, including the Mental Health Act 2007 and the Mental Capacity Act 2005.
- Personal health budget.
- Requirements for charities providing essential care and support.

C6 Person-centred care for all individuals with special needs

- Involving patients in their own care and showing them compassion, dignity and respect.
- Involving patients as equal partners in decision making about their care including self-management support, access to personal health records, personal health budgets, care planning and shared treatment decisions.
- Involving communities in decisions about the design and delivery of services. Guidelines can be found in *Equity and excellence: Liberating the NHS* (DH, 2010).

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine reasons why individuals may experience additional needs		**A.D1** Evaluate the significance to the individuals, their families and society of a diagnosis of additional needs.
A.P1 Explain diagnostic procedures to determine additional needs for one child and one adult with different additional needs.	**A.M1** Assess the requirements of one child and one adult with different additional needs.	
Learning aim B: Examine how to overcome the challenges to daily living faced by people with additional needs		**BC.D2** Justify the support and adaptations provided for two individuals with different additional needs to help them overcome challenges to daily living, with reference to statutory provision.
B.P2 Explain how disability can be viewed as a social construct. **B.P3** Describe how health or social care workers can help one child and one adult with different additional needs overcome challenges to daily living.	**B.M2** Assess the impact of challenges to daily living that may be experienced by one child and one adult with different additional needs, and how effectively these challenges are overcome.	
Learning aim C: Investigate current practice with respect to provision for individuals with additional needs		**BC.D3** Evaluate the impact of providing support for two individuals diagnosed with different additional needs in improving their wellbeing and life chances.
C.P4 Explain the benefits of adaptations and support provided to one child and one adult with different additional needs. **C.P5** Explain the impact of statutory provision on the support provided for one child and one adult with different additional needs.	**C.M3** Analyse how the provision and support provided for one child and one adult with different additional needs have benefited them. **C.M4** Analyse how statutory provision has impacted on current practice in caring for one child and one adult with different additional needs.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.M1, A.D1)

Learning aims: B and C (B.P2, B.P3, C.P4, C.P5, B.M2, C.M3, C.M4, BC.D2, BC.D3)

Further information for teachers and assessors

Resource requirements

Ideally, learners will need to have access to real health or social care settings in order to observe practice and base their assignments on two service users – one child and one adult. The assignments must be anonymised and confidentiality of the service users maintained.

Alternatively, learners must be provided with a selection of realistic case studies from which they can choose and on which they can base their assignments.

Learners must have access to relevant legislation and statutory guidance relating to provision of support for individuals with additional needs. All legislation must be current and applicable to England, Wales or Northern Ireland.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will articulate arguments and views concisely to make judgements about the impact the diagnosis of additional needs has on each of the individuals. Learners must evaluate the possible long-term effects on the individual, the family and society, reaching reasoned and valid judgements. They must use detailed analysis and research from recognised sources, and consider the emotional, physical, social, intellectual and financial impact on the individual, the family and society to reach valid and justified conclusions.

For merit standard, learners will select and apply relevant knowledge using vocational language to assess the requirements of each individual. Learners must demonstrate understanding of the reflection on expected developmental progress and how far the individuals in their case studies differ from this. Learners' evidence must show they have used research from a recognised source to extend their understanding to less-familiar contexts.

For pass standard, learners will show their knowledge of diagnostic procedures by using relevant research to explain the tools and standards that will have been used to diagnose the additional needs. Learners must also include the professional background, qualifications and experience of those who would have undertaken the diagnosis and assessment. When discussing the condition that has led to the person being given a diagnosis of additional need, learners must also include the causes of the condition (if known), the severity of the condition, how it changes over time and the prognosis. They must select and organise their information to lead to suitable judgements. Learners must demonstrate their understanding by explaining in some detail the additional needs each individual is experiencing. They must explore well-defined situations to explain whether the additional need is mild, moderate, severe or profound, and explain the definition of the type of additional needs faced by the individuals in their case studies.

Learning aims B and C

For distinction standard, learners will use their research to justify the appropriateness of the support and adaptations provided to help the individuals overcome their challenges. Learners must apply their understanding to less familiar situations and refer to relevant statutory guidance. For example, for school-age children, learners could comment on the use of the Common Assessment Framework, impact of local offers and the Education, Health and Care Plans being implemented from 1 September 2014. For adults, learners could include the use of the personal health budget and the involvement of charities providing essential care and support.

Learners will draw together their knowledge and understanding across the learning aims to evaluate the advantages or otherwise of the support provided to the two individuals. Evidence could be from research or from interviews with relevant professionals. Learners must reach justified conclusions about how effective the support was for improving the individuals' wellbeing. They must consider that the impact may improve wellbeing in one or more areas of the individuals' development.

Learners must use research to reach justified conclusions on the possible long- and short-term effects of early intervention to address challenges to daily living on the wellbeing and life chances of the individual. Learners must refer to relevant research to justify the validity of their recommendations and proposals.

For merit standard, learners will carefully consider the impact of the challenges to daily living on the individuals and their families. Learners will use their research to extend their understanding to more complex contexts, for example an individual who may be non-verbal would have to deal with communication challenges, which could also lead to social and attitudinal challenges.

Learners will carefully consider each of the individuals and draw conclusions about how they benefit from the support provided. Learners must compare and justify the types of provision provided in order to reach reasoned, analytical judgements. Knowledge could be applied to more complex situations, for example where several types of support may be provided to overcome challenges to daily living. Learners must support their evidence with examples from their observations or interviews and independent research. Learners will refer to person-centred care, different areas of development (PIES) or developmental milestones to contextualise the benefits being described. They could also research other individuals with the same additional needs to extend their understanding to less-familiar contexts and of the uniqueness or otherwise for their case studies.

Learners will make reasoned, analytical judgements. To reach reasoned conclusions, they must interrelate facts, theories and concepts to analyse what difference the statutory provision makes to the individual and the possible consequences of it being withdrawn.

For pass standard, learners will define relevant terms such as disability, discrimination and impairment, and show evidence of research into disability as a social construct. Learners must relate their research to the type of additional needs that their two chosen individuals have. They must select and organise their information to reach valid conclusions.

Learners will describe the support and adaptations provided for each of the individuals to overcome the challenges they experience. Learners must include a detailed description of the professionals who support the individuals, and the equipment and therapies that are used to demonstrate they understand a range of techniques and can relate them to the context. They must also include a description of any financial support that is in place for each person.

Learners will show evidence of researching the benefits of the support and adaptations described. They will show some consideration of how the provision is person-centred and unique to the individuals' needs. They must apply their knowledge to well-defined situations to review the success of the techniques and processes used, for example someone with mobility issues may benefit from the provision of daily living adaptations in the home.

Learners will explain how the statutory provision has had an impact on the support provided. They could include a negative impact such as support being withdrawn or a positive impact such as more support being available. In each case, learners must describe the impact in detail. Learners must select and organise their information to reach valid conclusions.

Links to other units

Pearson Level 3 BTEC Nationals in Health and Social Care

This unit draws on knowledge taught in:

- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care.

This unit may be delivered alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 10: Sociological Perspectives
- Unit 11: Psychological Perspectives
- Unit 16: Policy in Health and Social Care
- Unit 17: Caring for Individuals with Dementia
- Unit 20: Understanding Mental Wellbeing.

Employer involvement

Learners should have access to real health and social care settings to observe practice, and base their assignments on two service users – one child and one adult. The assignments must be anonymised and confidentiality of the service users maintained.

Unit 13: Scientific Techniques for Health Science

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners will study a range of laboratory skills, including analysis of samples and microscope use to understand changes in cell features and aseptic prevention of cross-contamination.

Unit introduction

For anyone looking to work in health science, understanding and being able to use science and laboratory techniques rigorously is an essential skill. Basic skills such as avoiding cross-contamination must be fully understood.

In this unit, you will observe and carry out a range of laboratory techniques. These will include laboratory analysis, using microscopes and aseptic techniques. This practical work will give you a chance to experience practical investigations and develop an understanding of how such laboratories function using laboratory processes and techniques. This is a practical unit and it will help you develop your practical skills. You will learn how laboratories work and their role in supporting the diagnosis and treatment of conditions referred to a laboratory for analysis.

If you are interested in a career in health science, this unit will be a useful introduction. It will help prepare you for a career in nursing and associated fields. Alternatively, it could help prepare you for working in a health-related laboratory in areas such as serology, haematology, biochemistry, histology and even in forensic sciences.

Learning aims

In this unit you will:

A Understand how a health-related laboratory deals with samples sent for analysis

B Carry out investigations using techniques similar to those in a health-related laboratory

C Carry out investigations using light microscopes similar to those in a health-related laboratory.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand how a health-related laboratory deals with samples sent for analysis	**A1** Health-related laboratories **A2** Diagnostic tools **A3** Procedures for samples. **A4** Health and safety requirements	A research report on the activities and diagnostic tools in health-related laboratories.
B Carry out investigations using techniques similar to those in a health-related laboratory	**B1** Aseptic techniques used in health-related laboratories **B2** Analysis techniques in health-related laboratories **B3** Using a practical microbiology skill	Practical work with a report on health-related laboratory procedures and methods, and preparing, mounting and examining microscopic examples.
C Carry out investigations using light microscopes similar to those in a health-related laboratory	**C1** Use of light microscope	

Content

Learning aim A: Understand how a health-related laboratory deals with samples sent for analysis

A1 Health-related laboratories

- Types of health-related laboratories, to include hospital pathology laboratory, public health laboratory, research laboratory.
- Types of work carried out by a health-related laboratory, to include how samples are received, quality control, testing.

A2 Diagnostic tools

- Procedures for in vitro diagnostics, to include blood analysis, urine analysis.
- Procedures for in vivo diagnostics, to include x-rays, CT scan, MRI scans, immunodiagnostics.

A3 Procedures for samples

- Sterilisation, to include glassware, instruments, autoclaving, nutrient media, plant material.
- Range of investigative procedures, to include weighing, measuring liquids, determining pH.
- Data recording and manipulation.
- Analysis, to include quantitative, qualitative.
- Quality assurance.

A4 Health and safety requirements

- Health and safety requirements, to include legislation, Control of Substances Hazardous to Health (COSHH) 2002 regulations, hazards, risk assessment, personal protective equipment and procedures, accident procedures, emergency and exit procedures, disposal of waste materials.

Learning aim B: Carry out investigations using techniques similar to those in a health-related laboratory

B1 Aseptic techniques used in health-related laboratories

- Sterile collection of swabs.
- Principles and preparation of media cultures.
- Inoculation, incubation and microbiological transfer.
- Counting techniques.
- Micro-organisms, to include growth rates, antibiotic sensitivity.
- Gram stain tests.

B2 Analysis techniques in health-related laboratories

- Calculation of concentrations of solutions.
- Dilution factors for standard solutions, to include stock solution of known concentration.
- Preparation of solutions of known concentrations.
- Radionuclide techniques and their underlying principles, to include chromatography, spectroscopy, growth counting, decay counting.
- Food analysis techniques, to include measuring lipid content, measuring ascorbic acid content, measuring amino acid content.

B3 Using a practical microbiology skill

Practical investigations in health-related laboratories that could be used for the practical, e.g.:

- effectiveness of different antiseptics/disinfectants
- lowest effective concentration of antiseptics/disinfectants
- growth requirements of particular bacteria
- effect of length of exposure to UV light.

Learning aim C: Carry out investigations using light microscopes similar to those in a health-related laboratory

C1 Use of light microscope

- Preparations of slides, to include staining techniques using one colour, fixing of slide material.
- Examination of prepared slides.
- Interpretation of slides and photomicrographs.
- Types of microscopes, to include limitations and applications.
- Use of different magnifications.

Assessment criteria

Pass	Merit	Distinction	
Learning aim A: Understand how a health-related laboratory deals with samples sent for analysis			
A.P1 Explain the procedures for a sample sent to a health-related laboratory. **A.P2** Explain how in vitro and in vivo diagnostic tools are used safely in a health-related laboratory.	**A.M1** Assess whether the health and safety requirements of a chosen health-related laboratory are adequate to deal with a pathogen sample.	**A.D1**	Justify the procedures used in a health-related laboratory for sample analysis.
Learning aim B: Carry out investigations using techniques similar to those in a health-related laboratory			
B.P3 Perform and report on an aseptic technique involving accurate measurement of micro-organisms. **B.P4** Perform and report on an experiment involving the correct preparation of standard solutions. **B.P5** Perform and report on food analysis techniques to accurately measure lipid and acid content. **B.P6** Perform and report on a practical investigation to accurately measure the effect of antiseptic/ disinfectant.	**B.M2** Analyse the outcomes of practical investigations and relate them to work done in a health-related laboratory.	**BC.D2** **BC.D3**	Justify the laboratory techniques used for practical investigations in meeting desired outcomes. Evaluate the usefulness of the procedures and techniques used in health-related laboratories in providing a diagnosis for health professionals to work with.
Learning aim C: Carry out investigations using light microscopes similar to those in a health-related laboratory			
C.P7 Perform a practical investigation involving the staining of cells and their temporary fixing on a slide. **C.P8** Record observations of a prepared slide of cells seen under two different magnifications of a microscope.	**C.M3** Analyse the advantages of using photomicrographs compared to slides fixed using a temporary fixing method.		

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignment for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.P2, A.M1, A.D1)

Learning aims: B and C (B.P3, B.P4, B.P5, B.P6, C.P7, C.P8, B.M2, C.M3, BC.D2, BC.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

- a science laboratory with equipment and facilities suitable for carrying out practical work at Level 3
- the internet and online research facilities
- suitable chemical equipment for carrying out dilutions and making up different concentrations of liquids
- chromatography equipment and a spectroscope
- appropriate equipment and chemicals to carry out food analysis for lipids, ascorbic acid and amino acids
- microscopes, slide-making equipment including materials for staining samples using one colour plus temporary staining materials
- prepared slides and photomicrographs
- equipment to practically investigate what affects the growth of bacteria.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will use detailed analysis and research to justify procedures used, relating the procedures to the context of the laboratory. Procedures must include health and safety and recording methods. Learners must articulate arguments and views concisely and professionally, and use their research to justify their conclusions.

For merit standard, learners will consider the different samples that can be sent to a health-related laboratory. These may be unknown/dangerous pathogens or other materials, including highly contagious samples. Learners must demonstrate awareness of the level of danger samples can present, and the effectiveness of the health and safety regulations and their adherence to them in keeping the health workers safe. By considering procedures relating to unknown or dangerous pathogens, learners must show that they have extended their understanding to less-familiar or well-defined situations.

For pass standard, learners will provide clear details and show understanding of the procedures in a health-related laboratory. Learners must show their understanding by recalling and relating the objectives and functions of the processes they identify.

Learners must also carefully consider the varied factors involved in health and safety when the two diagnostic tools chosen (one in vitro and one in vivo) for the criteria are explained. They need to identify and present the most important and relevant health and safety requirements relating to the diagnostic tools chosen.

Learning aims B and C

General note

The observation of learners as they work and their laboratory notebook are vital sources of evidence. If working in groups, each learner must show evidence of having carried out all the techniques. Additionally, they should produce a formal report following scientific protocols and terminology. It is expected the teacher will give instructions to learners about the techniques used on staining and fixing slides.

For distinction standard, learners will show how they assessed the investigation and desired outcome in terms of the results of their investigations, and they must justify their decisions in using chosen techniques and methods. Learners must show how they used techniques proficiently, and made valid judgements about the risks and limitations of techniques and methods in relation to the usefulness of the outcomes. They must show how they used techniques and methods to arrive at solutions as part of their justification.

Learners must gather together all of the main aspects of the processes and techniques used in an analytical laboratory and draw on this to evaluate the strengths and weakness, advantages and disadvantages of these processes and reach valid judgements. Learners then relate this to their usefulness in providing a diagnosis that health care workers can use.

For merit standard, learners will present the outcome of their investigation in a methodical fashion. Learners will analyse their method, results and conclusions, and relate them to those used in a health-related laboratory. Learners must confidently select and use appropriate methods, and modify techniques, methods and processes as appropriate. They must reach appropriate solutions from their practical explorations. The teacher is looking for evidence that learners can carry out the investigation and appreciate its limitations when compared with a commercial laboratory.

Learners must present a methodical and detailed analysis of the use of photomicrographs and temporary fixed-stained slides. The analysis needs to look at the detail possible on the different slides, the length they can be kept, advantages and disadvantages of preparation etc. Learners must show how the techniques they used were appropriate for the desired outcomes, and whether they had to adapt the techniques to meet any contingencies. The analysis must be presented logically and backed up by evidence. An opinion is acceptable if backed up by evidence.

For pass standard, learners will be observed selecting and using appropriate methods and techniques. Learners must clearly document any modifications to the given method with reasons. Learners should use the standard headings for a scientific report and appropriate scientific language.

Learners must give a clear and objective explanation in their own words of the techniques used in the culture and measurement of micro-organisms. The practical work must form the basis of their description. For standard solutions, learners' laboratory notebooks must contain the calculations they carry out. The final calculations should be accurate in terms of other people being able to use the solutions. For food analysis, it is acceptable for learners to have negative/unusual results, but they must be explained and peer results must be used as part of the explanation. For microbiology, the evidence will come from teacher observation, laboratory notebooks and, depending on the investigation, they may have plates of microbes as evidence.

Learners must prepare at least one successful single colour stain plus the temporary fixing of a slide. They must work to carry out investigations correctly and safely.

Learners can use either their own prepared slides or commercially produced ones. They need to use two different magnifications, and record and explain what they see. This could be done by annotated drawings, but the teacher must make sure that they, or an appropriate witness, observes the slide at the two different magnifications. This is to ensure that what is drawn resembles what can be seen using the microscope.

Links to other units

This unit draws on knowledge taught in:

- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care.

This unit may be taught alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 9: Infection Prevention and Control
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 23: Biomedical Science.
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 14: Physiological Disorders and their Care

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore types of physiological disorders, the procedures for diagnosis, and the development of a treatment plan and provision of support for service users.

Unit introduction

If you have ever been ill then you will know how important it is to receive the right treatment and care in order to make a full recovery. It is essential for workers in the health and social care sector to understand the nature of physiological disorders and how to provide appropriate treatment and care. This includes being aware of the causes and effects of physiological disorders, as well as the roles of different professionals involved in providing treatment and care for service users.

In this unit, you will learn about the signs and symptoms of physiological disorders and how they are investigated and diagnosed. You will also learn about the different types of treatment and support available for individual service users, including surgery, rehabilitation and complementary therapies. You will create a treatment plan for a service user with a specific physiological disorder. This will help you understand the treatment and support strategies involved, the contributions of different professionals and the importance of providing individualised care.

This unit will form a good basis for higher education study in health and social work courses and nursing qualifications. The information and activities will also help to prepare you for a variety of careers within the health and social care sector.

Learning aims

In this unit you will:

A Investigate the causes and effects of physiological disorders

B Examine the investigation and diagnosis of physiological disorders

C Examine treatment and support for service users with physiological disorders

D Develop a treatment plan for service users with physiological disorders to meet their needs.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Investigate the causes and effects of physiological disorders	**A1** Types of physiological disorders and effects on body systems and functions **A2** Causes of physiological disorders **A3** Signs and symptoms of physiological disorders	A report on the impact of two different physiological disorders on the health and wellbeing of service users, and the potential benefits of different investigations and treatment options for service users diagnosed with physiological disorders.
B Examine the investigation and diagnosis of physiological disorders	**B1** Investigative procedures for physiological disorders **B2** Diagnostic procedures for physiological disorders	
C Examine treatment and support for service users with physiological disorders	**C1** Provision of treatment and support **C2** Types of carers and care settings	
D Develop a treatment plan for service users with physiological disorders to meet their needs	**D1** Care methods and strategies **D2** Treatment planning processes	Treatment plan to meet the needs of a selected service user with a physiological disorder.

Content

Learning aim A: Investigate the causes and effects of physiological disorders

A1 Types of physiological disorders and effects on body systems and functions

- Endocrine system disorders, e.g. diabetes, hypo and hyperthyroidism.
- Nervous system disorders, e.g. Parkinson's disease, Alzheimer's disease.
- Musculo-skeletal system disorders, e.g. rheumatoid arthritis, osteoporosis.
- Respiratory system disorders, e.g. asthma, chronic obstructive pulmonary disease (COPD).
- Circulatory system disorders, e.g. coronary heart disease, leukaemia.
- Cancer, e.g. bowel, prostate.
- Impact of disorders on service users' physical, mental, social and emotional health.

A2 Causes of physiological disorders

- Inherited traits, e.g. sickle cell anaemia.
- Lifestyle choices, e.g. smoking cigarettes, drug misuse.
- Diet, e.g. obesity, dietary deficiency.
- Environment, e.g. housing conditions, air pollution.

A3 Signs and symptoms of physiological disorders

- Observable signs of physiological disorders, e.g. rash, swelling.
- Symptoms experienced by the individual, e.g. pain, disorientation.

Learning aim B: Examine the investigation and diagnosis of physiological disorders

B1 Investigative procedures for physiological disorders

- General measurements that may be undertaken, e.g. blood pressure, body temperature.
- Investigations as appropriate for each individual, e.g. medical history, blood tests.

B2 Diagnostic procedures for physiological disorders

- Procedures based on specific signs and symptoms, e.g. lumbar puncture, biopsy.
- Importance of recognising non-specific or confusing symptoms, e.g. myalgic encephalomyelitis (ME).

Learning aim C: Examine treatment and support for service users with physiological disorders

C1 Provision of treatment and support

- Medication, e.g. anti-inflammatory drugs.
- Surgery, e.g. surgical procedures for cancer.
- Rehabilitation programmes, e.g. physiotherapy.
- Complementary therapies, e.g. aromatherapy, acupuncture.
- Advice on lifestyle changes, e.g. smoking cessation.

C2 Types of carers and care settings

- Carers:
  - professional carers, e.g. GPs, nurses
  - informal carers, e.g. friends, family
  - private and voluntary carers, e.g. Age UK, private care agencies.
- Care settings:
  - service user's own home
  - residential care home
  - GP surgery or health centre
  - hospital care
  - rehabilitation settings.

Learning aim D: Develop a treatment plan for service users with physiological disorders to meet their needs

D1 Care methods and strategies

- Assessment of care needs, e.g. primary, secondary or tertiary care.
- Reviewing care needs, e.g. making changes as required.
- Validity and reliability of the sources of information on possible treatments.

D2 Treatment planning processes

- Cycle of planning.
- Individual needs, including culture, gender, age, religion, disability.
- Purpose and aim of care for individual.
- Outcomes to be achieved.
- Actions to be taken.
- Overcoming potential barriers.
- Professional responsibilities.
- Advantages and disadvantages of different types of treatment, e.g. benefit to service users, cost to health and social care services.
- Scheduling, including times and locations where treatment will take place.
- Timescales for achievement.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Investigate the causes and effects of physiological disorders		
A.P1 Explain the causes, signs and symptoms of different types of physiological disorder on service users.	**A.M1** Analyse the changes in body systems and functions resulting from different types of physiological disorder on service users.	**A.D1** Evaluate the impact of physiological disorders on the health and wellbeing of service users.
Learning aim B: Examine the investigation and diagnosis of physiological disorders		**BC.D2** Justify the potential benefits of different investigations and treatment options for service users diagnosed with physiological disorders.
B.P2 Compare investigative and diagnostic procedures for different physiological disorders.	**B.M2** Assess the importance of specific procedures in confirming the diagnosis of physiological disorders.	
Learning aim C: Examine treatment and support for service users with physiological disorders		
C.P3 Explain the treatment and support available for service users with different physiological disorders. **C.P4** Compare the types of carers and care settings for service users with different physiological disorders.	**C.M3** Assess the provision of treatment, support and types of care for service users with different physiological disorders.	
Learning aim D: Develop a treatment plan for service users with physiological disorders to meet their needs		**D.D3** Justify the recommendations in the plan in relation to the needs of the service user and advantages and disadvantages of treatment options.
D.P5 Assess care needs of a selected service user with a physiological disorder. **D.P6** Plan treatment to meet the needs of a selected service user with a physiological disorder. **D.P7** Explain how the plan would improve the health and wellbeing of a selected service user.	**D.M4** Plan treatment to meet the needs of a selected service user with a physiological disorder, reviewing as appropriate to improve outcomes.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A, B and C (A.P1, B.P2, C.P3, C.P4, A.M1, B.M2, C.M3, A.D1, BC.D2)

Learning aim: D (D.P5, D.P6, D.P7, D.M4, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners can be given a planning template document or they can design their own.

Essential information for assessment decisions

Learning aims A, B and C

For distinction standard, learners will articulate their arguments and views concisely and professionally to justify conclusions on different types of physiological disorder and the effects on body systems and functions. They must show in-depth understanding which applies to less familiar situations of causes, signs and symptoms of two different physiological disorders. Learners must draw on knowledge and understanding of investigative and diagnostic procedures for two different physiological disorders, making suitable justifications. They must use detailed analysis and research of local health and social care settings to make proposals for provision of treatment and support, and types of carers and care settings available for two service users with different physiological disorders.

For merit standard, learners will make reasoned, analytical judgements involving comparison, discussion or justification on different types of physiological disorder and the effects on body systems and functions. They must show that they understand how knowledge is applied to detailed situations of causes, signs and symptoms of two different physiological disorders. Learners must interrelate investigative and diagnostic procedures for two different physiological disorders, drawing suitable conclusions. They must use research of local health and social care settings to extend understanding to detailed contexts of provision of treatment and support, and types of carers and care settings available for two service users with different physiological disorders.

For pass standard, learners will recall and relate knowledge through understanding different types of physiological disorder and the effects on body systems and functions. They must explore familiar applications of knowledge to demonstrate understanding of causes, signs and symptoms of two different physiological disorders. Learners must select and organise information using appropriate knowledge and concepts on investigative and diagnostic procedures for two different physiological disorders, making suitable judgements. They must use research with relevance to given situations including using data sources on local health and social care settings and provision of treatment and support, and types of carers and care settings available for two service users with different physiological disorders.

Learning aim D

The selected service user may be chosen by learners or teachers. Alternatively, learners may develop the plan with family members, relatives, neighbours or friends. However, learners must respect confidentiality at all times and obtain formal consent from service users in order to report any information. The physiological disorder that learners choose must be agreed with the teacher.

For distinction standard, learners will make the most appropriate selections in given constraints and desired outcomes when assessing a service user's care needs. They must use their knowledge, skills and understanding gained from across their learning to match solutions to potential barriers or to innovate and show lateral thinking when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must make valid judgements about limitations of methods in relation to desired outcomes.

For merit standard, learners will relate and differentiate the use of different skills when assessing a service user's care needs. They must modify processes and skills to suit contexts and to deal with contingencies when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must modify techniques and processes to suit contexts and to deal with contingencies.

For pass standard, learners will achieve planned outcomes by carrying out activities fully, correctly and safely when assessing a service user's care needs. Learners must select and deploy appropriate processes and skills in familiar situations when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must review the success of processes and skills used in the treatment plan.

Links to other units

This unit draws on knowledge taught in:
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health
- Unit 9: Infection Prevention and Control
- Unit 13: Scientific Techniques for Health Science
- Unit 19: Nutritional Health
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 23: Biomedical Science
- Unit 25: Complementary Therapies for Health and Social Care.

Employer involvement

Centres may involve employers in the delivery of this unit, if there are local opportunities. There is no specific guidance related to this unit.

Unit 15: Microbiology for Health Science

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners will cover the key microbiological concepts relevant to the field of health science and their role in the manufacture of pharmaceutical products and in medical diagnostics.

Unit introduction

Recent developments in transport have made travel much easier; you can be in a country of very different health standards to your own in a matter of hours. Despite taking precautions, you can be exposed to micro-organisms to which you have no immunity. You will look at the implications of this for the spread of diseases and their control.

In this unit, you will research how diseases are transmitted and what methods can be used to either contain or prevent outbreaks of some diseases. The outbreak of epidemics and the rise of new micro-organisms associated with them is a challenge to all who work in the health science field. You will look at research into producing new antibiotics and antiseptics, and the difficulties of making sure they help rather than harm due to their misuse. Finally, you will research the health benefits of micro-organisms in terms of their uses to produce food, pharmaceuticals and also in genetic engineering.

A comprehensive understanding of all aspects of microbiology can underpin many roles in the health sector, including microbiological scientists, laboratory clinicians and expert roles for advising other medical staff in universities and hospitals.

Learning aims

In this unit you will:

A Understand the concepts of microbiology relevant to health science

B Examine the role of micro-organisms in human health and disease

C Investigate the impact of diseases and their treatment in a global context

D Investigate the health benefits of micro-organisms.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand the concepts of microbiology relevant to health science	**A1** Micro-organisms **A2** Requirements of micro-organisms for growth **A3** Structure and reproduction of micro-organisms **A4** Methods of controlling micro-organisms	A research report, based on individual research, on the requirements to thrive for four named micro-organisms.
B Examine the role of micro-organisms in human health and disease	**B1** Epidemiology **B2** Transmission routes **B3** Role of normal flora and the human body **B4** Types of infections **B5** Role of the immune system	A report, based on individual research, into the positive and negative aspects of human interaction with micro-organisms.
C Investigate the impact of diseases and their treatment in a global context	**C1** Factors in controlling diseases globally **C2** Controlling a global disease outbreak **C3** Consequences to society of a disease outbreak	
D Investigate the health benefits of micro-organisms	**D1** Using micro-organisms in food production **D2** Further uses of micro-organisms	A report, based on individual research, looking at two different microbes that give positive benefits to society.

Content

Learning aim A: Understand the concepts of microbiology relevant to health science

A1 Micro-organisms

- Viruses.
- Bacteria.
- Fungi.
- Protoctista, to include unicellular green algae, prions.

A2 Requirements of micro-organisms for growth

- Nutrients.
- Temperature.
- Host organisms.
- Water.

A3 Structure and reproduction of micro-organisms

- Viruses, to include retroviruses, bacteriophages.
- Bacteria, to include prokaryotic, cocci, bacilli, spirilla, Vibrio.
- Fungi, to include eukaryotic, yeasts, moulds.
- Protozoa, to include Plasmodium, trypanosome.

A4 Methods of controlling micro-organisms

- Control techniques, to include disinfectants, antibiotics, antiseptics, refrigeration, freezing, autoclaves, radiation, drying.
- Vector control, e.g. mosquitoes, tsetse flies.
- Policies and procedures for infection control in Great Britain, to include protective clothing, isolation, barrier nursing.
- Anti-microbial action, e.g. solid soap, liquid soaps.

Learning aim B: Examine the role of micro-organisms in human health and disease

B1 Epidemiology

- Endemic.
- Epidemic.
- Pandemic.

B2 Transmission routes

- Transmission, e.g. direct contact, fomites such as any inanimate object that can carry infection, body fluids, airborne, foodborne, waterborne, vector-borne, transplacental.

B3 Role of normal flora and the human body

- Symbiotic relationship, which could include the gastrointestinal tract, respiratory tract, skin surface.
- Infection sources, such as the infective dose, infective site/route into body.
- The body as a reservoir of infection, such as the large bowel, nose, skin, wounds, opportunist infections.
- Carriers of infectious micro-organisms, to include:
  o humans
  o contact with animals, e.g. chickens carrying avian flu
  o bats carrying rabies
  o ticks carrying lyme disease
  o monkeys carrying the Ebola virus.

B4 Types of infections

- Viral infections, e.g. colds, influenza, measles, mumps, poliomyelitis, rubella, chickenpox, HIV/AIDS, hepatitis, herpes, Ebola haemorrhagic fever, avian flu in humans.
- Bacterial infections, e.g. tuberculosis, Salmonella food poisoning, staphylococcal food poisoning, streptococcal sore throat, whooping cough, meningococcal meningitis, bacterial dysentery, cholera.
- Fungal infections caused by yeasts, to include candidiasis, tineal.
- Protozoan infections, to include malaria, sleeping sickness, trichomoniasis.
- Prion infections, to include Bovine Spongiform Encephalopathy (BSE), Creutzfeldt-Jakob Disease (CJD).

B5 Role of the immune system

- Antibodies.
- Immunoglobulins.
- Leucocytes to include macrophages, T-lymphocytes.
- Community immunity.
- Vaccination.

Learning aim C: Investigate the impact of diseases and their treatment in a global context

C1 Factors in controlling diseases globally

- Personnel with knowledge and experience.
- Epidemiologists, to include risk assessments.
- World Health Organization's severity/danger levels.

C2 Controlling a global disease outbreak

- Resources required for pandemics.
- Factors to consider in any outbreak, e.g. cost, availability of health personnel, drugs, location, terrain, community agreement, local customs.
- Role of authorities, to include governments, non-government organisations.
- Role of international community, to include the World Health Organization (WHO).

C3 Consequences to society of a disease outbreak

- Effect, e.g. on an individual, on family, on communities, on societies.
- Ethical considerations, e.g. use of untried/unlicensed drugs, methods of treatment, exposing health workers to infection.
- Problems associated with using treatments regimes and ideas not familiar to a society.
- Misuse and abuse of medicines and antibiotics.

Learning aim D: Investigate the health benefits of micro-organisms.

D1 Using micro-organisms in food production

- Types of food that can be produced, e.g. bread, cheese/fermented milk products, wine, beer, vinegar.
- Production of single-cell proteins as a food source.

D2 Further uses of micro-organisms

- The production of antibiotics, vaccines and insulin.
- Genetic engineering.

Assessment criteria

Pass	Merit	Distinction	
Learning aim A: Understand the concepts of microbiology relevant to health science		**A.D1**	Justify the methods used to control two different micro-organisms.
A.P1 Explain the requirements that selected micro-organisms need to thrive and how these requirements can be controlled.	**A.M1** Analyse the structure of selected micro-organisms and their reproductive methods, and how their transmission can be controlled.		
Learning aim B: Examine the role of micro-organisms in human health and disease		**BC.D2**	Evaluate the reasons for and consequences of the spread of diseases becoming more global.
B.P2 Compare the transmission routes of microbes involved in human diseases and relate them to specific infections. **B.P3** Explain how the immune system is involved in protecting the human body from harmful micro-organisms.	**B.M2** Analyse the terms used in epidemiology to show how they apply to the transmission of infectious diseases and human immunity.		
Learning aim C: Investigate the impact of diseases and their treatment in a global context			
C.P4 Discuss the factors that might be involved in the control of separate outbreaks of two different diseases. **C.P5** Explain the consequences of a disease outbreak, citing examples in each case.	**C.M3** Assess the effectiveness of the factors involved in controlling diseases globally.		
Learning aim D: Investigate the health benefits of micro-organisms		**D.D3**	Evaluate the positive and negative effects of the interrelationship between humans and micro-organisms.
D.P6 Outline how micro-organisms are used by two different commercial enterprises.	**D.M4** Analyse the social benefits to humans of three micro-organisms.		

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of three summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.M1, A.D1)

Learning aims: B and C (B.P2, B.P3, C.P4, C.P5, BM.2, C.M3, BC.D2)

Learning aim: D (D.P6, D.M4, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners will require access to the internet for research. If possible, they should visit companies that use microbes, for example breweries, sewage works, cheese-making enterprises, other food production enterprises or technology companies using microbes in bio-digesters. There are also pharmaceutical companies that produce vaccines.

Teachers will have to make sure alternative resources are available if such visits are impossible. Some companies will send out a speaker, and teachers will need to negotiate the content of the talk to make it relevant to this unit.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will show they have drawn on a number of information sources relating to the methods used in microbe control for two different micro-organisms. Learners must use the information sources to come to a supported judgement about the methods of control and give reasons why some are used and not others. They must articulate their arguments concisely and professionally to reach justified conclusions.

For merit standard, learners will analyse the structures and reproductive methods of the chosen microbes and methods of controlling these. The criterion requires analysis, so learners must show they have done detailed and methodical research. As a result, they are expected to analyse the information to show the interrelationship between structure, reproductive methods and the ability to survive.

For pass standard, learners will use four named examples of microbes. The explanation needs to show that they understand how each organism may have different needs if they are to thrive. These could include oxygen or lack of it, temperature, host substrate, nutrients, pH or water. Learners must relate knowledge to show how these conditions can be controlled. They could do fully annotated diagrams of each microbe to show the requirements needed for survival. They could use the results of their practical investigation into liquid and solid soaps and their effect on micro-organisms as part of what micro-organisms need to thrive. They could query how the soaps work: do they deprive the micro-organism or are the soaps just toxic?

Learning aims B and C

For distinction standard, learners must give a clear and objective account of reasons for outbreak of disease becoming global and the likely consequences of the named diseases' pandemic outbreak. As a result of research, they must use the breadth of information discovered across learning aims B and C to critically discuss why diseases are spreading more frequently on a global scale and the consequences of this.

For merit standard, learners will, as a result of the research they have carried out, present an analysis of how terms used to describe the spread of micro-organisms apply to different microbes, their transmission and implications for human immunity. Learners will be able to show that they understand the definition of the terms listed and how the micro-organisms fit into these categories. The key word is 'analysis', so a list of definitions and examples will not meet the criteria. Learners must show how and why these terms are applied to different microbial infections.

In making their assessment of the effectiveness of control mechanisms, learners must show they have carefully considered the various factors involved. They will be expected to identify the important factors and draw conclusions based on facts. The assessment involves controlling disease globally, not just an outbreak peculiar to one country.

For pass standard, learners will compare a minimum of two disease-causing microbes. Learners in this discussion will be expected to show how the disease route is related to a specific infection.

Learners must also be able to explain the human immune system's response to infections. It will be much easier if they refer to several harmful micro-organisms, as the immune system's responses can involve different mechanisms.

Learners must research different aspects of the factors involved in controlling an outbreak of a disease. They must use two different diseases in the discussion, and put forward the correct factors and the extent to which they are important for each disease chosen.

Learners must give a clear, objective explanation in their own words using appropriate technical terms of the consequences associated with each of four different diseases. The description must include the name of the disease, what an outbreak involves and the consequences. These consequences must cover the effects on individuals, families and so on, and whether tested and untested drugs will be used as part of the controls, and the ethical dilemmas this raises. Learners must also consider the position of the health workers dealing with the outbreak and sensitivity to different societal attitudes.

Learning aim D

For distinction standard, learners will look at the interrelationship between humans and micro-organisms. This interrelationship can have positive and negative effects. Learners must present the facts and use them in interpreting whether this interrelationship is of overall benefit or not. A definite conclusion is not required, but any arguments put forward must be backed up by facts. Learners must draw on their knowledge gained across the unit to reach supported judgements.

For merit standard, learners will be able to discuss the beneficial role that micro-organisms play. In the analysis of this, learners must look at the interrelationship between the useful microbes and their social benefits. Learners should discuss their importance and possible future uses.

For pass standard, learners will provide a summary or overview of the use of micro-organisms made by two different commercial companies. Visits are difficult to arrange and learners may have to rely on internet research to find suitable examples. Whatever approach is used, the emphasis is on the outline of the role of micro-organisms in the commercial processes, rather than detailed drawings and accounts of a process.

Links to other units

Pearson BTEC Level 3 Nationals in Health and Social Care

This unit draws on knowledge taught in:

- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health.

This unit may be taught alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 9: Infection Prevention and Control
- Unit 13: Scientific Techniques for Health Science
- Unit 14: Physiological Disorders and their Care
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 23: Biomedical Science
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 16: Policy in Health and Social Care

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the main policy priorities in the health and social care sector and the impact policy has in key areas of local health and social care settings.

Unit introduction

Individuals who work in the health and social care sector must follow rules and codes of practice when treating those for whom they care.

This unit will encourage you to find out how policy making has an impact on health and social care. You will consider the role that government plays in making policies that affect the health and social care sector. By doing this you will improve your research skills and understand how data is used by governments when they formulate policies. You will learn about the other factors that can have an impact on the ways that policy is used to bring about change in health and social care. A clear understanding of the background to how policies are made will extend your learning, especially by applying this to a local health and social care organisation. You will do this by investigating the ways that legislation is implemented by organisations such as hospitals and in care settings. The final part of the unit enables you to understand how policies affect individuals who work in the health and social care sector, and those who use the services they provide.

Studying this unit will prepare you for a wide variety of roles in health and social care, including care assistant, social worker, community support and outreach worker, occupational therapist and a range of ancillary roles.

Learning aims

In this unit you will:

A Understand the role of government in health and social care policy making

B Examine the factors that may influence policy making in health and social care

C Explore the impact of policy on local health and social care organisations and individuals.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand the role of government in health and social care policy making	**A1** The background to the policy-making process **A2** The policy-making process in the health and social care sector	A report on how practice of a local health and social care setting is affected by government policy and other factors in meeting objectives, and represent the needs of service users with a specific need.
B Examine the factors that may influence policy making in health and social care	**B1** Factors that influence policy making in health and social care **B2** Priorities of organisations in the health and social care sector	
C Explore the impact of policy on local health and social care organisations and individuals	**C1** Current legislation in health and social care **C2** Ways that local health and social care organisations implement legislation and policies **C3** Ways that policy affects individuals working in the health and social care sector through codes of practice **C4** Ways that policy affects health and social care service users	A report on ways that legislation and codes of practice affect workers and service users in different local health care or social care settings.

Content

Learning aim A: Understand the role of government in health and social care policy making

A1 The background to the policy-making process

- Levels of government: local and central.
- The range of government departments, to include the Department of Health (DH), the Department for Work and Pensions (DWP).
- Specific role of the DH and the Secretary of State.
- Funding issues.

A2 The policy-making process in the health and social care sector

- Definition of government policy.
- The thinking behind the legislation influenced by pressure groups, e.g. service users.
- The reasons for reform of health and social care policies.
- How key priorities are identified.
- How research is carried out before policy-making begins.
- How data from research is used in formulating policy.
- How recommendations are made.
- How legislation comes into practice – how different health and social care settings put legislation into practice.

Learning aim B: Examine the factors that may influence policy making in health and social care

B1 Factors that influence policy making in health and social care

- The views of political parties.
- The ways policy influences codes of practice.
- Research.
- Promotional campaigns.
- Lobbying.
- Mass and social media.
- The role of individuals as service users.
- Individual voting behaviour.

B2 Priorities of organisations in the health and social care sector

- Implementing policy.
- Meeting objectives set out by the government.
- Raising awareness of health and social care in the public arena.
- Representing needs of service users.
- Reflecting demographic trends and changes.
- Meeting service needs not provided by government.

Learning aim C: Explore the impact of policy on local health and social care organisations and individuals

C1 Current legislation in health and social care

Legislation must be current and applicable to England, Wales or Northern Ireland, including relevant sections of:

- Care Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Health and Social Care Act 2008
- Freedom of Information Act 2000.

Link between legislation and policy and how policy generates legislation.

C2 Ways that local health and social care organisations implement legislation and policies

Legislation and policies must be current and applicable to local organisations in England, Wales or Northern Ireland, e.g.:

- hospitals
- Clinical Commissioning Groups (CCGs)
- voluntary sector, e.g. St John Ambulance.

C3 Ways that policy affects individuals working in the health and social care sector through codes of practice

- Codes of practice for:
  o health professionals, e.g. doctors, nurses and midwives
  o care workers in residential homes for older individuals
  o social workers who support vulnerable adults.
- Ways policy affects individuals, e.g.:
  o hand washing
  o providing treatment
  o using equipment
  o involving third parties for specific situations.

C4 Ways that policy affects health and social care service users

- Entitlement to services.
- Ability to gain access to services.
- Ability to have their needs met.
- Ability to respond to the ways that services are provided for them, e.g. complaints, refuse treatment.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand the role of government in health and social care policy making		**AB.D1** Evaluate how practice of a local health and social care setting is affected by government policy and other factors in meeting objectives and a specific need of a service user group.
A.P1 Explain the role of government in making policy that affects a local health and social care setting.	**A.M1** Assess ways local and central government work together to make policy affecting a local health and social care setting.	
Learning aim B: Examine the factors that may influence policy making in health and social care		
B.P2 Explain factors that influence the ways that policy is made in the health and social care sector. **B.P3** Explain ways that organisations represent the needs of health and social care service users with a specific need.	**B.M2** Assess ways that organisations in the health and social care sector meet objectives set out by the government and represent the needs of service users with a specific need.	
Learning aim C: Explore the impact of policy on local health and social care organisations and individuals		**C.D2** Evaluate ways that legislation and codes of practice affect workers and service users in different local health care or social care settings.
C.P4 Explain how the health and social care sector is affected by one piece of legislation. **C.P5** Compare how different local health care or social care organisations implement legislation and policies. **C.P6** Explain how policy affects health care or social care service users.	**C.M3** Assess the impact of legislation and policy on workers and service users in different local health care or social care settings.	**C.D3** Evaluate whether policy making in health and social care has improved the health and wellbeing of service users in different local health care or social care settings.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, B.P3, A.M1, B.M2, AB.D1)

Learning aim: C (C.P4, C.P5, C.P6, C.M3, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

- at least two different local health and social care settings
- relevant legislation relating to policy – all legislation must be up to date and applicable to England, Wales or Northern Ireland.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on the background to the policy-making process in the health and social care sector. Learners must draw on knowledge and understanding of the role of government in making policy affecting one local health and social care setting and the factors that influence this, making suitable justifications. They must use secondary research to justify the validity of priorities of organisations in representing the needs of health and social care service users with a specific need.

For merit standard, learners will make reasoned, analytical judgements involving discussion of the background to the policy-making process in the health and social care sector. Learners must interrelate facts, theories, concepts and contexts of the role of government in making policy affecting one local health and social care setting and the factors that influence this, drawing suitable conclusions. They must use secondary research to extend understanding to detailed contexts of priorities of organisations in representing the needs of health and social care service users with a specific need.

For pass standard, learners will recall and relate knowledge through understanding the background to the policy-making process in the health and social care sector. Learners must select and organise information using appropriate knowledge and concepts of the role of government in making policy affecting one local health and social care setting and the factors that influence this. They must use secondary research with relevance to priorities of organisations in representing the needs of health and social care service users with a specific need.

Learning aim C

Learners can research two different local health care or social care settings.

For distinction standard, learners will draw on research information to deepen understanding and arrive at original and valid conclusions on ways that two local health care or social care organisations implement current legislation and policies. Learners must draw on information research to deepen understanding and arrive at original and valid conclusions about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

For merit standard, learners will use research to extend understanding of ways that two local health care or social care organisations implement current legislation and policies. Learners must record information effectively from a wide range of sources or sources of particular relevance to enable detailed analysis about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

For pass standard, learners will use research with relevance to ways that two local health care or social care organisations implement current legislation and policies. Learners must plan and carry out research using appropriate search and analysis techniques about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

Links to other units

This unit draws on knowledge taught in:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 8: Promoting Public Health
- Unit 10: Sociological Perspectives
- Unit 12: Supporting Individuals with Additional Needs.

Employer involvement

Centres may involve employers in the delivery of this unit, if there are local opportunities. There is no specific guidance related to this unit.

Unit 17: Caring for Individuals with Dementia

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore conditions leading to dementia, their causes, symptoms, the effects on individuals and the support required to ensure independence and dignity for individuals.

Unit introduction

A diagnosis of dementia can be a challenging experience for individuals and their relatives. So, as a health and social care worker, you need to have a good understanding of the types and symptoms of dementia and how individuals can be supported. In this unit, you will be introduced to some of the illnesses leading to dementia and the more common symptoms that an individual might show. You will consider some of the effects on the mental and physical health, quality of life and feelings of wellbeing.

In this unit, you will examine what is meant by person-centred care for individuals with dementia and will consider what is currently thought to be good practice in the sector. You will explore the support needed to ensure that an individual who has dementia maintains independence, quality of life and wellbeing.

This unit will prepare you for work in both health care and social care when working with people affected by dementia, for example in roles such as care assistants, support workers and healthcare assistants. It will also form a good basis for aspects of higher education courses, such as health and social care and social work degrees and nursing qualifications.

Learning aims

In this unit you will:

A Examine the types, causes and symptoms of dementia

B Examine the effects of dementia on people who have the condition

C Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Examine the types, causes and symptoms of dementia	**A1** Types and causes of dementia **A2** Symptoms of dementia	A report that examines the types, causes and symptoms of dementia, and the progressive effects on mental and physical health, quality of life and wellbeing of people who have the condition.
B Examine the effects of dementia on people who have the condition	**B1** Effects of dementia on mental and physical health **B2** Effects of dementia on quality of life and wellbeing	
C Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing	**C1** Principles of person-centred care **C2** Safeguarding people who have dementia **C3** Assessment of needs, protection and safety **C4** Health and wellbeing. **C5** Responsive and flexible care provision to maintain quality of life and wellbeing	A report based on a case study of an individual who has dementia that justifies the impact and benefits of person-centred care on the individual, and evaluates how current practice in dementia care meets the individual's needs.

Content

Learning aim A: Examine the types, causes and symptoms of dementia

A1 Types and causes of dementia

Types and causes of particular dementias, to include:

- Alzheimer's disease caused by neurodegeneration
- vascular dementia caused by atherosclerosis and stroke
- dementia with Lewy bodies (DLB) caused by abnormal collections of protein inside nerve cells in the brain leading to motor difficulties and Parkinson's disease
- frontotemporal dementia (FTD) caused by abnormal build-up of proteins in the brain behind the forehead and ears and more rarely caused by conditions such as CJD, HIV and AIDS, alcohol abuse, head injury, Down's syndrome, and leading to aphasia (difficulties with language).

A2 Symptoms of dementia

The range of symptoms of dementia resulting from damage to the brain, to include:

- Alzheimer's disease – significant memory loss, withdrawn from usual interests and activities, lost in familiar places, mood swings
- vascular dementia – general forgetfulness, irritability, tremors, laughing or crying inappropriately, difficulties with familiar tasks such as handling money
- dementia with Lewy bodies (DLB) – difficulties with decision making and organisational tasks, repeated falling and fainting, sleep disturbances, difficulty swallowing
- frontotemporal dementia (FTD) – loss of inhibitions, impulsive behaviour, difficulty finding words, easily distractible
- other common symptoms – confusion and forgetfulness, behaviour changes and mood swings, anxiety, loss of bowel and bladder control, difficulties with communication.

Learning aim B: Examine the effects of dementia on people who have the condition

B1 Effects of dementia on mental and physical health

- Reasoning and communication.
- Information processing.
- Sleeplessness and restlessness.
- Behaviour.
- Movement.
- Anxiety, fear and depression.

B2 Effects of dementia on quality of life and wellbeing

- Loss of dignity and privacy.
- Increasing difficulty in managing daily routine and personal care.
- Increasing inability to manage own affairs.
- Increasing lack of social interactions.
- Exclusion and loss of status.
- Loss of skills.

Learning aim C: Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing

C1 Principles of person-centred care

Care that recognises the uniqueness and individuality of people who have dementia, to include:

- dignity, privacy and respect
- independence, rights and empowerment
- recognition of cultural and religious differences and requirements
- entitlement to advocacy.

C2 Safeguarding people who have dementia

Care that recognises the vulnerability and safety needs of people who have dementia, to include:

- protection versus independence and rights, e.g. targeted staff training, technologies that alert staff but respect a person's dignity and privacy
- safe, enabling/empowering environments, e.g. safe flooring and grab rails, music for reminiscence
- awareness of cultural and religious differences
- awareness of representation and advocacy, e.g. lasting power of attorney.

C3 Assessment of needs, protection and safety

How health and social care workers can help to manage everyday care after diagnosis, to include:

- communication and behaviour needs, e.g. repetitive behaviour, restlessness
- aids and assistive technologies, e.g. practical aids, pagers/alarms
- diet and medication, e.g. awareness of food preferences, management of medication – pill boxes, medication alarms
- personal care routines, e.g. level of independence in personal hygiene, need to maintain privacy
- ensuring protection and limiting vulnerability, e.g. wandering, daily living, financial transactions
- maintaining a safe, enabling environment including services such as gas, hot water, home hygiene, trip hazards, room layout and decor, labels for cupboards, food safety.

C4 Health and wellbeing

Care that takes a holistic approach to health and wellbeing for people who have dementia, to include:

- safe handling and administration of medication
- diet and nutrition, e.g. fluid intake, availability of healthy snacks, portion control
- complementary therapies, e.g. massage, aromatherapy
- activities and exercise, e.g. reminiscence work
- sensory stimulation, e.g. music, light strings.

C5 Responsive and flexible care provision to maintain quality of life and wellbeing

How health and social care workers must continuously reflect on and review support so that relevant care is maintained, and happiness and enjoyment in life is preserved for a person who has dementia, to include:

- use of the care planning cycle, including regular reviews and forward planning to address fluctuating abilities and changing needs
- involvement of person in their own care planning
- involvement of family and friends in care planning
- focus on person's current strengths and abilities
- individualised activities and exercise, e.g. sensory stimulation, dance, reminiscence activities.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine the types, causes and symptoms of dementia		171
A.P1 Explain the causes of three different types of dementia. **A.P2** Explain the symptoms of three different types of dementia.	**A.M1** Analyse how the different types of dementia might be identified by their symptoms.	**AB.D1** Evaluate the importance of understanding how different types of dementia can have a progressive effect on all aspects of a person's health and wellbeing.
Learning aim B: Examine the effects of dementia on people who have the condition		
B.P3 Explain the effects of three different types of dementia on the mental and physical health of individuals who have the condition. **B.P4** Discuss the effects of three different types of dementia on the quality of life and wellbeing of people who have the condition.	**B.M2** Assess how the different types of dementia can have progressive effects on a person's mental and physical health and their quality of life and wellbeing.	
Learning aim C: Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing		**C.D2** Justify the impact and benefits of holistic person-centred care on one individual who has dementia.
C.P5 Explain how person-centred care is applied for one individual who has one type of dementia. **C.P6** Explain why a flexible approach is needed when planning care for one individual who has one type of dementia.	**C.M3** Assess why the principles of person-centred care are important to maintain the dignity, rights and entitlements of one individual who has dementia.	**C.D3** Evaluate how current practice in dementia care meets the needs of an individual with dementia, through managing its effects and maintaining health and wellbeing.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aim: C (C.P5, C.P6, C.M3, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to a local health and social care setting providing care for individuals with dementia. This could be learners' work placement setting.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will draw together their knowledge of the types, causes, symptoms and effects of dementia to evaluate the effects of different types of dementia on all aspects of an individual's life. They must give anonymised examples from health and social care settings of how workers' understanding of the progressive effects of dementia leads to good practice. Learners must carry out detailed independent research and analysis that is accurately referenced and acknowledged to reach and justify conclusions.

For merit standard, learners will analyse symptoms of the chosen types of dementia to show how each type can be identified or diagnosed, given that a confident diagnosis can only be made after death. Learners must make reasoned, analytical judgements involving comparison of the symptoms of the different types of dementia. Learners will consider carefully each effect of dementia on an individual's life to make reasoned, analytical judgements, involving comparison and discussion when assessing how a person's mental and physical health may change, and how there may be progressive and changing effects on quality of life and wellbeing.

For pass standard, learners will demonstrate their understanding of the types, causes, symptoms and effects of different types of dementia through drawing on relevant research regarding well-defined situations and contexts. For example, learners could explain the effects of a type of dementia on the quality of life of an individual in specific situations, with no indication of how these effects are progressive over time. There may be some inaccuracies in technical terminology, but learners must distinguish the types of dementia and their causes.

Learning aim C

For distinction standard, learners will draw on their knowledge and understanding across learning aims to evaluate how managing and, if possible, alleviating the symptoms and effects of dementia can meet the needs of the individual. Learners must use detailed analysis and research of the individual's type of dementia, symptoms, needs and care provision available to justify the validity of their judgements. Learners must base their conclusions on their research into current best practice and professional opinion, and should show how research deepened their understanding to arrive at original and valid conclusions. They must include evidence of their research, references and sources. Learners will use appropriate vocational language and definitions of specific terminology.

Learners will justify the strengths and advantages of holistic person-centred care to the chosen individual who has dementia, including the consequences of not following a person-centred approach. Learners must show how person-centred care is applied to all aspects of daily living based on the individual's needs. Learners must carry out independent detailed research into the care provided for their chosen individual to reach justified conclusions. Learners' research must be accurately referenced and acknowledged, and their evaluations cohesive and articulate.

For merit standard, learners will reach reasoned judgements by contrasting working within the principles of person-centred care with care that is not person-centred. They must relate the care provided for the individual with dementia with the concept of person-centred care principles to draw suitable conclusions. Learners will use research from relevant sources to extend their understanding of the principles to less well-defined or familiar situations, for example the need to balance the individual's independence and empowerment with ensuring the individual's safety when planning outings. They must use appropriate vocational language and definitions of specific terminology and include references to current care practice guidance.

For pass standard, learners will explain the needs of the individual, giving an insight into the person's individuality, behaviours, likes, dislikes and mobility. Learners must relate the principles of person-centred care to appropriate care provision made for the individual's safeguarding and health and wellbeing. Learners must also include the responsibilities of health and social care workers in involving the individual and their family and friends in planning person-centred care, ensuring that recommendations are responsible and flexible.

Learners will include the benefits of a flexible response to care needs for the individual who has dementia, showing how recommendations for care should be made with future changing needs in mind, and how recommendations should be modified to suit the individual's changing needs and situation, and any contingencies. Learners must demonstrate their knowledge through exploring well-defined situations and contexts, such as ensuring the individual receives appropriate nutrition while taking account of food preferences. Learners must use research relevant to the individuals' situation and organise information using appropriate knowledge, leading to suitable judgements.

Links to other units

Pearson Level 3 BTEC Nationals in Health and Social Care

This unit builds on knowledge taught in:

- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care.

This unit may delivered alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 10: Sociological Perspectives
- Unit 11: Psychological Perspectives
- Unit 12: Supporting Individuals with Additional Needs
- Unit 19: Nutritional Health
- Unit 20: Understanding Mental Wellbeing.

Employer involvement

Learners must have access to a local health and social care setting providing care for individuals with dementia.

Unit 18: Assessing Children's Development Support Needs

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore theories that explain how children develop, the factors that may affect development, and how growth and development is monitored and supported.

Unit introduction

To provide the care and support that children need, it is important that you have a good understanding of how they grow and develop. This unit introduces you to the patterns of growth and development in children, from birth to eight years, and across different areas and aspects of development.

In this unit, you will learn about the stages and principles of growth and development. You will look at some of the theories about how children develop, and learn and recognise how these theories are applied to help children achieve their developmental milestones. You will examine factors that can affect how children grow and develop, including those that are personal to the child such as a disability, and external factors such as whether they have access to good-quality care and health services. You will explore the different methods professionals use across children's services and carry out an observation of your own. You will need to reflect on these methods to consider the importance of assessment so you can plan to support children's individual needs.

This unit will help you to progress to degrees in the sector such as nursing and social work. It will be useful for learners intending to pursue a career in children's social care or health care such as in fostering services, residential care, child assessment centres and as health visitors or paediatric nurses.

Learning aims

In this unit you will:

A Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years

B Examine factors that may impact on children's growth and development

C Explore how assessment is used to identify children's stages of growth and development and their support needs.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years	**A1** Patterns of growth and development **A2** Principles of growth and development **A3** Theories of development	A report in response to case studies of children at different ages. This will consider the principles and patterns of growth and development and related theories, and how this knowledge can support children's growth and development.
B Examine factors that may impact on children's growth and development	**B1** Factors **B2** The impact of factors on growth and development	A report based on observations of children carried out by learners, explaining the impact that factors may have on children's growth and how assessment supports and promotes children's growth and development. The report must include plans for observations, records of observations and a reflective account.
C Explore how assessment is used to identify children's stages of growth and development and their support needs	**C1** Assessment methods **C2** The contribution of assessment to the promotion of children's growth and development	

Content

Learning aim A: Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years

A1 Patterns of growth and development

- Definition of growth and development.
- Developmental milestones for children between birth and eight years.
- Areas and aspects of development:
  o physical, to include fine and gross motor development, locomotion, balance, co-ordination, hand-eye co-ordination
  o intellectual/cognitive, to include neurological and brain development, development of abstract concepts, thinking skills, memory
  o speech, language and communication
  o emotional, to include the development of self-identity, self-esteem, attachment, independence, moral development
  o social, to include developing friendships, co-operation.

A2 Principles of growth and development

- Rates of growth and development vary between children.
- How growth can impact on each of the areas of development.
- Patterns of typical development.
- Different areas of development advance at different rates.
- Development is holistic.
- Atypical development – global delay, specific delay, children who are gifted, talented or able in one or more areas of development.

A3 Theories of development

Learners require an overview of how the following theories contribute to an understanding of growth and development.

- Cognitive development, to include, Piaget, Vygotsky, information processing theory.
- Behaviourism, to include, Watson, Skinner, Bandura.
- Emotional and social development to include, Bowlby, Rutter, Erikson, Freud, Maslow, Harter.
- Moral development, to include, Kohlberg, Piaget.
- Language development, to include, Chomsky, Vygotsky.

Learning aim B: Examine factors that may impact on children's growth and development

B1 Factors

- Personal factors, to include health, disability, genetic inheritance.
- Prenatal factors, to include care during pregnancy, genetic disease, lifestyle of mother to include diet, smoking, use of alcohol.
- Socio-economic factors, to include poverty, access to health and education services, culture, diet.
- Environmental factors, to include, housing, pollution.
- Emotional factors, to include domestic abuse, poor attachment.
- Transitions, to include personal transitions that happen to all children, e.g. starting school, and particular transitions that children may experience, e.g. family breakdown.

B2 The impact of factors on growth and development

- The impact may be short term, long term.
- Failure to grow and thrive.
- Delayed or enhanced development.
- How the impact on one area of development may affect other areas.
- How factors may be counterbalanced by other factors, e.g. providing free nursery places for children in poverty.

Learning aim C: Explore how assessment is used to identify children's stages of growth and development and their support needs

C1 Assessment methods

- Formal, informal, formative, summative.
- Developmental screening programmes.
- Growth monitoring – measuring and recording growth, to include centile charts.
- Assessment frameworks, to include Common Assessment Framework for home country (CAF), curriculum frameworks for home country.
- How to plan and carry out assessment through observation, to include:
  o methods of recording, e.g. checklist, time sample observation sheet
  o areas of development
  o timing and environmental considerations
  o ethical issues, to include permissions, confidentiality
  o using milestones to compare a child's stage of development against typical development.
- The involvement of parents in assessment.
- The importance of sharing information with colleagues, other professionals, the child and their family.

C2 The contribution of assessment to the promotion of children's growth and development

- Early identification of children failing to grow or thrive.
- Early identification of atypical development.
- Interventions to support and promote development, to include care plans, learning plans, behaviour plans, specialist support from health professionals.
- The importance of monitoring and reviewing interventions.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years		**A.D1** Evaluate the extent to which theories of growth and development can be used to support the selected children's growth and development.
A.P1 Explain patterns of growth and development of selected children of different ages. **A.P2** Explain principles and theories that contribute to an understanding of the children's growth and development.	**A.M1** Analyse stages of growth and development across different areas for selected children of different ages. **A.M2** Assess how theories can be used to identify the children's stages of growth and development.	
Learning aim B: Examine factors that may impact on children's growth and development		**BC.D2** Justify approaches to assessment used for the early recognition and support for children with differing needs. **BC.D3** Evaluate the extent to which professionals help children to meet their developmental milestones through the application of the theories of growth and development and use of assessment methods.
B.P3 Discuss the influence of factors on children's growth and development.	**B.M3** Assess how one area of development affected by factors may impact on other areas of development.	
Learning aim C: Explore how assessment is used to identify children's stages of growth and development and their support needs		
C.P4 Explain methods used for the assessment of children's growth and development from birth to eight years. **C.P5** Plan for and observe children to identify their stages of development.	**C.M4** Effectively plan and implement appropriate methods of assessment to identify the children's stages of development. **C.M5** Assess the methods of observation selected for the assessment of each child's growth and development.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.P2, A.M1, A.M2, A.D1)

Learning aims: B and C (B.P3, C.P4, C.P5, B.M3, C.M4, C.M5, BC.D2, BC.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to local health or social care settings that will enable them to carry out observations of children's development. Ideally, this should be learners' work experience placement.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will draw together their understanding of theories that explain patterns of growth and development. Learners will use this knowledge to evaluate the extent to which these theories can be applied in practice to support children at different stages of growth and development. They must consider the advantages and disadvantages of the selected theories, and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. They must articulate their views concisely and professionally.

For merit standard, learners will use vocational language to analyse each child's previous stage of development, their current stage and the stage they are working toward. Their evidence must include all areas of development and be supported by research of milestones from a recognised source.

Learners must demonstrate the relevance of each selected theory, making analytical judgements on the value of each in explaining each child's stage of growth and development. For example, they could consider how Piaget's constructivist approach helps to explain a child's cognitive development or how Bowlby's theory of attachment helps professionals to understand a child's emotional development. Learners must show awareness of the suitability of the selected theories in identifying stages of development and any limitations to their usefulness.

For pass standard, learners will recall and relate knowledge of expected patterns of development to each case study in some detail. Evidence must be supported by examples from the descriptions of what the child can do and the skills they are using. Learners must state whether the child has reached the typical stage of development for their age group in each of the areas of development. If the child has not, they must explain the stage they would be expected to have reached with reference to milestones.

Learners must explain the key principles of development, showing an understanding that the children in each case study will have passed through the same stages, but at different rates.

Learners must explain, supported by reasoned arguments, how selected theories can help professionals come to a conclusion about the development of each child. Their references to areas and stages of development will depend on their selected theory, for example if they explore Piaget's theory of cognitive development, they will focus on how his theory helps to explain how children think and learn and the cognitive stage they have reached.

Learning aims B and C

For distinction standard, learners must consider the different approaches they used for the assessments, evaluating the strengths and weakness of each in identifying children's differing needs and any signs of atypical development. Learners will make reasoned judgements about the risks and limitations of the assessment methods they used. They must consider how these assessment methods contribute to the assessment process and support children to reach their full potential. Learners must draw on the observations they carried out, showing that they provided a valid insight into the children's stages of development.

Learners must go on to make reasoned judgements about how the application of theories and use of assessment enable early recognition of delayed or advanced development in one or more areas of development, and the importance of this early recognition. Learners must suggest forms of intervention and support that can be put into place as a result of assessment and arrive at a justified conclusion of how this can have a positive impact on the outcomes for children.

For merit standard, learners will carefully consider each area of development that has been affected by the selected factors, and draw conclusions about how each may impact on the other areas of development and the possible level of that impact. Evidence could be supported by examples from observations from learners' own work experience placement, case studies and independent research. Learners must demonstrate understanding of more complex interrelationships between influencing factors and growth and development, and make reasoned, analytical judgements.

Learners must be observed carrying out observations of the two children, confidently using appropriate techniques and adapting these techniques if necessary. They must give supported reasons for selecting each method of observation. They must actively reflect on the success of each method in enabling them to capture evidence from their observations. They must also reflect on their recording method for conveying information clearly to colleagues, other professionals or parents, seeking feedback to justify their conclusion.

For pass standard, learners will determine for each factor the type and level of impact that each may have on children's growth and development. Learners must also explain how the effects of some factors may be balanced or reduced by the effects of other factors. Their conclusions about possible impact should be supported by examples from their research.

Learners must explain different forms of assessment including screening programmes and observation. They must demonstrate their understanding by applying their knowledge to everyday situations in a children's setting. They must explain the purpose of assessment, and when and how it is carried out across different children's settings.

Learners must develop coherent plans, carry out observations of two children and select an appropriate method for recording. They must select and deploy appropriate observation methods and skills in well-defined situations. They must carry out the observations fully, correctly and safely to identify the children's stages of development with reference to developmental milestones.

Links to other units

Pearson Level 3 BTEC Nationals in Health and Social Care

This unit draws on knowledge taught in:
- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care.

This unit may be taught alongside:
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 10: Sociological Perspectives
- Unit 11: Psychological Perspectives
- Unit 12: Supporting Individuals with Additional Needs.

Employer involvement

Learners should have access to local health and social care settings that will allow them to carry out observations of children's development.

Unit 19: Nutritional Health

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore concepts of nutritional health and influences on dietary intake, and learn how to assess and improve health through nutrition plans for individuals.

Unit introduction

Good nutrition is important for health and wellbeing. For example, people in hospital depend on getting the right food to help recovery. Also more people are at risk of obesity and illnesses such as Type 2 diabetes. As a worker in the health and social care sector, you need to understand what good nutrition is and the factors that can influence nutritional health, including lifestyle choices and eating habits. You also need to think about how health can be supported by making good nutritional choices.

In this unit, you will learn about the nutritional value of food and the dietary sources and function of different nutrients in the body. You will also learn about individual dietary needs, dietary recommendations and the factors that can influence nutritional health, such as lifestyle choices, education and culture. You will examine health factors that can affect nutrition, including medical conditions, digestive disorders, and food allergies and intolerances. Finally, you will develop practical skills in promoting nutritional health through the creation of a nutritional health improvement plan.

These activities will prepare you for a variety of careers in the health and social care sector, such as dietitians, nutrition consultants and nutrition educators. This unit will form a good basis for aspects of higher education study in social work courses and nursing qualifications.

Learning aims

In this unit you will:

A Understand concepts of nutritional health and characteristics of essential nutrients

B Examine factors affecting dietary intake and nutritional health

C Plan nutrition to improve individuals' nutritional health.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand concepts of nutritional health and characteristics of essential nutrients	**A1** Concepts of nutritional health **A2** Nutritional measures and recommended dietary intakes **A3** Characteristics of essential nutrients	A report relating dietary intake and essential nutrients to two individuals with different needs, considering the factors influencing their nutritional health.
B Examine factors affecting dietary intake and nutritional health	**B1** Dietary needs of individuals **B2** Factors affecting nutritional health **B3** Factors affecting dietary intake	
C Plan nutrition to improve individuals' nutritional health	**C1** Assessment of nutrient intake **C2** Nutritional health improvement plan	Plans to improve the nutritional health of two individuals with different needs, showing the application of concepts to realistic situations.

Content

Learning aim A: Understand concepts of nutritional health and characteristics of essential nutrients

A1 Concepts of nutritional health

- Healthy eating and a balanced diet, e.g. eatwell plate, main food groups.
- Malnutrition, including under-nutrition, obesity.
- Effects of food processing and preparation methods, including excessive salt and sugar content, additives.
- Current nutritional issues and effects on health, including self-prescribed health supplements, genetically modified food.

A2 Nutritional measures and recommended dietary intakes

- Balancing energy requirements for protein, fat, carbohydrate (kilocalories and kilojoules).
- Measuring body mass index (BMI).
- Using growth charts to monitor weight gain.
- Using and interpreting Dietary Reference Values, Reference Nutrient Intakes, nutrients per portion and per 100 g of food.

A3 Characteristics of essential nutrients

Characteristics for each nutrient to include the function in the body, examples of dietary sources and effects of dietary deficiency.

- Essential nutrients, to include:
  - carbohydrates – simple (sugars), complex (starch and non-starch polysaccharides)
  - proteins – polypeptides, essential and non-essential amino acids
  - fats and oils – mono- and polyunsaturated fats, saturates, cis and trans fats, cholesterol
  - vitamins – A, B (complex), C, D, E and K
  - minerals – calcium, iron, sodium
  - water
  - fibre.
- Functions in the body, to include:
  - growth and repair of body tissue (protein)
  - warmth and energy (carbohydrates and fats)
  - maintaining body functions, including digestion, immunity, healthy nervous system and red blood cells (vitamins and minerals).
- Dietary sources, to include:
  - animal and plant sources of protein, e.g. meat, soya
  - starch and sugar sources of carbohydrate, e.g. pasta, biscuits
  - animal and plant sources of fat, e.g. fish oils, butter, nuts
  - dietary and natural sources of vitamins, e.g. fruit and vegetables, sunlight on the skin
  - animal and plant sources of minerals, e.g. red meat, green vegetables
  - plant sources of fibre, e.g. wholegrain cereals, vegetables.
- Dietary deficiencies, to include:
  - protein, including special needs of vegans and vegetarians
  - carbohydrate, including reduced energy levels and special needs of individuals with diabetes
  - vitamins, including scurvy, rickets
  - minerals, including iron deficiency anaemia, osteoporosis.

Learning aim B: Examine factors affecting dietary intake and nutritional health

B1 Dietary needs of individuals

Dietary needs of different service user groups including:

- children, e.g. protein for growth, minimising sugar and additives
- young people, e.g. carbohydrate for energy needs
- adults, e.g. monitoring calorie intake to minimise obesity
- older people, e.g. calcium to help prevent osteoporosis
- pregnant women, e.g. iron to help prevent anaemia
- breastfeeding mothers, e.g. limiting alcohol intake.

B2 Factors affecting nutritional health

- Dietary habits, including meal patterns, snacking, personal preference, e.g. vegetarian.
- Lifestyle, including social eating and drinking, exercise/activity levels.
- Socioeconomic, including cost of food, access to shopping facilities.
- Cultural, including religious and cultural beliefs, role of food in families and communities.
- Education, including public health, food hygiene, marketing and labelling, role of health professionals.
- Relevant legislation, including current policies and government guidance, e.g. Public Health England guidance – *Healthier and More Sustainable Catering: A toolkit for serving food to older people in residential care*, Children's Food Trust recommendations and guidance (legislation must be current and applicable to England, Wales or Northern Ireland).

B3 Factors affecting dietary intake

- Specific conditions, including, diabetes mellitus, coronary heart disease.
- Digestive disorders, including irritable bowel syndrome, Crohn's disease.
- Food allergies and intolerances, including coeliac disease, lactose intolerance.
- Loss of ability to feed independently, including paralysis, stroke.
- Alternative methods of feeding, including nasogastric tubes (NGT), percutaneous endoscopic gastrostomy (PEG) tubes, intravenous infusion (IVI), total parental nutrition (TPN) and thickened fluids.

Learning aim C: Plan nutrition to improve individuals' nutritional health

C1 Assessment of nutrient intake

- How to record food intake, including meals, snacks, drinks and portion sizes.
- Maintaining nutritional needs, including nutritional assessment score, fluid balance and food charts.
- Sources of nutritional information, including food analysis tables (database or printed), charts relating to portion sizes, information on food packaging (especially for processed foods).
- Quantitative analysis, including energy, protein, fat, iron, vitamin C, fibre intakes, proportion of energy from fat.
- Assessment of analysis, including comparison with recommended intakes (Reference Nutrient Intake or RNI) and general health targets.

C2 Nutritional health improvement plan

- Recommendations for meals, snacks, drinks, portion size, cooking methods.
- Recommendations for activity level, daily exercise and energy expenditure.
- Recommendations relating to lifestyle and personal food preferences, e.g. cultural, socio-economic.
- How the plan will be monitored.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand concepts of nutritional health and characteristics of essential nutrients		187
A.P1 Explain how the concepts of nutritional health contribute to health and wellbeing. **A.P2** Explain the sources of essential nutrients and their functions in the body.	**A.M1** Assess the impact of dietary intake and dietary deficiencies on nutritional health.	**AB.D1** Evaluate the role of nutritional health in maintaining the selected individuals' health and wellbeing, and the impact of influencing factors.
Learning aim B: Examine factors affecting dietary intake and nutritional health		
B.P3 Explain the health, socio-economic and cultural factors that can influence the nutritional health of the selected individuals. **B.P4** Compare the dietary intake of the selected individuals with their nutritional requirements.	**B.M2** Assess how the dietary intake and nutritional health of the selected individuals are influenced by their dietary habits and lifestyle choices.	
Learning aim C: Plan nutrition to improve individuals' nutritional health		**C.D2** Justify the recommendations in the plans in relation to the needs and situations of the selected individuals. **C.D3** Evaluate the importance of planning nutritional health for selected individuals to ensure their dietary needs are met, and that influencing factors are taken into account.
C.P5 Produce clear plans to improve the nutritional health of two individuals with different dietary needs. **C.P6** Explain how the recommendations will improve the nutritional health of the selected individuals.	**C.M3** Produce professionally presented plans to improve the nutritional health of two individuals with different dietary needs. **C.M4** Analyse how the recommendations will improve the nutritional health of the selected individuals.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aim: C (C.P5, C.P6, C.M3, C.M4, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to local health or social care settings that will allow them to research and gather information on the nutritional health of two service users in order to develop one-month plans to improve their nutritional health. Ideally, this should include learners' work experience placement.

The individuals on which learners base their assignments do not need to be from the same setting. Alternatively, learners may base their assignments on family members, neighbours or friends. In all cases, confidentiality must be respected and learners must be supervised.

Learners must have access to current legislation and government guidelines relating to nutritional health.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will articulate their arguments and views concisely and professionally to justify their conclusions. Learners must make a detailed analysis of their research to show that they have considered how nutritional health influences the overall health and wellbeing of the two individuals, and the impact of influencing factors on the nutritional health of both. For example, snacking between meals and low levels of exercise could contribute to obesity, and the high cost of some food or lack of access to shops could lead to dietary deficiencies.

For merit standard, learners will show that they have selected and applied relevant knowledge, including the relationship between Reference Nutrient Intakes and individual dietary needs, such as energy requirements. Learners must interrelate theories, concepts and contexts, for example specific examples of the consequences of not following recommended dietary intakes, such as coronary heart disease arising as a result of high cholesterol intake. Learners must also demonstrate understanding of complex concepts such as the relationship between dietary habits, lifestyle choices and nutritional health, for example the impact that alcohol intake has on personal snacking habits.

For pass standard, learners will give an account of the concepts of nutritional health and apply their understanding to the selected individuals, such as the importance of limiting sugar intake, the effects of obesity on health and how body mass index is used as a measure of obesity. Similarly, when considering the function of nutrients in the body, learners could explain that vitamin D is necessary for the absorption of calcium, which is needed for strong bones, and vitamin D deficiency results in rickets. Learners will cover reasons for individual dietary needs, such as iron in pregnancy to prevent anaemia, or protein and carbohydrate for young children's growth and energy requirements.

Learners will use well-defined or familiar applications of knowledge. When explaining the health, socio-economic and cultural factors that can influence nutritional health, they may address how factors such as specific medical conditions could lead to a loss of ability to feed independently, or how a limited budget for food can reduce choices, or how religious beliefs may lead to periods of fasting or specific food choices. Learners' research, including the use of numerical and graphical data, will be relevant and must be organised to show how appropriate knowledge has been used to reach suitable judgements.

Learning aim C

General note

This assignment could be based on the same two individuals studied for assignment 1, or two different individuals. The individuals should be at different life stages and have contrasting nutritional needs.

As a centre, you need to ensure that learners respect the confidentiality of the two individuals, and the task must be carried out within college or health or social care setting, with an appropriate supervisor.

For distinction standard, learners will draw together their knowledge and understanding across the learning aims to make suitable justifications and recommendations. Learners must give reasons to support their ideas about the concepts of nutritional health, the importance of healthy eating and the significance of monitoring the nutritional health of the individuals. They must use examples to demonstrate their understanding of how improvements to nutrition can also improve overall health and wellbeing. Learners must also consider any influencing factors and how these should be dealt with when planning nutritional health for the individuals

Learners must articulate their arguments and views concisely and professionally, and demonstrate their understanding through applying valid knowledge to less-familiar situations, such as making recommendations to improve the nutritional health of individuals with specific conditions, such as diabetes. Learners must consider the importance of essential nutrients at different life stages and the consequences of not meeting nutritional needs.

For merit standard, learners will present their plans in a professional manner, setting out the information in language appropriate for the individuals. Learners will apply their knowledge to detailed situations, such as taking into account the individual's personal choices and habits. Learners' recommendations must be relevant and related to the nutritional health and specific situation of each individual. Learners must consider the recommendations in their plans and identify how each will improve nutritional health by comparing food intake to recommended dietary intakes or comparing activity levels to general health targets, for example. Learners must use their research into the individuals to identify solutions by interrelating facts and concepts.

For pass standard, learners will apply understanding by carrying out appropriate analysis and calculations, including recording individuals' food intake and using food analysis tables. Their plans must be clearly set out in a way that can be used by the individual, and structured to include relevant information, using appropriate vocational language. The plans must include recommendations for food intake, activity level and lifestyle changes, and explain the expected impact of the recommendations. The plan will be specific to the needs of each individual to aid weight loss or improve medical health, for example.

Links to other units

Pearson Level 3 BTEC Nationals in Health and Social Care

This unit draws on knowledge taught in:

- Unit 1: Human Lifespan Development
- Unit 2: Working in Health and Social Care
- Unit 3: Anatomy and Physiology for Health and Social Care.

This unit may be taught alongside:

- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 14: Physiological Disorders and their Care
- Unit 24: Biochemistry for Health.

Employer involvement

Learners must have access to local health and social care settings that will allow them to research and gather information on the nutritional health of two service users in order to develop one-month plans to improve their nutritional health. Ideally, this should include learners' work experience placement.

Unit 20: Understanding Mental Wellbeing

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the nature of and strategies to promote mental wellbeing and mental health, and the impact of mental ill health on individuals.

Unit introduction

There is no health without mental health. Mental health is something that everybody has. Mental wellbeing includes social, emotional and psychological wellbeing. It includes factors such as individuals' ability to cope with challenges and make the most of opportunities; to feel good and function well individually and in relationships, and to feel a sense of connection to the community and surroundings.

This unit encourages you to find out the different ways in which mental wellbeing and mental health are understood. You will learn about the main forms of mental ill health and how these can develop across the life span of the individual. You will investigate the ways that psychiatrists and other mental health professionals understand and manage mental ill health, and consider the strengths and limitations of their approaches. You will explore how mental ill health can have an impact on the lives of individuals and others who play important roles in their lives. By looking at the effects of treatments and social factors, you will develop an insight into mental ill health and its consequences. You will examine the legislation which underpins the strategies that are used to promote mental wellbeing and mental health.

Studying this unit will prepare you for a wide variety of roles in health and social care, including mental health nurse, mental health social worker, mental health liaison practitioner or mental health practitioner.

Learning aims

In this unit you will:

A Understand different views on the nature of mental wellbeing and mental health

B Examine how the main forms of mental ill health are classified

C Examine the impact of mental ill health on individuals and others in their social networks

D Examine strategies which promote mental wellbeing and mental health.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand different views on the nature of mental wellbeing and mental health	**A1** Ways in which mental wellbeing and mental health are understood **A2** Factors that affect mental wellbeing and mental health across the life span	A report, using a case study, on the nature of mental health and wellbeing and the role of current classification systems in improving the diagnosis of two selected mental ill-health conditions and their symptoms.
B Examine how the main forms of mental ill health are classified	**B1** Recognised mental ill-health conditions and their symptoms according to current classification systems **B2** Strengths and limitations of classification systems	
C Examine the impact of mental ill health on individuals and others in their social networks	**C1** The impact of mental ill health on individuals **C2** Mental ill health and relationships	A report on the importance of promoting, protecting and restoring the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition.
D Examine strategies which promote mental wellbeing and mental health	**D1** Legislation, policies and codes of practice **D2** Assessment and treatment	

Content

Learning aim A: Understand different views on the nature of mental wellbeing and mental health

A1 Ways in which mental wellbeing and mental health are understood

- The meaning of mental wellbeing and mental health.
- Perception of mental wellbeing and mental health.
- Mental capital.
- The Dual Axis model of mental health.
- Measurements and scales which measure mental wellbeing.

A2 Factors that affect mental wellbeing and mental health across the life span

- Environment, endowment and experience.
- Socio-economic.
- Psychological.
- Risk factors.
- Protective factors.
- Biological factors.

Learning aim B: Examine how the main forms of mental ill health are classified

B1 Recognised mental ill-health conditions and their symptoms according to current classification systems

Categories within the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), e.g.:

- mood disorders
- personality disorders
- anxiety disorders
- psychotic disorders
- substance-related disorders
- eating disorders
- cognitive disorders.

B2 Strengths and limitations of classification systems

- Raising awareness of mental ill health.
- Influencing the research agenda.
- Labelling and stigmatisation.
- The diagnosis of the main depressive disorders.
- Atypical presentations.

Learning aim C: Examine the impact of mental ill health on individuals and others in their social networks

C1 The impact of mental ill health on individuals

- Psychological and emotional outcomes.
- The effects of medication.
- The outcomes of psychological treatments.
- The use of electroconvulsive therapy (ECT).
- Counselling.
- Other treatments.
- Ethical considerations, to include informed consent.

C2 Mental ill health and relationships

How mental ill health might have an impact on the individuals' relationships.

- Practical and financial outcomes.
- The impact of using services.
- Social exclusion.
- Discrimination and stigma.
- The effects on informal carers and family members.
- The impact on the community and society.

Learning aim D: Examine strategies which promote mental wellbeing and mental health

D1 Legislation, policies and codes of practice

Legislation must be current and applicable to England, Wales or Northern Ireland, including relevant sections of:

- Mental Health Act 1983 (amended 2007)
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Health Act 2007
- Equality Act 2010
- relevant codes of practice
- mental health impact of policy and practice.

D2 Assessment and treatment

- The assessment of need.
- The role of professionals in the assessment process.
- Benefits of early intervention.
- Agreed ways of working.
- Person-centred approach.
- Approaches to recovery:
  o empowerment of individuals
  o advocacy
  o self-management
  o recognition of individual rights
  o supporting individuals to adopt and maintain mentally healthy lifestyles.
- Addressing inequality.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand different views on the nature of mental wellbeing and mental health		
A.P1 Explain factors that influence mental wellbeing and mental health.	**A.M1** Analyse factors that influence mental wellbeing and mental health with reference to a view on the nature of mental wellbeing and mental health.	**AB.D1** Evaluate the nature of mental health and wellbeing and the role of current classification systems in improving the diagnosis of selected mental ill-health conditions and their symptoms.
Learning aim B: Examine how the main forms of mental ill health are classified		
B.P2 Explain the impact of current classification systems on the diagnosis of mental ill-health conditions. **B.P3** Discuss the strengths and limitations of current classification systems in recognising selected mental ill-health conditions and their symptoms.	**B.M2** Analyse the contribution of current classification systems in the diagnosis of selected mental ill-health conditions and their symptoms.	
Learning aim C: Examine the impact of mental ill health on individuals and others in their social networks		
C.P4 Explain the impact of mental ill health on a selected individual. **C.P5** Explain how mental ill health affects a selected individual's relationships with others.	**C.M3** Analyse the impact of mental ill health on a selected individual's relationships within their social networks with reference to factors that may have caused it.	**CD.D2** Evaluate the importance of promoting, protecting and restoring the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition. **D.D3** Evaluate how accurate diagnosis of mental ill-health conditions leads to correct treatment.
Learning aim D: Examine strategies which promote mental wellbeing and mental health		
D.P6 Explain strategies that can be applied to promote the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition.	**D.M4** Justify strategies that can be applied to promote the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition, making reference to relevant legislation, policies and codes of practice.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, B.P3, A.M1, B.M2, AB.D1)

Learning aims: C and D (C.P4, C.P5, D.P6, C.M3, D.M4, CD.D2, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to any of the following:

- a psychiatric nurse
- a social worker who works with individuals diagnosed with a mental ill-health condition
- a member of staff from Mind, the Mental Health Foundation or another charity in the field of mental health.

They must have access to relevant legislation relating to policy. All legislation must be up to date and applicable to England, Wales or Northern Ireland.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on the ways in which mental wellbeing and mental health are understood. They must use research to justify the validity of factors put forward which affect mental wellbeing and mental health across the life span. Learners must draw on knowledge and understanding, making suitable justifications on current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms.

For merit standard, learners will make reasoned, analytical judgements involving comparison, discussion or justification of the ways in which mental wellbeing and mental health are understood. Learners must use research to extend their understanding of factors which affect mental wellbeing and mental health across the life span. Learners must interrelate facts, theories, concepts and contexts of current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms, drawing suitable conclusions.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of ways in which mental wellbeing and mental health are understood. They must use research with relevance to given situations, including using numerical and graphical data sources on factors which affect mental wellbeing and mental health across the life span. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms.

Learning aims C and D

For distinction standard, learners will articulate arguments and views concisely and professionally to justify conclusions on the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must show in-depth understanding of how the knowledge applies to detailed situations in relation to relevant sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must draw on knowledge and understanding of assessment and treatment strategies for the mental ill-health condition of the selected individual, making suitable justifications.

For merit standard, learners will select and apply knowledge to demonstrate the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must show that they understand how knowledge is applied to detailed situations, in relation to relevant sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must interrelate facts, theories, concepts and contexts of assessment and treatment strategies for the mental ill-health condition of the selected individual, drawing suitable conclusions.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must explore well-defined applications of knowledge to demonstrate understanding of sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must select and organise information using appropriate knowledge and concepts about assessment and treatment strategies for the mental ill-health condition of the selected individual.

Links to other units

This unit draws on knowledge taught in:
- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 12: Supporting Individuals with Additional Needs
- Unit 17: Caring for Individuals with Dementia
- Unit 25: Complementary Therapies for Health and Social Care

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 21: Medical Physics Applications in the Health Sector

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore how physics has been applied in medical physics applications, some of their underlying fundamental principles and their contribution to the health sector.

Unit introduction

A number of technological advances have resulted in the use of faster, less-invasive and more effective techniques, such as magnetic resonance imaging (MRI), infrared thermography, computerised tomography (CT), ultrasound and radiotherapy. Health sector professionals may use these technologies to help them diagnose and treat many medical conditions.

In this unit, you will explore medical physics applications and their underlying fundamental physical principles in the health sector. You will examine the uses of ionising radiation, including x-rays, gamma rays and radiotherapy. Radioactive materials are used in the rapidly developing branch of nuclear medicine. Applications of non-ionising techniques, such as magnetic resonance imaging (MRI), laser technology and infrared waves will also be investigated, as will the use of sound waves. You will study the importance of health and safety aspects of using ionising radiation.

This unit is especially useful for those going into nursing or the allied health professions, such as radiotherapy, physiotherapy or a laboratory-based role.

Learning aims

In this unit you will:

A Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

B Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

C Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body	**A1** Light amplification by stimulated emission of radiation (laser) **A2** Magnetic resonance imaging (MRI) **A3** Infrared thermography (IRT) **A4** Ultrasound principles and production.	A report based on a case study evaluating correct ionising and non-ionising treatment options with scientific posters, diagrams, flow charts, tables and mind maps.
B Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body	**B1** Gamma rays **B2** X-rays	
C Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation	**C1** Risks and side effects of ionising and non-ionising radiation **C2** Safety precautions for operators and service users	A report on the risks, side effects and health and safety rules for service users and operators relating to ionising and non-ionising radiation, with tables, scientific posters and images.

Content

Learning aim A: Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

A1 Light amplification by stimulated emission of radiation (laser)

- Principles and production, to include gain medium, reflectors, narrow beam emission.
- Use in diagnosis and treatment:
  - types of surgery, to include eyes, removal of kidney stones, removal of tumours, skin, keyhole, removal of part of prostate
  - benefits for service users, to include less damage to tissue, less pain.

A2 Magnetic resonance imaging (MRI)

- Radio frequency waves.
- Resonance of hydrogen atom nuclei.
- Return of nuclei to low-energy state (relaxation).
- Production of high-resolution image.
- Diagnosis, to include brain and spine, joints, heart, body water.

A3 Infrared thermography (IRT)

- Use of infrared camera, production of thermal images.
- Use in diagnosis, to include detecting abnormal body temperature.
- Use in treatment, to include repairing strained muscles and tissue.

A4 Ultrasound principles and production

- Frequency of sound waves, transmission, density characteristics.
- Types, to include endoscopic ultrasound, external ultrasound, internal ultrasound, high-intensity ultrasound.
- Use in diagnosis, to include foetal screening, echocardiograms, blood vessels, strokes, heart attacks.
- Use in treatment for tumours.

Learning aim B: Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

B1 Gamma rays

- Principles and production in external radiotherapy, to include linear accelerator, high-energy gamma ray beams.
- Use of external radiotherapy for treatment, to include cancerous tumours, benign tumours, thyroid disease.
- Use internally for diagnosis, to include use of radionuclide tracers for positron emission tomography (PET) to include Iodine-123 (I23I), technetium-99 (99Tc)
- Use of internal radiotherapy for treatment, to include brachytherapy.

B2 X-rays

- Principles and production, to include production and acceleration of electrons, conversion of electrons to x-rays, production of image.
- Use of x-ray images in diagnosis, to include cancer, breaks in bones, pneumonia, tuberculosis.
- Use of x-rays in treatment, to include cancer, ringworm.
- Use of computerised tomography (CT) and computerised axial tomography (CAT) in diagnosis, to include recurrent cancers, brain tumours, injuries to vital organs.

Learning aim C: Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation

C1 Risks and side effects of ionising and non-ionising radiation

- Risks from ionising radiation:
  - risks and side effects for operators and service users of x-rays, to include damage to healthy cells, risk of cancer, unborn children, small children
  - risks and side effects for operators and service users of gamma rays, to include tiredness, hair loss, loss of appetite, diarrhoea, sore skin, loss of fertility, early menopause.
- Risks of non-ionising radiation, to include discomfort caused by ultrasound probes:
  - internal ultrasound probe placed into the vagina or rectum
  - endoscopic ultrasound.

C2 Safety precautions for operators and service users

- Health and Safety Executive (HSE) legislative requirements for x-ray instrumentation operators, to include protective clothing, dose limits, use of film badges
- Safety precautions for service users for MRI, to include removal of:
  - all ferromagnetic materials
  - hearing aids and pacemakers
  - implants and foreign bodies, e.g. metal clothing, piercings and jewellery.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body		
A.P1 Explain the principles and production of a laser and how it is used in diagnosis and treatment. **A.P2** Explain the principles and production of imaging techniques used in non-ionising radiation diagnosis in relation to a specific service user.	**A.M1** Assess the suitability of different non-ionising radiation diagnosis and treatment techniques in relation to a specific service user.	**AB.D1** Evaluate the choice of ionising and non-ionising radiation diagnosis and treatment techniques in relation to a specific service user.
Learning aim B: Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body		
B.P3 Explain the principles and production of external and internal radiotherapy. **B.P4** Explain the principles and production of x-ray images, CT and CAT scans for diagnosis and treatment in relation to a specific service user.	**B.M2** Analyse the suitability of different ionising radiation techniques used for diagnosis and treatment in relation to a specific service user.	
Learning aim C: Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation		**C.D2** Evaluate the health and safety precautions for service users and operators using ionising and non-ionising diagnosis and treatment techniques in relation to a specific service user.
C.P5 Explain the risks and side effects of ionising and non-ionising diagnosis and treatment techniques for operators and service users. **C.P6** Explain the safety precautions for x-ray and MRI use for operators and service users.	**C.M3** Analyse the risks and side-effects to operators and service users of ionising and non-ionising diagnosis and treatment techniques in relation to a specific service user.	**C.D3** Justify a choice of ionising and non-ionising diagnosis and treatment technique with reference to risks, side-effects and safety precautions for a service user in relation to a specific service user.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, A.P2, B.P3, B.P4, A.M1, B.M2, AB.D1)

Learning aim: C (C.P5, C.P6, C.M3, C.D2, C.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners will benefit significantly from having access to health settings such as hospitals with radiology, ultrasound, MRI and other imaging departments.

Work experience placements in these settings could prove invaluable. Alternatively, local health authorities may organise career information days where a range of professional health sector workers are available to talk about their work and provide guided tours of the medical facilities. If these are not accessible, then the use of outside speakers such as radiologists, health and safety officers, dentists, dental assistants and nurses would support learners in their understanding of how theoretical principles are put into practice.

DVDs, YouTube clips and access to the internet would also be useful to support delivery of this unit.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will show they have carried out a careful, detailed and logical evaluation of all the ionising and non-ionising radiation options first for diagnosis, and then for treatment. They must show that they understand the physical effect of each one on the human body at the molecular and cellular level. Learners must be able to make reasoned and valid judgements about a case study of a service user, and reach clear and concise conclusions and recommendations concerning the correct response to the service user case study's condition and medical history.

At this point, learners must not be moving into the evaluation of risk factors, which are introduced in learning aim C.

For merit standard, learners will be able to select and apply knowledge to assess the suitability of the different types of ionising and non-ionising radiation, and relate the underpinning physics of the principles and production to the diagnosis and treatment. The different methods must be displayed and any similarities or dissimilarities clearly shown. Learners must be able to apply their knowledge and understanding of ionising and non-ionising radiation diagnosis and treatment to make reasoned, analytical judgements, comparing and discussing in relation to a case study of a service user.

For pass standard, learners must be able to recall key knowledge and understanding of the principles and production of each type of medical physics technology, with its uses for diagnosis and treatment.

Learning aim C

For distinction standard, learners will review the precautions taken to minimise risks and side effects. They must consider the health and safety precautions for the use of ionising and non-ionising radiation instrumentation for diagnosis and treatment in order to justify the choice of treatment and techniques for the service user. This must include both the service users and the members of staff carrying out the diagnosis and treatment.

Learners must draw on what they have learned in all the learning aims to justify the choice of diagnosis and treatment techniques for the service user. They must show how their research supports their justifications and recommendations, articulating their arguments concisely and professionally.

For merit standard, learners must select and apply to a case study relevant knowledge and understanding of the risks, side effects, and health and safety rules for ionising and non-ionising physics diagnosis and treatment techniques. Learners must also be able to make reasoned, analytical judgements, interrelating the facts, concept and context of the service user in the case study to reach a suitable conclusion.

For pass standard, learners must show they can recall key knowledge and understanding of the risks, side-effects, and health and safety precautions for both ionising and non-ionising radiation diagnosis and treatment techniques their knowledge and understanding must be related to the situation in the case study.

Links to other units

This unit draws on knowledge taught in:
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care.

This unit may be taught alongside:
- Unit 13: Scientific Techniques for Health Science
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 23: Biomedical Science
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 22: Genetics

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the scientific nature of human genetics and the role it plays in health and disorders, and how legislation and ethical challenges influence gene technologies.

Unit introduction

In order to work effectively in the health and social care sector, it is important to have a good understanding of how genetic science has helped our understanding of reproduction and gene production from one generation to the next. This knowledge will help you to fully appreciate the significant role that genetics play in development of personality, temperament, health, and physical and psychological growth.

In this unit, you will understand what genetics is and its importance to human health and development. You will examine foetal development from conception to birth, and how genes (nature) and the environment (nurture) play a significant role in determining heredity. You will understand the role of reproductive genetic technologies that have fundamentally opened up opportunities for those who have been unable to conceive, and consider the ethical challenges that such technologies present.

These activities will prepare you for a variety of careers in the health and social care sector, such as health science roles. This unit will form a good basis for you to move to higher education, as it will develop your research skills by helping you to think critically and your evaluative skills through data handling.

Learning aims

In this unit you will:

A Understand genetics and its role in human inheritance from conception to birth

B Examine the factors affecting pre- and post-natal development

C Investigate how advances in science can contribute to understanding reproductive and gene technologies

D Examine how legislation and ethical challenges influence the use of reproductive and gene technologies.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand genetics and its role in human inheritance from conception to birth	**A1** The role of genetics in human reproduction **A2** The way in which natural conception occurs and patterns of pre-natal growth	A report, using a case study, on the role of genetics, the impact of factors affecting healthy pre-natal development, and how difficulties related to reproduction affect post-natal development and care needs through the life course.
B Examine the factors affecting pre- and post-natal development	**B1** Factors affecting pre-natal development **B2** Effects on post-natal development through life's course	
C Investigate how advances in science can contribute to understanding reproductive and gene technologies	**C1** Contribution of reproductive and gene technologies in advancing healthy life chances **C2** Impact of reproductive and gene technologies on individuals and society	A report on the role of reproductive and gene technologies in promoting life chances and causing ethical challenges for a selected individual with a specific genetic disorder and society.
D Examine how legislation and ethical challenges influence the use of reproductive and gene technologies	**D1** Legislation and regulation governing reproductive and gene technologies. **D2** Ethical challenges for those working with reproductive and gene technologies	

Content

Learning aim A: Understand genetics and its role in human inheritance from conception to birth

A1 The role of genetics in human reproduction

- The meaning and terminology of genetics.
- Structure and composition of genes:
  - genetic terms – genome, genotype, phenotype, chromosomes, DNA
  - principal structure and composition of the genetic code (DNA)
  - heredity – psychological traits such as cognitive abilities, bipolar, schizophrenia.

A2 The way in which natural conception occurs and patterns of pre-natal growth

- Genetic behaviour from conception, fertilisation to birth, including cell division and chromosomal behaviour.
- Stages and significant chromosomal developments during foetal growth.

Learning aim B: Examine the factors affecting pre- and post-natal development

B1 Factors affecting pre-natal development

Positive and negative factors promoting foetal development.

- Genetic factors (nature):
  - parental genotype
  - genetic variation and effects, including genetic and chromosome disorders, Down's syndrome.
- Environmental factors (nurture):
  - parental factors, e.g. age, diet, health
  - pre-conception factors, e.g. drug/alcohol misuse
  - lifestyle and family functioning, e.g. poverty, one-parent family, domestic violence, abuse.

B2 Effects on post-natal development through life's course

- Effects on post-natal development and meeting care needs through life's course, resulting from effects of genetic and environmental factors, including positive and negative factors.

Learning aim C: Investigate how advances in science can contribute to understanding reproductive and gene technologies

C1 Contribution of reproductive and gene technologies in advancing healthy life chances

- Reproductive technologies:
  - screening techniques
  - assisted reproduction.
- Gene technologies:
  - recombinant DNA
  - Human Genome Project
  - gene therapy
  - genetic modification/enhancement
  - autosomal dominant/recessive inheritance, e.g. eyes, kidneys
- Technologies developed that improve life chances through study of genetics.

C2 Impact of reproductive and gene technologies on individuals and society

- Effects on individuals, including psychological wellbeing, quality of life, benefits versus risk.
- Effects of society, including values and beliefs, support systems, physical and financial resources, individual versus wider perspective.

Learning aim D: Examine how legislation and ethical challenges influence the use of reproductive and gene technologies

D1 Legislation and regulation governing reproductive and gene technologies

Legislation must be current and applicable to England, Wales or Northern Ireland.

- Regulation and guidance, including relevant sections of Human Fertilisation and Embryology Authority (HFEA), National Institute for Health and Care Excellence (NICE), Department of Health (DH).
- Legislation and directives, including relevant sections of UK and European Union legislation, Human Rights Act 1998, Human Reproductive Cloning Act 2001, Human Fertilisation and Embryology Act 1990 (amended 2008).

D2 Ethical challenges for those working with reproductive and gene technologies

- Risk versus benefits, e.g. surrogacy for money against genetic testing to avoid disease.
- Cost to society, e.g. risk of birth deficiencies.
- Pressure groups.
- Genetic misuse for improvement rather than health use.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand genetics and its role in human inheritance from conception to birth		
A.P1 Explain how genetics affects the process of human reproduction from conception to birth.	**A.M1** Assess the role of genetics in the process of human reproduction from conception to birth.	**AB.D1** Evaluate the role of genetics, the impact of factors affecting healthy pre-natal development, and difficulties related to reproduction affect post-natal development and care needs through the life course.
Learning aim B: Examine the factors affecting pre- and post-natal development		
B.P2 Explain how different genetic and environmental factors can affect pre- and post-natal development. **B.P3** Explain how factors that affect healthy pre-natal development leading to developmental delay or impairment of normal body functioning influence post-natal development and care needs through the life course.	**B.M2** Assess how genetic and environmental factors resulting in developmental delay or impairment of normal body functioning impact on post-natal development and care needs through the life course.	
Learning aim C: Investigate how advances in science can contribute to understanding reproductive and gene technologies		**CD.D2** Evaluate the role of reproductive and gene technologies in promoting life chances and causing ethical challenges for a selected individual with a specific genetic disorder and society.
C.P4 Explain how reproductive and gene technologies can contribute to promoting life chances. **C.P5** Explain the effects that reproductive and gene technologies can have on a selected individual and society.	**C.M3** Analyse the impact of reproductive and gene technologies for a selected individual and society in relation to promoting life chances.	
Learning aim D: Examine how legislation and ethical challenges influence the use of reproductive and gene technologies		**D.D3** Evaluate the importance of the role of genetics in pre and post-natal development and the contribution of reproductive and gene technologies in promoting individuals and society's life chances, referring to ethical challenges.
D.P6 Explain how reproductive and gene technologies can cause ethical challenges associated with a specific genetic disorder for a selected individual and society.	**D.M4** Analyse how a specific genetic disorder can affect the use of reproductive and gene technologies, and cause ethical challenges for a selected individual and society.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, B.P3, A.M1, B.M2, AB.D1)

Learning aims: C and D (C.P4, C.P5, D.P6, C.M3, D.M4, CD.D2, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to relevant legislation relating to policy. All legislation must be up to date and applicable to England, Wales or Northern Ireland.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on the role of genetics in human reproduction. They must show in-depth understanding of how knowledge applies to detailed situations in relation to how natural conception occurs and patterns of pre-natal growth. Learners must draw on knowledge and understanding of factors affecting pre-natal development and effects on post-natal development through the life course, making suitable justifications.

For merit standard, learners will select and apply knowledge to demonstrate the relevance and purpose of the role of genetics in human reproduction. They must show that they understand how knowledge is applied to less familiar situations in relation to how natural conception occurs and patterns of pre-natal growth. Learners must interrelate facts, concepts and contexts, drawing suitable conclusions about factors affecting pre-natal development and the effects on post-natal development through life's course.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate concepts and contexts of the role of genetics in human reproduction. They must explore well-defined applications of knowledge to demonstrate an understanding of the way in which natural conception occurs and the patterns of pre-natal growth. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on factors affecting pre-natal development and effects on post-natal development through life's course.

Learning aims C and D

For distinction standard, learners will show in-depth understanding of how knowledge applies to detailed situations on the contribution of reproductive and gene technologies in advancing healthy life chances. They must use research to justify the validity of legislation and regulation governing reproductive and gene technologies, and the impact of the latter on a selected individual with a specific genetic disorder and society. Learners must draw knowledge and understanding on ethical challenges for those working with reproductive and gene technologies, making suitable justifications.

For merit standard, learners will show that they understand how knowledge is applied to less familiar situations in relation to the contribution of reproductive and gene technologies in advancing healthy life chances. They must use research to extend their understanding to less familiar contexts of legislation and regulation governing reproductive and gene technologies, and the impact of the latter on society and a selected individual with a specific genetic disorder. Learners must interrelate facts, concepts and contexts, drawing suitable conclusions on ethical challenges for those working with reproductive and gene technologies.

For pass standard, learners will explore well-defined applications of knowledge to demonstrate understanding of the contribution of reproductive and gene technologies in advancing healthy life chances. Learners must use research with relevance to given situations, including using data sources on legislation and regulation governing reproductive and gene technologies and the impact of the latter on society and a selected individual with a specific genetic disorder. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on ethical challenges for those working with reproductive and gene technologies.

Links to other units

This unit draws on knowledge taught in:

- Unit 13: Scientific Techniques for Health Science
- Unit 15: Microbiology for Health Science
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 23: Biomedical Science
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance relating to this unit.

Unit 23: Biomedical Science

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners will cover the extensive role biomedical scientists play in providing evidence for the causes of diseases, enabling other health workers to offer suitable treatment.

Unit introduction

In this unit, you will begin to see how important the biomedical science worker is in relation to the accurate diagnosis of many conditions, such as HIV, cancer, food poisoning and infection control. Without the essential work of the biomedical staff, the other health professionals could not function effectively. You will be looking at some of the groups of medically important organisms in terms of how the body can defend itself against them.

You will study key areas of the biomedical science worker's job, including haematology, the blood transfusion service and cell pathology. Cell pathology is a diagnostic tool where samples of cells, taken from a growth on the skin, for instance, can be identified as being harmful or not.

Clinical biochemistry will give you an understanding of the chemical make-up of the body, and the importance of identifying and correcting any chemical imbalances. Although you will be concentrating on the human body in this unit, biomedical scientists work in a range of industries, including the NHS, pharmaceutical industries, veterinary services, the National Blood Authority and forensic laboratories.

Learning aims

In this unit you will:

A Understand the ways in which the body defends itself against infection

B Examine the principles of blood transfusion science and its importance to those working in haematology

C Investigate the importance of cell pathology as a diagnostic tool

D Explore how the chemical make-up of the body influences health and disease.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand the ways in which the body defends itself against infection	**A1** Methods of non-specific defence used by the human body **A2** Methods of specific defence used by the human body	A report on the defence mechanisms of the human body.
B Examine the principles of blood transfusion science and its importance to those working in haematology	**B1** Blood components **B2** Diseases/problems associated with blood components **B3** The diagnostic techniques used in haematology **B4** Other techniques used in haematology **B5** Blood transfusion **B6** Transmissible infections by blood transfusion	
C Investigate the importance of cell pathology as a diagnostic tool	**C1** Processes involved in cell pathology **C2** Types of cell collection for analysis	A report, based on individual research, on how biochemical and pathology tests are used to identify and measure diseases in the human body.
D Explore how the chemical make-up of the body influences health and disease	**D1** The biochemistry systems **D2** Biochemical testing and monitoring	

Content

Learning aim A: Understand the ways in which the body defends itself against infection

A1 Methods of non-specific defence used by the human body

- Skin.
- Mucous membranes.
- Tears.
- Phagocytes.

A2 Methods of specific defence used by the human body

- Humoral immunity, also called the antibody-mediated immune system, to include cell-mediated immunity.
- Inflammation mechanisms, to include increased blood supply and capillary permeability, immune cell migration to the site.

Learning aim B: Examine the principles of blood transfusion science and its importance to those working in haematology

B1 Blood components

- The components of the blood, to include structure and function, erythrocytes, leucocytes, thrombocytes, plasma, serum, platelets.

B2 Diseases/problems associated with blood components

- Erythrocytic diseases, to include types of anaemia, thalassaemia, vitamin B12 and folate deficiency, sickle cell anaemia.
- Leucocytes and white blood cells diseases, to include lymphocytosis, AIDS, infectious mononucleosis.
- Bone marrow failure.
- Leukaemia.
- Lymphomas, to include Hodgkins, non-Hodgkins diseases.
- Haemostasis and thrombosis.

B3 The diagnostic techniques used in haematology

- Blood smears.
- Counts of red blood cells, reticulocytes and platelets.

B4 Other techniques used in haematology

- Mean corpuscular and blood volumes.
- Analysis for iron deficiency.
- Coagulation.
- Haemoglobin tests.

B5 Blood transfusion

- Production of blood products.
- Red cell compatibility.
- Clinical use of blood products, to include surgery, intensive care.
- Inherited conditions, to include haemophilia, sickle cell anaemia, haemolytic diseases in newborn babies

B6 Transmissible infections by blood transfusion

- Screening of blood products for diseases, to include hepatitis, human parvovirus, malaria, Chagas disease, cytomegalovirus, AIDS.

Learning aim C: Investigate the importance of cell pathology as a diagnostic tool

C1 Processes involved in cell pathology

- Causes of cell injury, to include:
  - process of cell ageing
  - neoplasia, to include identification of cancer, lupus, allergic reactions.

C2 Types of cell collection for analysis

- Surgical removal of tissues.
- Pap smear.
- Removal of surface cells.
- Aspiration.

Learning aim D: Explore how the chemical make-up of the body influences health and disease

D1 The biochemistry systems

- Enzymes.
- Control systems, to include endocrinology, water and electrolytic metabolism.
- Control of calcium, carbohydrates and proteins.
- Metabolic errors, to include acid-base balance, blood gases, kidney and liver functions.

D2 Biochemical testing and monitoring

- Liver and kidney functions.
- Endocrinology, to include hormone levels, diagnosis of endocrine disorders.
- Fluid analysis, to include urine, central spinal fluid (CSF).
- Faecal analysis, to include gastrointestinal disorders.
- Toxicology, to include therapeutic drug monitoring.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand the ways in which the body defends itself against infection		
A.P1 Explain the specific and non-specific defence methods of the human body.	**A.M1** Assess the effectiveness of specific, non-specific and inflammatory processes in helping the body defend itself against infection.	
Learning aim B: Examine the principles of blood transfusion science and its importance to those working in haematology		**AB.D1** Justify the prominent role of haematology as a diagnostic tool and in the transfusion processes.
B.P2 Describe the components of human blood by referring to their structure and functions. **B.P3** Explain, by referring to the blood components, what diseases are associated with them. **B.P4** Describe the diagnostic techniques used in haematology. **B.P5** Explain the processes involved in producing safe blood products for transfusion.	**B.M2** Discuss the clinical uses of blood products and the reasons for screening them before use. **B.M3** Analyse the effectiveness of the screening processes in preventing the transmission of blood-born infections.	
Learning aim C: Investigate the importance of cell pathology as a diagnostic tool		**CD.D2** Evaluate how the results of cell pathology used in conjunction with biochemical investigations can be used as diagnostic tools.
C.P6 Explain the causes of cell injury.	**C.M4** Analyse how cell pathology is used in disease identification.	
Learning aim D: Explore how the chemical make-up of the body influences health and disease		**CD.D3** Evaluate the work done by laboratories into effectively diagnosing the causes and cures of diseases.
D.P7 Explain two of the biochemistry systems in the human body. **D.P8** Explain two biochemical tests used in monitoring the biochemistry of the human body.	**D.M5** Discuss the importance of balanced biochemical systems in the human body.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, B.P3, B.P4, B.P5, A.M1, B.M2, B.M3, AB.D1)

Learning aims: C and D (C.P6, D.P7, D.P8, C.M4, D.M5, CD.D2, CD.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners will need access to research facilities such as the internet. Where possible, they should have a work experience placement or have access to relevant laboratories that deal with processing biological samples. Visits to the centre by laboratory personnel will help learners with understanding how such laboratories work. Although they may not be directly working in such laboratories, they do need to understand how they fit into their role as health workers, so as much experience as possible of health-related laboratory work will be an advantage in this unit.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will look at the blood system and the diagnostic tools. They must show why blood tests are often the first line of investigation when a patient presents with something abnormal. Similarly, the blood transfusion process is prominent in treatment and learners must justify why this is the case. It is not expected that the blood transfusion service is included, but learners must include the process involved in getting blood to the stage where it is suitable for transfusion. Learners must articulate their arguments concisely and professionally to reach justified conclusions.

For merit standard, learners will link together all the body's defences, non-specific, specific and inflammatory. They must include relevant examples to show that defence mechanisms often interact when fighting infections.

Learners must explain the clinical uses of blood products in terms of what components are used and in what areas of the health system, such as surgery and long-term control of clinical conditions. At the same time, they must expand on the reasons for blood screening.

Learners will analyse the effectiveness of the screening process. They must show they appreciate the limitations of screening, especially as previously unknown diseases may not be picked up in this process. Obvious examples will be AIDS, some types of Hepatitis, CJD etc.

For pass standard, learners will describe the specific and non-specific defences of the body. These must be linked to examples to meet the criterion. A description without relevant examples will not meet the criterion.

Learners will give a full list of blood components and include their structure and function. Fully annotated diagrams could give enough information rather than just written descriptions.

It is insufficient for learners to produce a list of components and a list of diseases. Learners must link blood components with a particular disease or type of disease.

In describing the diagnostic techniques used in haematology, there is no need for learners to give detailed descriptions of the analytical equipment used. The emphasis is on the tests done, cell counts, coagulations tests and so on, and the reasons for them in terms of what is being looked for.

Learners are not required to give an account of the blood transfusion service. They are being asked to explain what processes are carried out to ensure the blood product being used is safe. This may be whole blood or components of it. They must name at least some of the diseases for which the blood is being screened.

Learning aims C and D

For distinction standard, learners will use detailed analysis and research to show how investigations of cells used alongside biochemical tests can provide an effective diagnostic tool. They must use examples such as urine analysis, where abnormal protein levels are detected and cell samples indicating abnormal growth patterns from a kidney.

Using all their own research for this unit, learners will evaluate the work that goes into detecting causes and cures of disease, making suitable justifications and recommendations. This is not about research carried out by scientists, but the work of the laboratories in terms of the samples they receive, the test carried out and the reports produced to help health workers involved with patients exhibiting abnormal symptoms.

For merit standard, learners will show how cell pathology uses cell injury to identify the underlying reasons and so help in disease identification.

Learners will interrelate facts, concepts and contexts to discuss how balanced biochemical systems are important in influencing health and disease. They will show how a lack of balance can lead to ill health, giving examples.

For pass standard, learners will recall knowledge to relate the causes of cell injury. Cell injury here should not mean the physical damage caused by a heavy blow or a cut. It refers to the damage, often within the cell, by pathogens, abnormal growth cycles and inflammatory reactions. The most obvious example is that of cancerous cells multiplying out of control and resulting in tumours. This is the type of cell injury learners must be explaining.

Learners will choose two named biochemical systems and explain them. They are not required to link the systems together, but the assessor must look for an understanding of the biochemistry involved and, by implication, its role in providing homeostatic control.

By naming two biochemical tests, learners must explain how they are used to monitor what is happening in the body. Details of the equipment are not required. The key to this criterion is the role of the tests in monitoring the biochemical system in the body to see if they are normal or not.

Links to other units

This unit draws on knowledge taught in *Unit 4: Anatomy and Physiology for Health and Social Care*.

This unit may be taught alongside:
- Unit 13: Scientific Techniques for Health Science
- Unit 14: Physiological Disorders and their Care
- Unit 15: Microbiology for Health Science
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 24: Biochemistry for Health.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 24: Biochemistry for Health

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the structure of biological molecules, how they affect metabolism, their action in metabolic processes, and the principles of biochemistry in industry.

Unit introduction

Biochemistry encompasses a broad spectrum of biological processes and how they maintain life. As an essential laboratory-based science, biochemistry uses chemical knowledge and techniques to understand and solve biological problems. Currently, biochemistry is focused on understanding how biological molecules give rise to metabolic processes in living cells.

In this unit, you will develop an understanding of atomic and molecular structure, focusing on the relationship between structure and properties of biological molecules and their metabolic activity. You will explore the structure and importance of organic and inorganic molecules to biochemical processes of living organisms, and examine the principles of metabolism by considering certain metabolic pathways and the role of enzymes in metabolism. You will conduct enzymatic investigations to examine metabolic functions and the nature, causes and effects of associated disorders. Through a combination of experimentation and theory, you will explore how biomolecules are built, broken down and used in cells through metabolic pathways, thereby creating life and sometimes resulting in common disorders. You will examine how biochemistry is used in everyday life, and how current research will shape the future of life and health.

This unit will support you in your progression to further or higher-level studies in the health sector, and is directly relevant to the healthcare, nutritional and pharmaceutical industries.

Learning aims

In this unit you will:

A Explore how the structure of biological molecules affects metabolism

B Explore the action of biological molecules in metabolic processes

C Examine the principles of biochemistry in industry.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Explore how the structure of biological molecules affects metabolism	**A1** Structure of atoms **A2** Structure and function of inorganic molecules **A3** Structure and function of organic molecules **A4** Principles of metabolism	A report on the structure of atoms, the structure, function and role of inorganic and organic molecules, and the principles of metabolism.
B Explore the action of biological molecules in metabolic processes	**B1** Configuration of biomolecules **B2** Characteristics of biomolecules **B3** Nucleic acids **B4** Biochemical investigation	A report on how the structure, functions and action of biomolecules affect metabolic rates.
C Examine the principles of biochemistry in industry	**C1** Aetiology of metabolic disorders **C2** Biotechnology uses **C3** Research of biochemistry use	A report on metabolic disorders and diseases, and how biotechnology is used in current medical research to develop techniques and technology for treating metabolic disorders.

Content

Learning aim A: Explore how the structure of biological molecules affects metabolism

A1 Structure of atoms

- Atoms, including neutrons, protons, electrons.
- Electronic configuration, including carbon, hydrogen, nitrogen, oxygen.
- Chemistry of elements, ions and electrolytes in living cells.
- Nature of bonds in molecules in biological molecules, isomerism.

A2 Structure and function of inorganic molecules

- Covalent bonds, including carbon dioxide, water.
- Ionic bonds, including salts, sodium chloride, sodium ethanoate acids – hydrochloric, lactic, citric, ethanoic.
- Characteristics of water: the universal solvent, pH, in buffers, melting point, boiling point, ionisation, polarity, hydrogen bonding.
- Ions in biological systems, including ion concentration across cell membrane and electron transport.

A3 Structure and function of organic molecules

- Proteins, including 20 amino acids, amine bonds.
- Fats, including fatty acids, glycerol, triglycerides, phospholipids.
- Carbohydrates, including monosaccharides, isomers of glucose, fructose, disaccharides, sucrose, lactose, polysaccharides, starch, glycogen.
- Haemoglobin, including oxygenation of the transport protein.
- Structure and functions of membrane proteins – receptors, channels, pumps.
- Relevance molecules to metabolism.
- Hormones, insulin, testosterone, steroids, cholesterol, aldosterone.

A4 Principles of metabolism

- Basic concepts of metabolism.
- Anabolism.
- Catabolism.
- Metabolic pathways, including Krebs cycle, generation of ATP, anaerobic respiration.
- Glycolysis pathway and mitochondrial oxidation.
- Sodium-potassium pump.

Learning aim B: Explore the action of biological molecules in metabolic processes

B1 Configuration of biomolecules

- Condensation of organic polymers – alpha glucose.
- Hydrolysis of organic polymers.
- Glucose metabolism and cellular respiration.
- Investigation – food analysis and energy conversion.

B2 Characteristics of biomolecules

- Enzymes, salivary amylase, pepsin, lipase, including structure, role in metabolism, properties, denaturation.
- Active site specificity of enzyme action; co-enzymes, co-factors, inhibitors.
- Investigation: rate of reaction, specificity, concentrations, temperature and pH.

B3 Nucleic acids

- Structure of nucleic acids, including DNA and their role in protein synthesis.
- Protein synthesis.
- Cell replication.

- Investigation – DNA extraction and electrophoresis.
- DNA sequencing.

B4 Biochemical investigation

- Principles of the scientific methodology.
- Factors affecting scientific research and investigation.
- Health and safety.
- Communicating investigative outcomes using scientific reports.

Learning aim C: Examine the principles of biochemistry in industry

C1 Aetiology of metabolic disorders

- Disorders of the endocrine system, including diabetes, parathyroidism.
- Disorders of genetic defects, including glycogen storage disease, phenylketonuria.

C2 Biotechnology uses

- Uses of enzymes in biotechnology:
  o proteases in biological detergents
  o glucose isomerase conversion of glucose to fructose
  o the action of streptokinase in breaking down blood clots.
- DNA fingerprinting, including profiling, paternity testing.

C3 Research of biochemistry use

- Research into use of biochemistry in diagnosis and treatment of metabolic disorders, and the development of new drugs.
- Research Councils UK, including the Biotechnology and Biological Sciences Research Council (BBSRC).

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Explore how the structure of biological molecules affects metabolism		
A.P1 Explain the structures of carbon, hydrogen, nitrogen and oxygen, and how they produce organic and inorganic biological molecules. **A.P2** Investigate the nature, function and role of atoms, and the structure and function of organic and inorganic molecules and their impact on metabolism.	**A.M1** Assess the relevance of the structures of carbon, hydrogen, nitrogen and oxygen to the metabolism of biological molecules, proteins, fats, carbohydrates and haemoglobin.	**A.D1** Evaluate the structure, function and role of inorganic and organic molecules, and their impact on metabolism
Learning aim B: Explore the action of biological molecules in metabolic processes		
B.P3 Explain the structure, and physical and chemical properties of biomolecules and nucleic acids. **B.P4** Investigate the factors affecting enzyme activity and the enzymatic extraction of DNA.	**B.M2** Assess the impact of factors affecting enzyme activity on metabolic processes and metabolic rates.	**B.D2** Evaluate how the structure, functions and action of biomolecules affect metabolic rates.
Learning aim C: Examine the principles of biochemistry in industry		
C.P5 Explain the aetiology of metabolic disorders of genetic and endocrine origins. **C.P6** Explain the concept and uses of enzymes in biochemistry in the diagnosis and treatment of metabolic disorders and diseases, including DNA profiling and sequencing.	**C.M3** Assess the impact of DNA sequencing in the development of treatment therapy for metabolic disorders.	**C.D3** Evaluate how biological molecules and their role in metabolism influence current research and development of techniques and technology in treating metabolic disorders.

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of three summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.P2, A.M1, A.D1)

Learning aim: B (B.P3, B.P4, B.M2, B.D2)

Learning aim: C (C.P5, C.P6, C.M3, C.D3)

Further information for teachers and assessors

Resource requirements

There are no specific resources required for this unit.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will use research, experimental data and experimental outcome to assess how the atomic structure and, by extension, the mode of action and function of the biomolecules were affected by the changing factors investigated. Learners must assess the importance of both catabolism and anabolism, and discuss the use of elements in the production of biological molecules. Learners will discuss the biochemical relevance of the elements in glycolysis and aerobic respiration. This requires a comparison and detailed assessment of aerobic and anaerobic respiration of glucose in terms of oxidation, reduction and energy released. This should include an outline of the role of iron ions in oxygen transport, as well as the danger of carbon dioxide if not displaced. An in-depth explanation of the Krebs cycle is not required, but learners must explain how the elements interact to allow for the metabolism of energy.

For merit standard, learners will assess the importance and the use of carbon, hydrogen, oxygen, nitrogen, phosphorus and iron to the function of cholesterol, protein, glucose, haemoglobin, amylase and DNA, including a discussion of the physical and chemical properties of biological molecules. Learners will apply their knowledge of the chemical properties of the elements to the function of the biomolecule, including the role of iron to the structure of haemoglobin as well its function; calcium in alpha-amylase; the importance of isomeric structures of glucose to metabolism and digestion in humans; and nitrogen, hydrogen and phosphate in proteins and DNA. They will outline the structure of three types of fats in humans, with a focus on the cholesterol of rings and long-chain hydrocarbons, and outline the difference between HDL and LDL cholesterol and their importance to metabolism. They will give an explanation of the double-helical structure of DNA in relation to H-bonding and repelling phosphate groups, and the structure of nucleotides and their condensation polymers. Learners must explain why humans can digest starch but not cellulose, and describe the condensation of monosaccharides to form disaccharides and polysaccharides.

For pass standard, learners will explain the atomic structures of oxygen, hydrogen, carbon and nitrogen, and how they are bonded to produce organic and inorganic biological molecules; water proteins, fats, carbohydrates and haemoglobin. They must provide a description of the chemical composition of fat, carbohydrate and proteins in relation their functional groups, bonds and interactions (both intramolecular and intermolecular) in proteins, single and double bonds in carbohydrates, isomers and empirical formulae. Learners must refer to the specific structures of the molecules, amine bonds and glyosidic bonds. They are expected to include diagrams of atoms, and explain the production of bond types and molecules specific to the identification, production and function of the inorganic molecules. Learners will investigate the nature of atoms, structure and characteristics: atomic composition, mass, pH, in buffers, melting point, boiling point, ionisation, polarity, optimal working temperature, hydrogen bonding of organic and inorganic molecules, including, enzymes, carbohydrates, fats and proteins.

Learning aim B

For distinction standard, learners will evaluate how the structure, function and action of biomolecules affect metabolic rates. They will discuss how the structure, function and factors affecting amylase's mode of action impact metabolic rates, resulting in metabolic disease. Learners must be able to recognise the intermediate molecules, such as pyruvate and their relevance to cellular respiration.

For merit standard, learners will assess the impact of factors affecting enzyme activity on metabolic processes and metabolic rates.

For pass standard, learners will explain the structure and physical and chemical properties of biomolecules and nucleic acids, including their role in protein synthesis. They will investigate the factors affecting enzyme activity and the enzymatic extraction of DNA.

Learning aim C

For distinction standard, learners will evaluate how the physical and chemical properties of biomolecules, their mode of action and their functions influence research, drug development and treatment of diabetes and glycogen storage disease. This could include genetic defects in the pancreas or the endocrine system, for example defects of insulin in diabetics.

For merit standard, learners will review current research that influences the biomedical and technological advancement in the treatment of diabetes and glycogen storage disease. Learners will explain how knowledge of the human genome has affected medical science, and discuss advantages and disadvantages of DNA sequencing and how the technique has impacted the development of treatment therapies, drugs and care of people suffering from these illnesses.

For pass standard, learners will explain DNA profiling, give an outline of the step in the process and its uses in medical science. They will explain how changes in DNA can affect the structure of biomolecules and how a defect in the structure of biomolecules can affect metabolism, through pancreatic and hepatic malfunction resulting in diabetes and glycogen storage disease.

Links to other units

This unit draws on knowledge taught in:
- Unit 13: Scientific Techniques for Health Science
- Unit 15: Microbiology for Health Science
- Unit 19: Nutritional Health
- Unit 21: Medical Physics Applications in the Health Sector
- Unit 22: Genetics
- Unit 23: Biomedical Science.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 25: Complementary Therapies for Health and Social Care

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners will explore a range of complementary therapies, their potential benefits and role in maintaining health and wellbeing.

Unit introduction

Have you ever been curious about the effectiveness of homeopathy, herbal medicine or chiropractic techniques? The popularity of complementary therapies has grown over recent years as our understanding of their potential benefits has increased. Some of these therapies can help in the treatment of illness where conventional medicine does not offer a complete solution. Many of these therapies are now available under the National Health Service (NHS) in the UK.

In this unit, you will learn about some complementary therapies, such as acupuncture, aromatherapy and reflexology. You will examine some of the potential benefits of these therapies in comparison with more conventional medical treatment for a range of different conditions. You will also investigate some of the controversial issues and current research into complementary therapies, and their role in providing a service within the health and social care sector.

This unit will form a good basis for aspects of higher education study in health and social work courses and nursing qualifications. It will also prepare you for work in the health and social care sector in a variety of different roles.

Learning aims

In this unit you will:

A Investigate the potential benefits of complementary therapies in maintaining health and wellbeing

B Examine the provision of complementary therapies in relation to conventional medical treatments

C Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Investigate the potential benefits of complementary therapies in maintaining health and wellbeing	**A1** Types of complementary therapies **A2** Role of complementary therapies **A3** Benefits of complementary therapies	A report on complementary therapies and their benefits.
B Examine the provision of complementary therapies in relation to conventional medical treatments	**B1** Provision of complementary therapies **B2** Provision in relation to conventional medical treatment	A report on the provision and role of complementary therapies.
C Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments	**C1** Role of professional bodies and regulation **C2** Factors to be considered when providing complementary therapies	

Content

Learning aim A: Investigate the potential benefits of complementary therapies in maintaining health and wellbeing

A1 Types of complementary therapies

- Manipulative techniques, e.g. Alexander technique, chiropractic.
- Touch and massage techniques, e.g. Bowen technique, reflexology.
- Natural remedies, e.g. homeopathy, herbal medicine.
- Holistic therapies, e.g. Reiki, yoga therapy.
- Specific therapies, e.g. acupuncture, aromatherapy.

A2 Role of complementary therapies

- Diagnostic.
- Therapeutic.
- Provision alongside orthodox treatment.

A3 Benefits of complementary therapies

- Increased energy and wellbeing.
- Balance of mind, body and spirit.
- Pain management.
- Boost immune system and promote healing.
- Decrease stress and help relaxation.
- Help in the treatment of anxiety, depression, addiction and phobias.
- Improved circulation and digestion.
- Relief of side-effects of chemotherapy in the treatment of cancer.

Learning aim B: Examine the provision of complementary therapies in relation to conventional medical treatments

B1 Provision of complementary therapies

- Private and NHS provision.
- Access and referral systems.
- Choice for service users, including conventional and complementary therapies.
- Factors affecting provision, e.g. availability, geographical, economic, cultural, public education, attitudes and understanding of complementary therapies.

B2 Provision in relation to conventional medical treatment

Provision of complementary therapies in relation to conventional treatment for the following disorders:

- musculoskeletal disorders, including bones, joints, muscles, mobility, pain, e.g. acupuncture, Alexander technique
- metabolic disorders, including digestive disorders, endocrine function, immune system disorders, reproductive function, e.g. herbal medicine
- cardiorespiratory disorders, including pulmonary and cardiovascular functioning, e.g. Reiki
- psychological disorders, including stress, anxiety, depression, e.g. aromatherapy massage, meditation, visualisation
- cancer, including the side-effects of chemotherapy, e.g. herbal medicine, acupuncture, massage
- labour and pain relief in childbirth, e.g. aromatherapy, reflexology.

Learning aim C: Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments

C1 Role of professional bodies and regulation

- Role of professional organisations, including Complementary and Natural Healthcare Council (CNHC), Federation of Holistic Therapists (FHT), National Institute for Health and Care Excellence (NICE), General Regulatory Council for Complementary Therapies (GRCCT).
- Regulation and professional training, including legislation, registration, codes of ethics.

(Legislation must be current and applicable to England, Wales or Northern Ireland.)

C2 Factors to be considered when providing complementary therapies

- Research-based evidence, including clinical studies and trials.
- Advantages and disadvantages of complementary therapies.
- Contraindications for the use of complementary therapies.
- Controversial issues, including health and safety, unregistered practitioners.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Investigate the potential benefits of complementary therapies in maintaining health and wellbeing		**A.D1** Justify the contribution of complementary therapies in maintaining health and wellbeing for service users with different needs.
A.P1 Explain the potential benefits of two different complementary therapies for service users with different needs.	**A.M1** Assess how complementary therapies can maintain health and wellbeing for service users with different needs.	
Learning aim B: Examine the provision of complementary therapies in relation to conventional medical treatments		
B.P2 Explain how service users can access complementary therapies with reference to factors affecting provision. **B.P3** Explain the role of complementary therapies in relation to conventional medical treatment of two different disorders.	**B.M2** Analyse the reasons why complementary therapies may be offered in addition to conventional medical treatment.	**BC.D2** Evaluate the provision of complementary therapies in relation to conventional medical treatments and factors to be considered. **BC.D3** Evaluate the role of complementary therapies in providing a service within the health and social care sector.
Learning aim C: Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments		
C.P4 Explain the role of professional organisations in supporting the provision of complementary therapies. **C.P5** Explain factors to be considered when providing complementary therapies.	**C.M3** Analyse the importance of regulation in the provision of complementary therapies. **C.M4** Assess the importance of different factors when providing complementary therapies in the health and social care sector.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.M1, A.D1)

Learning aims: B and C (B.P2, B.P3, C.P4, C.P5, B.M2, C.M3, C.M4, BC.D2, BC.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to relevant legislation and professional codes of practice relating to the provision of complementary therapies, for example the General Regulatory Council for Complementary Therapies Code of Conduct.

Legislation must be current and applicable to England, Wales or Northern Ireland.

Essential information for assessment decisions

Learning aim A

For distinction standard, learners will articulate arguments professionally and concisely. They must use detailed analysis and research to address the importance and relevance of complementary therapies. Their work should take a holistic approach when considering the benefits of the therapies, for example in alleviating a disorder and aiding relaxation. Learners will give reasons to support their views and use research to justify the validity of their conclusions.

For merit standard, learners will use research to extend their understanding. They must select and apply knowledge to include a careful consideration of different ways the therapies maintain health and wellbeing, such as increased energy, pain management or reducing stress and helping relaxation. Learners must make reasoned, analytical judgements.

For pass standard, learners will include clear details about each different therapy and reasons why it may be beneficial for each service user. For example, learners could explain the benefits of homeopathy in reducing the side-effects of chemotherapy for an individual with terminal cancer or the benefits of the Alexander technique to improve mobility for an individual with arthritis. Their research must be relevant and organised to reach suitable judgements.

Learning aims B and C

For distinction standard, learners will draw together their knowledge and understanding from across the whole unit. Learners must consider the position of complementary therapy within the sector, and use detailed analysis and research to reach justified and supported judgements with a conclusion.

Learners will evaluate the provision of complementary therapies, reaching reasoned and valid judgements. Learners must include a consideration of the strengths and weaknesses, advantages and disadvantages, relevance or significance of complementary therapies and any relevant issues when provided alongside conventional medical treatments, with appropriate examples. Learners must show that they have used research to justify the validity of their recommendations and proposals.

For merit standard, learners will use research to extend their understanding to less-familiar contexts. They must apply their knowledge to complex situations by including a detailed examination of evidence to support the recommendation of complementary therapy for service users. For example, they could consider the use of acupuncture to treat osteoarthritis alongside conventional painkilling medication and exercise plan.

Learners will consider the lack of scientific evidence to support some complementary therapies. They must record information from relevant sources to provide a detailed analysis supporting the significance of regulation of complementary therapies, with appropriate examples.

They must select and apply relevant knowledge to include a careful consideration of various factors, for example concerns about clinical effectiveness, safety, fears about professional regulation or issues relating to cost-effectiveness and provision within the NHS. Learners must make reasoned, analytical judgements involving comparison or justification, and interrelate facts, theories and concepts to draw suitable conclusions.

For pass standard, learners will recall and relate knowledge to include clear details about referral systems and choices available through both the NHS and private provision, with appropriate examples. Learners must refer to the factors that might affect access, for example service users may not be able to afford a particular complementary treatment if there is no local NHS provision.

Learners will explain how complementary therapies are used alongside conventional treatment of different disorders. For example, using Reiki and psychotherapy for anxiety and stress-related disorders, or acupuncture and traditional drug treatment for the management of chronic pain.

Learners will consider factors such as practitioner regulation, registration, codes of ethics, and professional qualifications and training when explaining the role of professional organisations. They must relate their understanding to health and social care organisational values, purpose and objectives, and identify the professional responsibilities of those providing complementary therapies.

Learners will include details about different therapies with clear reasons to support why certain factors should be considered before providing complementary therapies. For example, they could explain how complementary therapies should not be provided to service users who are taking prescription medication, those with existing medical conditions such as diabetes or high blood pressure, or during pregnancy.

Links to other units

This unit draws on knowledge taught in:
- Unit 3: Anatomy and Physiology for Health and Social Care
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 14: Physiological Disorders and their Care.

This unit may be taught alongside:
- Unit 4: Enquiries into Current Research in Health and Social Care
- Unit 5: Meeting Individual Care and Support Needs
- Unit 11: Psychological Perspectives
- Unit 20: Understanding Mental Wellbeing
- Unit 26: Health Psychology.

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

Unit 26: Health Psychology

Level: **3**

Unit type: **Internal**

Guided learning hours: **60**

Unit in brief

Learners explore the application of psychology in the study of health-related behaviours, contemporary issues in health psychology, and models of stress and stress management.

Unit introduction

Health psychology has developed recently to help people focus on living healthy and fulfilling lives. People, particularly in the Western world, are becoming interested in their diet, exercise and work-life balance.

In this unit, you will learn about the role of psychology in understanding behaviour in health and ill health. You will look at how health and ill health are defined, what this means to you, your family and friends, and the service users who you may work with during your course. You will investigate the role of psychology in managing contemporary issues in health. You will explore models of stress and stress-related management strategies. You will examine the role of psychology in dealing with pain and ill health, as many people live with chronic pain.

This unit will prepare you for working with people in a caring capacity. It will also be useful if you intend to progress to study at a higher level.

Learning aims

In this unit you will:

A Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline

B Examine how psychology contributes to the management of contemporary issues in health

C Investigate models of stress and related strategies for managing stress

D Explore the role of psychology in dealing with pain and ill health.

Summary of unit

Learning aim	Key content areas	Recommended assessment approach
A Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline	**A1** Concepts of health psychology, health and ill health **A2** Influences on beliefs and behaviours towards health and ill health	A report on the role of health psychology, health and ill health concepts in the management of contemporary issues in health.
B Examine how psychology contributes to the management of contemporary issues in health	**B1** Contemporary issues in health **B2** Health psychology in relation to contemporary issues	
C Investigate models of stress and related strategies for managing stress	**C1** Development of stress models **C2** Stress management strategies	A report on the use of strategies and psychological theories in managing stress, pain and ill health for a selected service user.
D Explore the role of psychology in dealing with pain and ill health	**D1** Concepts of pain and ill health **D2** Psychological theories related to pain and ill health	

Content

Learning aim A: Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline

A1 Concepts of health psychology, health and ill health

- Definitions of health psychology, health and ill health, e.g. World Health Organization (WHO).
- Models of health, including medical model, biopsychosocial model.
- Use of holistic concept of health in underpinning complementary treatments, e.g. acupuncture.
- Health-related behaviours, including health-belief model, compliance and non-compliance.
- The 'sick role'.
- The development of health psychology as a discipline.

A2 Influences on beliefs and behaviours towards health and ill health

- Cultural, including differing attitudes among different ethnic groups.
- Religion.
- Socioeconomic, including social class, economic status.
- Environmental, including population density, available infrastructure.
- Individual, including age, gender.
- Education, including ethnic/professional subcultures.

Learning aim B: Examine how psychology contributes to the management of contemporary issues in health

B1 Contemporary issues in health

- Smoking, alcohol and other substance dependency.
- Eating behaviour.
- Exercise.
- Childbirth.

B2 Health psychology in relation to contemporary issues

- Health implications of smoking, alcohol consumption and other substance addictions.
- Social learning perspective, addictive behaviour – from a psychological viewpoint.
- Psychological theories of causes of obesity, anorexia and bulimia.
- Ethics of the treatment of eating disorders.
- Physical and psychological benefits of exercise.
- Medicalisation of childbirth, cultural and religious issues, the growth of caesarean sections, home births and water births, and the rationale behind them.

Learning aim C: Investigate models of stress and related strategies for managing stress

C1 Development of stress models

- The fight or flight model, general adaptation syndrome.
- Life events theory.
- Psychosocial models of stress.
- Role of psychological factors, locus of control, personality type.

C2 Stress management strategies

- Coping strategies and responses, including problem focused, emotion focused, defence mechanisms.
- Stress-illness link, including effects of stress on immune system, effects of lack of or too much information on illness, role and extent of family and wider social support.
- Positive coping mechanisms, including relaxation techniques.
- Negative coping mechanisms, including alcohol or other substance abuse.

- Behavioural techniques, cognitive techniques.
- Importance to professionals of having knowledge of stress-management strategies.

Learning aim D: Explore the role of psychology in dealing with pain and ill health

D1 Concepts of pain and ill health

- Theories of pain.
- The role of psychological factors in pain perception.
- Organic pain, psychogenic pain.
- Acute and chronic pain, referred pain.
- Injury without pain, pain without injury.
- Measuring pain.
- Controlling pain, application of psychological approaches to alleviation of pain.

D2 Psychological theories related to pain and ill health

- Diagnosis and behaviour change.
- Alleviation of symptoms, coping mechanisms.
- Effect on families and dependants.
- Illnesses, including heart disease, cancer, HIV/AIDS, back pain, asthma.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline		
A.P1 Explain how concepts of health psychology, health and ill health influence health-related beliefs and behaviours.	**A.M1** Assess the extent to which concepts of health psychology, health and ill health influence health-related beliefs and behaviours.	**AB.D1** Evaluate the role of health psychology, health and ill health concepts in the management of contemporary issues in health.
Learning aim B: Examine how psychology contributes to the management of contemporary issues in health		
B.P2 Explain how health psychology can be used in the management of different contemporary issues in health.	**B.M2** Assess the contribution of health psychology in the management of different contemporary issues in health.	
Learning aim C: Investigate models of stress and related strategies for managing stress		
C.P3 Explain how stress can influence illness. **C.P4** Explain potential strategies that a selected service user can apply to manage stress.	**C.M3** Analyse strategies that a selected service user can apply to manage stress with reference to their link to illness.	**C.D2** Evaluate the use of strategies and psychological theories in managing stress, pain and ill health for a selected service user.
Learning aim D: Explore the role of psychology in dealing with pain and ill health		**D.D3** Evaluate the importance of health psychology in helping individuals to deal with contemporary issues in health, stress, pain and illness.
D.P5 Explain how psychology contributes to the management of pain. **D.P6** Explain how psychological theories can be applied to manage a service user's illness.	**D.M4** Justify how psychological theories can be applied to manage pain and ill health for a service user.	

Essential information for assignments

The recommended structure of assessment is shown in the unit summary along with suitable forms of evidence. *Section 6* gives information on setting assignments and there is further information on our website.

There is a maximum number of two summative assignments for this unit. The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, A.M1, B.M2, AB.D1)

Learning aims: C and D (C.P3, C.P4, D.P5, D.P6, C.M3, D.M4, C.D2, D.D3)

Further information for teachers and assessors

Resource requirements

There are no specific resources required for this unit.

Essential information for assessment decisions

Learning aims A and B

For distinction standard, learners will evaluate and reach reasoned and valid judgements on concepts of health psychology, health and ill health. Learners must use research to justify the validity of influences on beliefs and behaviours towards health and ill health. Learners must draw on knowledge and understanding, making suitable justifications about health psychology in relation to contemporary issues in health.

For merit standard, learners will select and apply knowledge to demonstrate the relevance and purpose of concepts of health psychology, health and ill health. Learners must use research to extend their understanding to detailed contexts of influences on beliefs and behaviours towards health and ill health. Learners must inter-relate facts, concepts and contexts, drawing suitable conclusions on health psychology in relation to contemporary issues in health.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate concepts of health psychology, health and ill health. They must use research with relevance to given situations, including using data sources on influences on beliefs and behaviours towards health and ill health. Learners must select and organise information using appropriate knowledge and concepts to make suitable judgements on health psychology in relation to contemporary issues in health.

Learning aims C and D

For distinction standard, learners will articulate arguments and views concisely and professionally to justify their conclusions on theories and models of stress. They must show in-depth understanding which applies to less-familiar situations in relation to stress-management strategies appropriate for a selected service user. Learners must draw on knowledge and understanding, making suitable justifications on concepts of pain and ill health and the contribution of psychological theories to their management strategy for a service user.

For merit standard, learners will make reasoned analytical judgements involving comparison, discussion or justification of theories and models of stress. Learners must show that they understand how knowledge is applied to detailed situations regarding stress-management strategies appropriate for a selected service user. Learners must interrelate facts and contexts, drawing suitable conclusions on concepts of pain and ill health and the contribution of psychological theories to their management strategy for a service user.

For pass standard, learners will recall and relate knowledge through understanding a range of appropriate theories and models of stress. Learners must explore well-defined applications of knowledge to demonstrate an understanding of stress-management strategies appropriate for a selected service user. Learners must select and organise information using appropriate knowledge, making suitable judgements on concepts of pain and ill health, and the contribution of psychology to their management strategy.

Links to other units

This unit draws on knowledge taught in:

- Unit 5: Meeting Individual Care and Support Needs
- Unit 7: Principles of Safe Practice in Health and Social Care
- Unit 8: Promoting Public Health
- Unit 10: Sociological Perspectives
- Unit 11: Psychological Perspectives
- Unit 25: Complementary Therapies for Health and Social Care

Employer involvement

Centres may involve employers in the delivery of this unit if there are local opportunities. There is no specific guidance related to this unit.

4 Planning your programme

How do I choose the right BTEC National qualification for my learners?

BTEC Nationals come in a range of sizes, each with a specific purpose. You will need to assess learners very carefully to ensure that they start on the right size of qualification to fit into their 16–19 study programme, and that they take the right pathways or optional units that allow them to progress to the next stage.

If a learner is clear that they want to progress to the workplace they should be directed towards an occupationally-specific qualification, such as a BTEC National Diploma in Health Care or a BTEC National Diploma in Social Care, from the outset.

Some learners may want to take a number of complementary qualifications or keep their progression options open. These learners may be suited to taking a BTEC National Certificate or Extended Certificate. Learners who then decide to continue with a fuller vocational programme can transfer to a BTEC National Diploma or Extended Diploma, for example for their second year.

Some learners are sure of the sector they want to work in and are aiming for progression into that sector via higher education. These learners should be directed to the two-year BTEC National Extended Diploma as the most suitable qualification.

As a centre, you may want to teach learners who are taking different qualifications together. You may also wish to transfer learners between programmes to meet changes in their progression needs. You should check the qualification structures and unit combinations carefully as there is no exact match among the different sizes. You may find that learners need to complete more than the minimum number of units when transferring.

When learners are recruited, you need to give them accurate information on the title and focus of the qualification for which they are studying.

Is there a learner entry requirement?

As a centre it is your responsibility to ensure that learners who are recruited have a reasonable expectation of success on the programme. There are no formal entry requirements but we expect learners to have qualifications at or equivalent to Level 2.

Learners are most likely to succeed if they have:

- five GCSEs at good grades and/or
- BTEC qualification(s) at Level 2
- achievement in English and mathematics through GCSE or Functional Skills.

Learners may demonstrate ability to succeed in various ways. For example, learners may have relevant work experience or specific aptitude shown through diagnostic tests or non-educational experience.

What is involved in becoming an approved centre?

All centres must be approved before they can offer these qualifications – so that they are ready to assess learners and so that we can provide the support that is needed. Further information is given in *Section 8*.

What level of sector knowledge is needed to teach these qualifications?

We do not set any requirements for teachers but recommend that centres assess the overall skills and knowledge of the teaching team to ensure that they are relevant and up to date. This will give learners a rich programme to prepare them for employment in the sector.

What resources are required to deliver these qualifications?

As part of your centre approval you will need to show that the necessary material resources and work spaces are available to deliver BTEC Nationals. For some units, specific resources are required. This is indicated in the units.

How can myBTEC help with planning for these qualifications?

myBTEC is an online toolkit that supports the delivery, assessment and quality assurance of BTECs in centres. It supports teachers with activities, such as choosing a valid combination of units, creating assignment briefs and creating assessment plans. For further information see *Section 10*.

Which modes of delivery can be used for these qualifications?

You are free to deliver BTEC Nationals using any form of delivery that meets the needs of your learners. We recommend making use of a wide variety of modes, including direct instruction in classrooms or work environments, investigative and practical work, group and peer work, private study and e-learning.

What are the recommendations for employer involvement?

BTEC Nationals are vocational qualifications and, as an approved centre, you are encouraged to work with employers on the design, delivery and assessment of the course to ensure that learners have a programme of study that is engaging and relevant and that equips them for progression. There are suggestions in many of the units about how employers could become involved in delivery and/or assessment but these are not intended to be exhaustive and there will be other possibilities at local level.

What support is available?

We provide a wealth of support materials, including curriculum plans, delivery guides, authorised assignment briefs, additional papers for external assessments and examples of marked learner work.

You will be allocated a Standards Verifier early on in the planning stage to support you with planning your assessments. There will be extensive training programmes as well as support from our Subject Advisor team.

For further details see *Section 10*.

How will my learners become more employable through these qualifications?

All BTEC Nationals are mapped to relevant occupational standards (see *Appendix 1*).

Employability skills, such as team working and entrepreneurialism, and practical hands-on skills have been built into the design of the learning aims and content. This gives you the opportunity to use relevant contexts, scenarios and materials to enable learners to develop a portfolio of evidence that demonstrates the breadth of their skills and knowledge in a way that equips them for employment.

5 Assessment structure and external assessment

Introduction

BTEC Nationals are assessed using a combination of *internal assessments*, which are set and marked by teachers, and *external assessments* which are set and marked by Pearson:

- mandatory units have a combination of internal and external assessments
- all optional units are internally assessed.

We have taken great care to ensure that the assessment method chosen is appropriate to the content of the unit and in line with requirements from employers and higher education.

In developing an overall plan for delivery and assessment for the programme, you will need to consider the order in which you deliver units, whether delivery is over short or long periods and when assessment can take place. Some units are defined as synoptic units (see *Section 2*). Normally, a synoptic assessment is one that a learner would take later in a programme and in which they will be expected to apply learning from a range of units. Synoptic units may be internally or externally assessed. Where a unit is externally assessed you should refer to the sample assessment materials (SAMs) to identify where there is an expectation that learners draw on their wider learning. For internally-assessed units, you must plan the assignments so that learners can demonstrate learning from across their programme. A unit may be synoptic in one qualification and not another because of the relationship it has to the rest of the qualification.

We have addressed the need to ensure that the time allocated to final assessment of internal and external units is reasonable so that there is sufficient time for teaching and learning, formative assessment and development of transferable skills.

In administering internal and external assessment, the centre needs to be aware of the specific procedures and policies that apply, for example to registration, entries and results. An overview with signposting to relevant documents is given in *Section 7*.

Internal assessment

Our approach to internal assessment for these qualifications will be broadly familiar to experienced centres. It offers flexibility in how and when you assess learners, provided that you meet assessment and quality assurance requirements. You will need to take account of the requirements of the unit format, which we explain in *Section 3*, and the requirements for delivering assessment given in *Section 6*.

External assessment

A summary of the external assessment for this qualification is given in *Section 2*. You should check this information carefully, together with the unit specification and the sample assessment materials, so that you can timetable learning and assessment periods appropriately.

Learners must be prepared for external assessment by the time they undertake it. In preparing learners for assessment you will want to take account of required learning time, the relationship with other external assessments and opportunities for retaking. You should ensure that learners are not entered for unreasonable amounts of external assessment in one session. Learners may resit an external assessment to obtain a higher grade of near pass or above. If a learner has more than one attempt, then the best result will be used for qualification grading, up to the permitted maximum. It is unlikely that learners will need to or benefit from taking all assessments twice so you are advised to plan appropriately. Some assessments are synoptic and learners are likely to perform best if these assessments are taken towards the end of the programme.

Key features of external assessment in health and social care

In health and social care, after consultation with stakeholders, we have developed the following.

- *Unit 1: Human Lifespan Development* will cover physical, intellectual, emotional and social development across the human lifespan. It will also cover biological, environmental, societal and financial factors affecting development, including the effect of predictable and unpredictable factors, and the psychological and physical effects of aging. Therefore, the unit has a broad focus, giving learners underpinning knowledge and understanding of potential health and social care needs faced by individuals at different life stages, this will be extended in other units.

- *Unit 2: Working in Health and Social Care* will give learners a broad overview of the health and social care sector. This unit will serve as an introduction to working practices in health and social care, and how they are influenced by codes of practice and regulation. As an introductory unit, it has been designed to apply to both the health care and social care sectors in order to be relevant to learners who have not yet decided to which area they wish to progress. The unit covers roles and responsibilities of people who work in the health and social care sector, the role of organisations in the sector, and working with people with specific care and support needs.

- *Unit 3: Anatomy and Physiology for Health and Social Care* will give learners the knowledge and understanding of human anatomy and physiology that they require to progress to health-related higher education programmes, such as degrees in Nursing. The unit covers the structure of the skeleton, and body systems including the cardiovascular, endocrine, digestive, and reproductive and nervous systems. It also covers some common disorders affecting these systems. By testing aspects of the whole unit content, this assessment ensures that learners have a thorough knowledge and understanding of all main areas of human anatomy and physiology, including common disorders.

- *Unit 4: Enquiries into Current Research in Health and Social Care* will enable learners to develop their research skills in preparation for higher education programmes and employment. The need for excellent research skills is important for future study and practice in the sector, and can ultimately affecting service provision and working practices. The unit will cover how research is used within the sector, research methodology and the skills required to select and present secondary research. Learners will be assessed through a task, based on a pre-released article about a piece of current research. Learners will be required to carry out some secondary research into the subject of the article, and then complete a task under supervised conditions based on the article and their own research. They must consider the research methods used, how to plan additional research into the issue and the implications of the research for health and social care provision and/or practice.

Units

The externally-assessed units have a specific format which we explain in *Section 3*. The content of units will be sampled across external assessments over time through appropriate papers and tasks. The ways in which learners are assessed are shown through the assessment outcomes and grading descriptors. External assessments are marked and awarded using the grade descriptors. The grades available are Distinction (D), Merit (M), Pass (P) and Near Pass (N). The Near Pass (N) grade gives learners credit below a Pass, where they have demonstrated evidence of positive performance which is worth more than an unclassified result but not yet at the Pass standard.

Sample assessment materials

Each externally-assessed unit has a set of sample assessment materials (SAMs) that accompanies this specification. The SAMs are there to give you an example of what the external assessment will look like in terms of the feel and level of demand of the assessment. In the case of units containing synoptic assessment, the SAMs will also show where learners are expected to select and apply from across the programme.

The SAMs show the range of possible question types that may appear in the actual assessments and give you a good indication of how the assessments will be structured. While SAMs can be used for practice with learners, as with any assessment the content covered and specific details of the questions asked will change in each assessment.

A copy of each of these assessments can be downloaded from our website. An additional sample of each of the Pearson-set units will be available before the first sitting of the assessment to allow your learners further opportunities for practice.

6 Internal assessment

This section gives an overview of the key features of internal assessment and how you, as an approved centre, can offer it effectively. The full requirements and operational information are given in the *Pearson Quality Assurance Handbook*. All members of the assessment team need to refer to this document.

For BTEC Nationals it is important that you can meet the expectations of stakeholders and the needs of learners by providing a programme that is practical and applied. Centres can tailor programmes to meet local needs and use links with local employers and the wider vocational sector.

When internal assessment is operated effectively it is challenging, engaging, practical and up to date. It must also be fair to all learners and meet national standards.

Principles of internal assessment

Assessment through assignments

For internally-assessed units, the format of assessment is an assignment taken after the content of the unit, or part of the unit if several assignments are used, has been delivered. An assignment may take a variety of forms, including practical and written types. An assignment is a distinct activity completed independently by learners that is separate from teaching, practice, exploration and other activities that learners complete with direction from, and formative assessment by, teachers.

An assignment is issued to learners as an assignment brief with a defined start date, a completion date and clear requirements for the evidence that they need to provide. There may be specific observed practical components during the assignment period. Assignments can be divided into tasks and may require several forms of evidence. A valid assignment will enable a clear and formal assessment outcome based on the assessment criteria.

Assessment decisions through applying unit-based criteria

Assessment decisions for BTEC Nationals are based on the specific criteria given in each unit and set at each grade level. To ensure that standards are consistent in the qualification and across the suite as a whole, the criteria for each unit have been defined according to a framework. The way in which individual units are written provides a balance of assessment of understanding, practical skills and vocational attributes appropriate to the purpose of qualifications.

The assessment criteria for a unit are hierarchical and holistic. For example, if an M criterion requires the learner to show 'analysis' and the related P criterion requires the learner to 'explain', then to satisfy the M criterion a learner will need to cover both 'explain' and 'analyse'. The unit assessment grid shows the relationships among the criteria so that assessors can apply all the criteria to the learner's evidence at the same time. In *Appendix 2* we have set out a definition of terms that assessors need to understand.

Assessors must show how they have reached their decisions using the criteria in the assessment records. When a learner has completed all the assessment for a unit then the assessment team will give a grade for the unit. This is given simply according to the highest level for which the learner is judged to have met all the criteria. Therefore:

- to achieve a Distinction, a learner must have satisfied all the Distinction criteria (and therefore the Pass and Merit criteria); these define outstanding performance across the unit as a whole
- to achieve a Merit, a learner must have satisfied all the Merit criteria (and therefore the Pass criteria) through high performance in each learning aim
- to achieve a Pass, a learner must have satisfied all the Pass criteria for the learning aims, showing coverage of the unit content and therefore attainment at Level 3 of the national framework.

The award of a Pass is a defined level of performance and cannot be given solely on the basis of a learner completing assignments. Learners who do not satisfy the Pass criteria should be reported as Unclassified.

The assessment team

It is important that there is an effective team for internal assessment. There are three key roles involved in implementing assessment processes in your centre, each with different interrelated responsibilities, the roles are listed below. Full information is given in the *Pearson Quality Assurance Handbook*.

- The Lead Internal Verifier (the Lead IV) has overall responsibility for the programme, its assessment and internal verification to meet our requirements, record keeping and liaison with the Standards Verifier. The Lead IV registers with Pearson annually. The Lead IV acts as an assessor, supports the rest of the assessment team, makes sure that they have the information they need about our assessment requirements and organises training, making use of our guidance and support materials.

- Internal Verifiers (IVs) oversee all assessment activity in consultation with the Lead IV. They check that assignments and assessment decisions are valid and that they meet our requirements. IVs will be standardised by working with the Lead IV. Normally, IVs are also assessors but they do not verify their own assessments.

- Assessors set or use assignments to assess learners to national standards. Before taking any assessment decisions, assessors participate in standardisation activities led by the Lead IV. They work with the Lead IV and IVs to ensure that the assessment is planned and carried out in line with our requirements.

Effective organisation

Internal assessment needs to be well organised so that the progress of learners can be tracked and so that we can monitor that assessment is being carried out in line with national standards. We support you through, for example, providing training materials and sample documentation. Our online myBTEC service can help support you in planning and record keeping. Further information on using myBTEC can be found in *Section 10* and on our website.

It is particularly important that you manage the overall assignment programme and deadlines to make sure that learners are able to complete assignments on time.

Learner preparation

To ensure that you provide effective assessment for your learners, you need to make sure that they understand their responsibilities for assessment and the centre's arrangements.

From induction onwards, you will want to ensure that learners are motivated to work consistently and independently to achieve the requirements of the qualifications. Learners need to understand how assignments are used, the importance of meeting assignment deadlines, and that all the work submitted for assessment must be their own.

You will need to give learners a guide that explains how assignments are used for assessment, how assignments relate to the teaching programme, and how learners should use and reference source materials, including what would constitute plagiarism. The guide should also set out your approach to operating assessment, such as how learners must submit work and request extensions.

Setting effective assignments

Setting the number and structure of assignments

In setting your assignments, you need to work with the structure of assignments shown in the *Essential information for assignments* section of a unit. This shows the structure of the learning aims and criteria that you must follow and the recommended number of assignments that you should use. For some units we provide authorised assignment briefs, for all the units we give you suggestions on how to create suitable assignments. You can find these materials along with this specification on our website. In designing your own assignment briefs you should bear in mind the following points.

- The number of assignments for a unit must not exceed the number shown in *Essential information for assignments*. However, you may choose to combine assignments, for example to create a single assignment for the whole unit.
- You may also choose to combine all or parts of different units into single assignments, provided that all units and all their associated learning aims are fully addressed in the programme overall. If you choose to take this approach, you need to make sure that learners are fully prepared so that they can provide all the required evidence for assessment and that you are able to track achievement in the records.
- A learning aim must always be assessed as a whole and must not be split into two or more tasks.
- The assignment must be targeted to the learning aims but the learning aims and their associated criteria are not tasks in themselves. Criteria are expressed in terms of the outcome shown in the evidence.
- You do not have to follow the order of the learning aims of a unit in setting assignments but later learning aims often require learners to apply the content of earlier learning aims and they may require learners to draw their learning together.
- Assignments must be structured to allow learners to demonstrate the full range of achievement at all grade levels. Learners need to be treated fairly by being given the opportunity to achieve a higher grade if they have the ability.
- As assignments provide a final assessment, they will draw on the specified range of teaching content for the learning aims. The specified content is compulsory. The evidence for assessment need not cover every aspect of the teaching content as learners will normally be given particular examples, case studies or contexts in their assignments. For example, if a learner is carrying out one practical performance, or an investigation of one organisation, then they will address all the relevant range of content that applies in that instance.

Providing an assignment brief

A good assignment brief is one that, through providing challenging and realistic tasks, motivates learners to provide appropriate evidence of what they have learned.

An assignment brief should have:

- a vocational scenario, this could be a simple situation or a full, detailed set of vocational requirements that motivates the learner to apply their learning through the assignment
- clear instructions to the learner about what they are required to do, normally set out through a series of tasks
- an audience or purpose for which the evidence is being provided
- an explanation of how the assignment relates to the unit(s) being assessed.

Forms of evidence

BTEC Nationals have always allowed for a variety of forms of evidence to be used, provided that they are suited to the type of learning aim being assessed. For many units, the practical demonstration of skills is necessary and for others, learners will need to carry out their own research and analysis. The units give you information on what would be suitable forms of evidence to provide learners with the opportunity to apply a range of employability or transferable skills. Centres may choose to use different suitable forms for evidence to those proposed. Overall, learners should be assessed using varied forms of evidence.

Full definitions of types of assessment are given in *Appendix 2*. These are some of the main types of assessment:

- written reports
- projects
- time-constrained practical assessments with observation records and supporting evidence
- recordings of performance
- sketchbooks, working logbooks, reflective journals
- presentations with assessor questioning.

The form(s) of evidence selected must:

- allow the learner to provide all the evidence required for the learning aim(s) and the associated assessment criteria at all grade levels
- allow the learner to produce evidence that is their own independent work
- allow a verifier to independently reassess the learner to check the assessor's decisions.

For example, when you are using performance evidence, you need to think about how supporting evidence can be captured through recordings, photographs or task sheets.

Centres need to take particular care that learners are enabled to produce independent work. For example, if learners are asked to use real examples, then best practice would be to encourage them to use their own or to give the group a number of examples that can be used in varied combinations.

Making valid assessment decisions

Authenticity of learner work

Once an assessment has begun, learners must not be given feedback on progress towards fulfilling the targeted criteria.

An assessor must assess only learner work that is authentic, i.e. learners' own independent work. Learners must authenticate the evidence that they provide for assessment through signing a declaration stating that it is their own work.

Assessors must ensure that evidence is authentic to a learner through setting valid assignments and supervising them during the assessment period. Assessors must take care not to provide direct input, instructions or specific feedback that may compromise authenticity.

Assessors must complete a declaration that:

- the evidence submitted for this assignment is the learner's own
- the learner has clearly referenced any sources used in the work
- they understand that false declaration is a form of malpractice.

Centres can use Pearson templates or their own templates to document authentication.

During assessment, an assessor may suspect that some or all of the evidence from a learner is not authentic. The assessor must then take appropriate action using the centre's policies for malpractice. Further information is given in *Section 7*.

Making assessment decisions using criteria

Assessors make judgements using the criteria. The evidence from a learner can be judged using all the relevant criteria at the same time. The assessor needs to make a judgement against each criterion that evidence is present and sufficiently comprehensive. For example, the inclusion of a concluding section may be insufficient to satisfy a criterion requiring 'evaluation'.

Assessors should use the following information and support in reaching assessment decisions:

- the *Essential information for assessment decisions* section in each unit gives examples and definitions related to terms used in the criteria
- the explanation of key terms in *Appendix 2*
- examples of assessed work provided by Pearson
- your Lead IV and assessment team's collective experience, supported by the standardisation materials we provide.

Pass and Merit criteria relate to individual learning aims. The Distinction criteria as a whole relate to outstanding performance across the unit. Therefore, criteria may relate to more than one learning aim (for example A.D1) or to several learning aims (for example DE.D3). Distinction criteria make sure that learners have shown that they can perform consistently at an outstanding level across the unit and/or that they are able to draw learning together across learning aims.

Dealing with late completion of assignments

Learners must have a clear understanding of the centre policy on completing assignments by the deadlines that you give them. Learners may be given authorised extensions for legitimate reasons, such as illness at the time of submission, in line with your centre policies.

For assessment to be fair, it is important that learners are all assessed in the same way and that some learners are not advantaged by having additional time or the opportunity to learn from others. Therefore, learners who do not complete assignments by your planned deadline or the authorised extension deadline may not have the opportunity to subsequently resubmit.

If you accept a late completion by a learner, then the assignment should be assessed normally when it is submitted using the relevant assessment criteria.

Issuing assessment decisions and feedback

Once the assessment team has completed the assessment process for an assignment, the outcome is a formal assessment decision. This is recorded formally and reported to learners.

The information given to the learner:

- must show the formal decision and how it has been reached, indicating how or where criteria have been met
- may show why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence
- must be validated by an IV before it is given to the learner.

Resubmission of improved evidence

An assignment provides the final assessment for the relevant learning aims and is normally a final assessment decision, except where the Lead IV approves one opportunity to resubmit improved evidence based on the completed assignment brief.

The Lead IV has the responsibility to make sure that resubmission is operated fairly. This means:

- checking that a learner can be reasonably expected to perform better through a second submission, for example that the learner has not performed as expected
- making sure that giving a further opportunity can be done in such a way that it does not give an unfair advantage over other learners, for example through the opportunity to take account of feedback given to other learners
- checking that the assessor considers that the learner will be able to provide improved evidence without further guidance and that the original evidence submitted remains valid.

Once an assessment decision has been given to the learner, the resubmission opportunity must have a deadline within 15 working days in the same academic year.

A resubmission opportunity must not be provided where learners:

- have not completed the assignment by the deadline without the centre's agreement
- have submitted work that is not authentic.

Retake of internal assessment

A learner who has not achieved the level of performance required to pass the relevant learning aims after resubmission of an assignment may be offered a single retake opportunity using a new assignment. The retake may only be achieved at a pass.

The Lead Internal Verifier must only authorise a retake of an assignment in exceptional circumstances where they believe it is necessary, appropriate and fair to do so. For further information on offering a retake opportunity, you should refer to the *BTEC Centre Guide to Assessment*. We provide information on writing assignments for retakes on our website (www.btec.co.uk/keydocuments).

Planning and record keeping

For internal processes to be effective, an assessment team needs to be well organised and keep effective records. The centre will also work closely with us so that we can quality assure that national standards are being satisfied. This process gives stakeholders confidence in the assessment approach.

The Lead IV must have an assessment plan, produced as a spreadsheet or using myBTEC. When producing a plan, the assessment team may wish to consider:

- the time required for training and standardisation of the assessment team
- the time available to undertake teaching and carry out assessment, taking account of when learners may complete external assessments and when quality assurance will take place
- the completion dates for different assignments
- who is acting as IV for each assignment and the date by which the assignment needs to be verified
- setting an approach to sampling assessor decisions though internal verification that covers all assignments, assessors and a range of learners
- how to manage the assessment and verification of learners' work so that they can be given formal decisions promptly
- how resubmission opportunities can be scheduled.

The Lead IV will also maintain records of assessment undertaken. The key records are:

- verification of assignment briefs
- learner authentication declarations
- assessor decisions on assignments, with feedback given to learners
- verification of assessment decisions.

Examples of records and further information are given in the *Pearson Quality Assurance Handbook.*

7 Administrative arrangements

Introduction

This section focuses on the administrative requirements for delivering a BTEC qualification. It will be of value to Quality Nominees, Lead IVs, Programme Leaders and Examinations Officers.

Learner registration and entry

Shortly after learners start the programme of learning, you need to make sure that they are registered for the qualification and that appropriate arrangements are made for internal and external assessment. You need to refer to the *Information Manual* for information on making registrations for the qualification and entries for external assessments.

Learners can be formally assessed only for a qualification on which they are registered. If learners' intended qualifications change, for example if a learner decides to choose a different pathway specialism, then the centre must transfer the learner appropriately.

Access to assessment

Both internal and external assessments need to be administered carefully to ensure that all learners are treated fairly, and that results and certification are issued on time to allow learners to progress to chosen progression opportunities.

Our equality policy requires that all learners should have equal opportunity to access our qualifications and assessments, and that our qualifications are awarded in a way that is fair to every learner. We are committed to making sure that:

- learners with a protected characteristic are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve for undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational Qualifications*.

Administrative arrangements for internal assessment

Records

You are required to retain records of assessment for each learner. Records should include assessments taken, decisions reached and any adjustments or appeals. Further information can be found in the *Information Manual.* We may ask to audit your records so they must be retained as specified.

Reasonable adjustments to assessment

A reasonable adjustment is one that is made before a learner takes an assessment to ensure that they have fair access to demonstrate the requirements of the assessments. You are able to make adjustments to internal assessments to take account of the needs of individual learners. In most cases this can be achieved through a defined time extension or by adjusting the format of evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. You need to plan for time to make adjustments if necessary.

Further details on how to make adjustments for learners with protected characteristics are given on our website in the document *Supplementary guidance for reasonable adjustment and special consideration in vocational internally-assessed units.*

Special consideration

Special consideration is given after an assessment has taken place for learners who have been affected by adverse circumstances, such as illness. You must operate special consideration in line with our policy (see previous paragraph). You can provide special consideration related to the period of time given for evidence to be provided or for the format of the assessment if it is equally valid. You may not substitute alternative forms of evidence to that required in a unit, or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration in line with the policy.

Appeals against assessment

Your centre must have a policy for dealing with appeals from learners. These appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy could be a consideration of the evidence by a Lead IV or other member of the programme team. The assessment plan should allow time for potential appeals after assessment decisions have been given to learners. If there is an appeal by a learner, you must document the appeal and its resolution. Learners have a final right of appeal to Pearson but only if the procedures that you have put in place have not been followed. Further details are given in the document *Enquiries and appeals about Pearson vocational qualifications and end point assessment policy*.

Administrative arrangements for external assessment

Entries and resits

For information on the timing of assessment and entries, please refer to the annual examinations timetable on our website.

Access arrangements requests

Access arrangements are agreed with Pearson before an assessment. They allow students with special educational needs, disabilities or temporary injuries to:

- access the assessment
- show what they know and can do without changing the demands of the assessment.

Access arrangements should always be processed at the time of registration. Learners will then know what type of arrangements are available in place for them.

Granting reasonable adjustments

For external assessment, a reasonable adjustment is one that we agree to make for an individual learner. A reasonable adjustment is defined for the individual learner and informed by the list of available access arrangements.

Whether an adjustment will be considered reasonable will depend on a number of factors, to include:

- the needs of the learner with the disability
- the effectiveness of the adjustment
- the cost of the adjustment; and
- the likely impact of the adjustment on the learner with the disability and other learners.

Adjustment may be judged unreasonable and not approved if it involves unreasonable costs, timeframes or affects the integrity of the assessment.

Special consideration requests

Special consideration is an adjustment made to a student's mark or grade after an external assessment to reflect temporary injury, illness or other indisposition at the time of the assessment. An adjustment is made only if the impact on the learner is such that it is reasonably likely to have had a material effect on that learner being able to demonstrate attainment in the assessment.

Centres are required to notify us promptly of any learners who they believe have been adversely affected and request that we give special consideration. Further information can be found in the special requirements section on our website.

Conducting external assessments

Centres must make arrangements for the secure delivery of external assessments. External assessments for BTEC qualifications include examinations, set tasks and performance.

Each external assessment has a defined degree of control under which it must take place. Some external assessments may have more than one part and each part may have a different degree of control. We define degrees of control as follows.

High control

This is the completion of assessment in formal invigilated examination conditions.

Medium control

This is completion of assessment, usually over a longer period of time, which may include a period of controlled conditions. The controlled conditions may allow learners to access resources, prepared notes or the internet to help them complete the task.

Low control

These are activities completed without direct supervision. They may include research, preparation of materials and practice. The materials produced by learners under low control will not be directly assessed.

Further information on responsibilities for conducting external assessment is given in the document *Instructions for Conducting External Assessments*, available on our website.

Dealing with malpractice in assessment

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications, and/or that may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details regarding malpractice and advice on preventing malpractice by learners, please see Pearson's *Centre guidance: Dealing with malpractice and maladministration in vocational qualifications*, available on our website.

The procedures we ask you to adopt vary between units that are internally-assessed and those that are externally assessed.

Internally-assessed units

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Malpractice* document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives further information, examples and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Externally-assessed units

External assessment means all aspects of units that are designated as external in this specification, including preparation for tasks and performance. For these assessments, centres must follow the JCQ procedures set out in the latest version of *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures* (www.jcq.org.uk).

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

Heads of Centres are required to report incidents of any suspected learner malpractice that occur during Pearson external assessments. We ask that centres do so by completing a *JCQ Form M1* (available at www.jcq.org.uk/exams-office/malpractice) and emailing it and any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Team at candidatemalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre malpractice

Heads of Centres are required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. Heads of centres are requested to inform the Investigations Team by submitting a *JCQ Form M2(a)* (available at www.jcq.org.uk/exams-office/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff or anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of Centres/Principals/Chief Executive Officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights; see Section 6.15 of the *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures* document.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results and/or certificates while an investigation is in progress. Depending on the outcome of the investigation results and/or certificates may be released or withheld.

You should be aware that Pearson may need to suspend certification when undertaking investigations, audits and quality assurances processes. You will be notified within a reasonable period of time if this occurs.

Sanctions and appeals

Where malpractice is proven we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for external assessments
- disqualification from the qualification
- being barred from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with you to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on your certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from Heads of Centres (on behalf of learners and/or members of staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our *Enquiries and appeals about Pearson vocational qualifications and end point assessment policy*, which is on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team by email via pqsmalpractice@pearson.com who will inform you of the next steps.

Certification and results

Once a learner has completed all the required components for a qualification, even if final results for external assessments have not been issued, then the centre can claim certification for the learner, provided that quality assurance has been successfully completed. For the relevant procedures please refer to our *Information Manual*. You can use the information provided on qualification grading to check overall qualification grades.

Results issue

After the external assessment session, learner results will be issued to centres. The result will be in the form of a grade. You should be prepared to discuss performance with learners, making use of the information we provide and post-results services.

Post-assessment services

Once results for external assessments are issued, you may find that the learner has failed to achieve the qualification or to attain an anticipated grade. It is possible to transfer or reopen registration in some circumstances. The *Information Manual* gives further information.

Changes to qualification requests

Where a learner who has taken a qualification wants to resit an externally-assessed unit to improve their qualification grade, you firstly need to decline their overall qualification grade. You may decline the grade before the certificate is issued. For a learner receiving their results in August, you should decline the grade by the end of September if the learner intends to resit an external assessment.

Additional documents to support centre administration

As an approved centre you must ensure that all staff delivering, assessing and administering the qualifications have access to this documentation. These documents are reviewed annually and are reissued if updates are required.

- *Pearson Quality Assurance Handbook*: this sets out how we will carry out quality assurance of standards and how you need to work with us to achieve successful outcomes.
- *Information Manual*: this gives procedures for registering learners for qualifications, transferring registrations, entering for external assessments and claiming certificates.
- *Lead Examiners' Reports*: these are produced after each series for each external assessment and give feedback on the overall performance of learners in response to tasks or questions set.
- *Instructions for the Conduct of External Assessments (ICEA)*: this explains our requirements for the effective administration of external assessments, such as invigilation and submission of materials.
- *Regulatory policies*: our regulatory policies are integral to our approach and explain how we meet internal and regulatory requirements. We review the regulated policies annually to ensure that they remain fit for purpose. Policies related to this qualification include:
  - adjustments for candidates with disabilities and learning difficulties, access arrangements and reasonable adjustments for general and vocational qualifications
  - age of learners
  - centre guidance for dealing with malpractice
  - recognition of prior learning and process.

This list is not exhaustive and a full list of our regulatory policies can be found on our website.

8 Quality assurance

Centre and qualification approval

As part of the approval process, your centre must make sure that the resource requirements listed below are in place before offering the qualification.

- Centres must have appropriate physical resources (for example, equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the assessment process must have relevant expertise and/or occupational experience.
- There must be systems in place to ensure continuing professional development for staff delivering the qualification.
- Centres must have in place appropriate health and safety policies relating to the use of equipment by learners.
- Centres must deliver the qualification in accordance with current equality legislation.
- Centres should refer to the teacher guidance section in individual units to check for any specific resources required.

Continuing quality assurance and standards verification

On an annual basis, we produce the *Pearson Quality Assurance Handbook.* It contains detailed guidance on the quality processes required to underpin robust assessment and internal verification.

The key principles of quality assurance are that:

- a centre delivering BTEC programmes must be an approved centre, and must have approval for the programmes or groups of programmes that it is delivering
- the centre agrees, as part of gaining approval, to abide by specific terms and conditions around the effective delivery and quality assurance of assessment; it must abide by these conditions throughout the period of delivery
- Pearson makes available to approved centres a range of materials and opportunities, through online standardisation, intended to exemplify the processes required for effective assessment, and examples of effective standards. Approved centres must use the materials and services to ensure that all staff delivering BTEC qualifications keep up to date with the guidance on assessment
- an approved centre must follow agreed protocols for standardisation of assessors and verifiers, for the planning, monitoring and recording of assessment processes, and for dealing with special circumstances, appeals and malpractice.

The approach of quality-assured assessment is through a partnership between an approved centre and Pearson. We will make sure that each centre follows best practice and employs appropriate technology to support quality-assurance processes, where practicable. We work to support centres and seek to make sure that our quality-assurance processes do not place undue bureaucratic processes on centres. We monitor and support centres in the effective operation of assessment and quality assurance.

The methods we use to do this for BTEC Level 3 include:

- making sure that all centres complete appropriate declarations at the time of approval
- undertaking approval visits to centres
- making sure that centres have effective teams of assessors and verifiers who are trained to undertake assessment
- assessment sampling and verification, through requested samples of assessments, completed assessed learner work and associated documentation
- an overarching review and assessment of a centre's strategy for delivering and quality assuring its BTEC programmes, for example making sure that synoptic units are placed appropriately in the order of delivery of the programme.

Centres that do not fully address and maintain rigorous approaches to delivering, assessing and quality assurance cannot seek certification for individual programmes or for all BTEC Level 3 programmes. An approved centre must make certification claims only when authorised by us and strictly in accordance with requirements for reporting.

Centres that do not comply with remedial action plans may have their approval to deliver qualifications removed.

9 Understanding the qualification grade

Awarding and reporting for the qualification

This section explains the rules that we apply in awarding a qualification and in providing an overall qualification grade for each learner. It shows how all the qualifications in this sector are graded.

The awarding and certification of these qualifications will comply with regulatory requirements.

Eligibility for an award

In order to be awarded a qualification, a learner must complete all units, achieve a Near Pass (N) or above in all external units and a pass or above in all mandatory units unless otherwise specified. Refer to the structure in *Section 2*.

To achieve any qualification grade, learners must:

- complete and **have an outcome** (D, M, P, N or U) for all units within a valid combination
- achieve the **required units at Pass or above** shown in *Section 2*, and for the Extended Diploma achieve a minimum 900 GLH at Pass or above (or N or above in external units)
- achieve the **minimum number of points** at a grade threshold.

It is the responsibility of a centre to ensure that a correct unit combination is adhered to. Learners who do not achieve the required minimum grade (N or P) in units shown in the structure will not achieve a qualification.

Learners who do not achieve sufficient points for a qualification or who do not achieve all the required units may be eligible to achieve a smaller qualification in the same suite provided they have completed and achieved the correct combination of units and met the appropriate qualification grade points threshold.

Calculation of the qualification grade

The final grade awarded for a qualification represents an aggregation of a learner's performance across the qualification. As the qualification grade is an aggregate of the total performance, there is some element of compensation in that a higher performance in some units may be balanced by a lower outcome in others.

In the event that a learner achieves more than the required number of optional units, the mandatory units along with the optional units with the highest grades will be used to calculate the overall result, subject to the eligibility requirements for that particular qualification title.

BTEC Nationals are Level 3 qualifications and are awarded at the grade ranges shown in the table below.

Qualification	Available grade range
Certificate, Extended Certificate, Foundation Diploma	P to D*
Diploma	PP to D*D*
Extended Diploma	PPP to D*D*D*

The *Calculation of qualification grade* table, shown further on in this section, shows the minimum thresholds for calculating these grades. The table will be kept under review over the lifetime of the qualification. The most up to date table will be issued on our website.

Pearson will monitor the qualification standard and reserves the right to make appropriate adjustments.

Learners who do not meet the minimum requirements for a qualification grade to be awarded will be recorded as Unclassified (U) and will not be certificated. They may receive a Notification of Performance for individual units. The *Information Manual* gives full information.

Points available for internal units

The table below shows the number of **points** available for internal units. For each internal unit, points are allocated depending on the grade awarded.

	Unit size	
	60 GLH	**90 GLH**
U	0	0
Pass	6	9
Merit	10	15
Distinction	16	24

Points available for external units

Raw marks from the external units will be awarded **points** based on performance in the assessment. The table below shows the **minimum number of points** available for each grade in the external units.

	Unit size	
	90 GLH	**120 GLH**
U	0	0
Near Pass	6	8
Pass	9	12
Merit	15	20
Distinction	24	32

Pearson will automatically calculate the points for each external unit once the external assessment has been marked and grade boundaries have been set. For more details about how we set grade boundaries in the external assessment please go to our website.

Claiming the qualification grade

Subject to eligibility, Pearson will automatically calculate the qualification grade for your learners when the internal unit grades are submitted and the qualification claim is made. Learners will be awarded qualification grades for achieving the sufficient number of points within the ranges shown in the relevant *Calculation of qualification grade* table for the cohort.

Calculation of qualification grade

Applicable for registration from 1 September 2016.

Certificate		Extended Certificate		Foundation Diploma		Diploma		Extended Diploma	
180 GLH		**360 GLH**		**510 GLH**		**720 GLH**		**1080 GLH**	
Grade	**Points threshold**	**Grade**	**Points threshold**	**Grade**	**Points threshold**	**Grade**	**Points threshold**	**Grade**	**Points threshold**
U	0	U	0	U	0	U	0	U	0
Pass	18	P	36	P	51	PP	72	PPP	108
						MP	88	MPP	124
								MMP	140
Merit	26	M	52	M	73	MM	104	MMM	156
						DM	124	DMM	176
								DDM	196
Distinction	42	D	74	D	104	DD	144	DDD	216
						D*D	162	D*DD	234
								D*D*D	252
Distinction*	48	D*	90	D*	130	D*D*	180	D*D*D*	270

The table is subject to review over the lifetime of the qualification. The most up-to-date version will be issued on our website.

Examples of grade calculations based on table applicable to registrations from September 2016

Example 1: Achievement of an Extended Diploma with a PPP grade

	GLH	Type (Int/Ext)	Grade	Unit points
Unit 2	120	Ext	Pass	12
Unit 1	90	Ext	Pass	9
Unit 3	120	Ext	Pass	12
Unit 4	120	Ext	Merit	20
Unit 5	90	Int	Pass	9
Unit 8	90	Int	Pass	9
Unit 7	90	Int	Merit	15
Unit 6	60	Int	Pass	6
Unit 9	60	Int	U	0
Unit 10	60	Int	Merit	10
Unit 11	60	Int	Pass	6
Unit 12	60	Int	Pass	6
Unit 14	60	Int	Pass	6
Totals	**1080**		**PPP**	**120**

The learner has achieved N or higher in Units 1, 2, 3 and 4 and P or higher in Units 5, 6, 7 and 8

The learner has sufficient points for a PPP grade

Example 2: Achievement of an Extended Diploma with a DDD grade

	GLH	Type (Int/Ext)	Grade	Unit points
Unit 2	120	Ext	Merit	20
Unit 1	90	Ext	Near Pass	6
Unit 3	120	Ext	Distinction	32
Unit 4	120	Ext	Merit	20
Unit 5	90	Int	Distinction	24
Unit 8	90	Int	Distinction	24
Unit 7	90	Int	Merit	15
Unit 6	60	Int	Distinction	16
Unit 9	60	Int	Distinction	16
Unit 10	60	Int	Merit	10
Unit 11	60	Int	Merit	10
Unit 12	60	Int	Distinction	16
Unit 14	60	Int	Merit	10
Totals	**1080**		**DDD**	**219**

The learner has sufficient points for a DDD grade

Example 3: An Unclassified result for an Extended Diploma

	GLH	Type (Int/Ext)	Grade	Unit points
Unit 2	120	Ext	Pass	12
Unit 1	90	Ext	Merit	15
Unit 3	120	Ext	Pass	12
Unit 4	120	Ext	Merit	20
Unit 5	90	Int	Pass	9
Unit 8	90	Int	Merit	15
Unit 7	90	Int	Distinction	24
Unit 6	60	Int	Merit	10
Unit 9	60	Int	Unclassified	0
Unit 10	60	Int	Merit	10
Unit 11	60	Int	Unclassified	0
Unit 12	60	Int	Unclassified	0
Unit 14	60	Int	Unclassified	0
Totals	**1080**		**U**	**127**

The learner has 240 GLH at U.

The learner has sufficient points for an MPP and has achieved N or higher in Units 1, 2, 3 and 4, and P or higher in Units 5, 6, 7 and 8 but has not met the minimum requirement for 900 GLH at Pass or above.

10 Resources and support

Our aim is to give you a wealth of resources and support to enable you to deliver BTEC National qualifications with confidence. On our website you will find a list of resources to support teaching and learning, and professional development.

Support for setting up your course and preparing to teach

Specification

This **specification** (for teaching from September 2016) includes details on the administration of qualifications and information on all the units for the qualification.

Delivery Guide

This free guide gives you important advice on how to choose the right course for your learners and how to ensure you are fully prepared to deliver the course. It explains the key features of BTEC Nationals (for example employer involvement and employability skills). It also covers guidance on assessment (internal and external) and quality assurance. The guide tells you where you can find further support and gives detailed unit-by-unit delivery guidance. It includes teaching tips and ideas, assessment preparation and suggestions for further resources.

Schemes of work

Free sample schemes of work are provided for each mandatory unit. These are available in Word™ format for ease of customisation.

Curriculum models

These show how the BTECs in the suite fit into a 16–19 study programme, depending on their size and purpose. The models also show where other parts of the programme, such as work experience, maths and English, tutorial time and wider study, fit alongside the programme.

Study skills activities

A range of case studies and activities is provided; they are designed to help learners develop the study skills they need to successfully complete their BTEC course. The case studies and activities are provided in Word™ format for easy customisation.

myBTEC

myBTEC is a free, online toolkit that lets you plan and manage your BTEC provision from one place. It supports the delivery, assessment and quality assurance of BTECs in centres and supports teachers with the following activities:

- checking that a programme is using a valid combination of units
- creating and verifying assignment briefs (including access to a bank of authorised assignment briefs that can be customised)
- creating assessment plans and recording assessment decisions
- tracking the progress of every learner throughout their programme.

To find out more about myBTEC, visit the myBTEC page on the support services section of our website. We will add the new BTEC National specifications to myBTEC as soon as possible.

Support for teaching and learning

Pearson Learning Services provides a range of engaging resources to support BTEC Nationals, including:

- textbooks in e-book and print formats
- revision guides and revision workbooks in e-book and print formats
- teaching and assessment packs, including e-learning materials via the Active Learn Digital Service.

Teaching and learning resources are also available from a number of other publishers. Details of Pearson's own resources and of all endorsed resources can be found on our website.

Support for assessment

Sample assessment materials for externally-assessed units

Sample assessments are available for the Pearson-set units. One copy of each of these assessments can be downloaded from the website/available in print. For each suite an additional sample for one of the Pearson-set units is also available, allowing your learners further opportunities for practice.

Further sample assessments will be made available through our website on an ongoing basis.

Sample assessment materials for internally-assessed units

We do not prescribe the assessments for the internally-assessed units. Rather, we allow you to set your own, according to your learners' preferences and to link with your local employment profile.

We do provide a service in the form of Authorised Assignment Briefs, which are approved by Pearson Standards Verifiers. They are available via our website or free on myBTEC.

Sample marked learner work

To support you in understanding the expectation of the standard at each grade, examples of marked learner work at PM/MD grades are linked to the Authorised Assignment Briefs.

Training and support from Pearson

People to talk to

There are many people who are available to support you and provide advice and guidance on delivery of your BTEC Nationals. These include:

- Subject Advisors – available for all sectors. They understand all Pearson qualifications in their sector and so can answer sector-specific queries on planning, teaching, learning and assessment
- Standards Verifiers – they can support you with preparing your assignments, ensuring that your assessment plan is set up correctly, and support you in preparing learner work and providing quality assurance through sampling
- Curriculum Development Managers (CDMs) – they are regionally based and have a full overview of the BTEC qualifications and of the support and resources that Pearson provides. CDMs often run network events
- Customer Services – the 'Support for You' section of our website gives the different ways in which you can contact us for general queries. For specific queries, our service operators can direct you to the relevant person or department.

Training and professional development

Pearson provides a range of training and professional development events to support the introduction, delivery, assessment and administration of BTEC National qualifications. These sector-specific events, developed and delivered by specialists, are available both face to face and online.

'Getting Ready to Teach'

These events are designed to get teachers ready for delivery of the BTEC Nationals. They include an overview of the qualifications' structures, planning and preparation for internal and external assessment, and quality assurance.

Teaching and learning

Beyond the 'Getting Ready to Teach' professional development events, there are opportunities for teachers to attend sector- and role-specific events. These events are designed to connect practice to theory; they provide teacher support and networking opportunities with delivery, learning and assessment methodology.

Details of our training and professional development programme can be found on our website.

Appendix 1 Links to industry standards

BTEC Nationals have been developed in consultation with industry and appropriate sector bodies to ensure that the qualification content and approach to assessment aligns closely to the needs of employers. Where they exist, and are appropriate, National Occupational Standards (NOS) and professional body standards have been used to establish unit content.

In the health and social care sector, the following approaches have been used:

- the mandatory content has been mapped to NOS to reflect the essential skills and knowledge needed for entry to employment
- the content has been mapped to the care certificate standards.

A detailed mapping to NOS and/or other occupational standards can be found on our website

Appendix 2 Glossary of terms used for internally-assessed units

This is a summary of the key terms used to define the requirements in the units.

Term	Definition
Carry out	Learners demonstrate skills through practical activities.
Develop	Learners acquire and apply skills through practical activities.
Examine	Learners are expected to select and apply knowledge to less familiar contexts.
Explore	Learners apply their skills and/or knowledge to practical testing or trialling.
Investigate (when used in learning aim)	Learners' knowledge is based on personal research and development.
Reflect on	Learners look back on their own learning and development.
Understand	Learners demonstrate knowledge related to defined situations.
Analyse	Learners present the outcome of methodical and detailed examination either: • breaking down a theme, topic or situation in order to interpret and study the interrelationships between the parts and/or • of information or data to interpret and study key trends and interrelationships.
Assess	Learners present careful consideration of varied factors or events that apply to a specific situation, or identify those which are the most important or relevant and arrive at a conclusion.
Compare	Learners can identify the main factors relating to two or more items/situations or aspects of a subject that is extended to explain the similarities, differences, advantages and disadvantages. This is used to show depth of knowledge through selection and isolation of characteristics.
Demonstrate	Learners' work or practice shows the ability to carry out and apply knowledge, understanding and/or skills in a practical situation.
Describe	Learners give a clear, objective account in their own words showing recall and, in some cases application, of the relevant features and information about a subject.
Discuss	Learners consider different aspects of: • a theme or topic • how they interrelate • the extent to which they are important. A conclusion is not required.
Evaluate	Learners draw on varied information, themes or concepts to consider aspects such as: • strengths or weaknesses • advantages or disadvantages • alternative actions • relevance or significance. Learners' enquiries should lead to a supported judgement showing relationship to its context. This will often be in a conclusion.
Explain	Learners' work shows clear details and gives reasons and/or evidence to support an opinion, view or argument. It could show how conclusions are drawn.

Term	Definition
Investigate (when used in assessment criterion)	Learners' work or practice tests the: • qualities of materials • techniques • processes or • contexts through practical exploration.
Justify	Learners are able to give reasons or evidence to: • support an opinion; or • prove something right or reasonable.
Outline	Learners' work, performance or practice provides a summary or overview or a brief description of something.
Perform	Learners can carry out or execute what has to be done to complete a given activity.
Plan	Learners create a way of doing a task or a series of tasks to achieve specific requirements or objectives showing progress from start to finish.
Produce	Learners' knowledge, understanding and/or skills are applied to develop a particular type of evidence, for example a plan or a report.
Review	Learners make a formal assessment of their work. They appraise existing information or prior events, or reconsider information with the intention of making changes if necessary.

This is a key summary of the types of evidence used for BTEC Nationals.

Type of evidence	Definition and purpose
Case study	A specific example to which all learners select and apply knowledge. Used to show application to a realistic context where direct experience cannot be gained.
Observation record	Used to give a formal record of a judgement of learner performance (e.g. during presentations, practical activities) against the targeted assessment criteria. It is completed by the assessor of the unit or qualification. An observation record alone does not bestow an assessment decision.
Practical task	Learners undertake a defined or self-defined task to produce an outcome of a defined quality.
Production of plan	Leaners produce plans as an outcome related to a given or limited task.
Reflective account/ development log	A record kept by learners to show their process of development. Used to show method, self-management and skill development.
Report/research report	A self-directed, large-scale activity requiring planning, research, exploration, outcome and review. Used to show self-management, project management and/or deep learning including synopticity.
Resource pack/file	Individual completion of a task in a work-related format.
Simulated activity	A multi-faceted activity mimicking realistic work situations.
Witness statement	Used to give a written record of learner performance against targeted assessment criteria. Anyone in the work experience placement who has witnessed the skills being demonstrated can complete a witness statement, including staff who do not have direct knowledge of the qualification, unit or evidence requirements, but who are able to make a professional judgement on performance in the given situation.
Work experience log	Learners use this to record the knowledge, understanding and skills they develop while on work experience placement. Also used to record reflective accounts and plan for personal and professional development. Learners must keep all other relevant evidence, including witness statements and observation records with their logs.

Pearson
BTEC Level 3 Nationals
in
Health and Social Care

Certificate in Health and Social Care

Extended Certificate in Health and Social Care

Foundation Diploma in Health and Social Care

Diploma in Sport and Health and Social Care

Extended Diploma in Health and Social Care

First teaching from September 2016

First certification from 2018