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BTEC

Edexcel Level 3 BTEC Nationals in Health and Social Care

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QCA

Qualifications and
Curriculum Authority

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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Rewarding Learning

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Contents

Ten principles for delivering an Edexcel Level 3 BTEC National qualification

This specification contains the rules and regulations, along with the units and associated guidance, to enable centres to design and deliver a programme of learning for the Edexcel Level 3 BTEC Nationals in Health and Social Care. The qualification structures set out the permitted combination of units learners need to complete the qualification. Each unit sets out the learning outcomes and grading criteria along with content, advice and guidance regarding appropriate delivery and assessment strategies. The following generic principles need to be adhered to so that a BTEC qualification is delivered to the appropriate standard.

1 **The specification:** The specification gives the information needed for the successful delivery and achievement of the units and the qualification as a whole. The specification is of importance to the learner and the tutor alike. Individual units can be delivered and studied in isolation but the learner and the deliverer should have access to the full information provided to support the programme of learning.

2 **The website**: Centres need to make regular use of the Edexcel website (www.edexcel.org.uk) to ensure that they have the most up-to-date information. In particular, the requirements for the external verification of the qualification receive regular updates, and appropriate information for centres is posted on the website. It is the responsibility of the centre to ensure that they are familiar with the latest BTEC NQF Level 2/3 (including Short Courses at Levels 1–3) Handbook and that they implement any related policy documentation which may have been posted on the website.

3 **Policy:** This specification gives details of our assessment and quality assurance procedures. It includes advice about our policy regarding access to our qualifications, the design of programmes of study and delivery modes. Centres must ensure that they follow the procedures and conform to the policies outlined.

4 **Recruitment:** Centres are required to recruit learners with integrity. A fundamental aspect of this integrity is that centres take appropriate steps to assess each applicant's potential and make a professional judgement about the applicant's ability to be able to successfully complete the programme of study and achieve the qualification. Centres should ensure that applicants have appropriate information and advice about the qualifications and that the qualification will meet their needs.

5 **Assessment**: Centres are required to use this specification to design and deliver a programme of learning that will enable learners to achieve the grading criteria stipulated in the unit grading grids. The programme of learning should consist of assignments which provide the opportunity for coverage of all grading criteria as set out in the grading grid for each unit. Assignments must be reliable and fit for purpose, giving learners every opportunity to generate evidence which satisfies the grading criteria. Centres should use a variety of assessment methods, including case studies, assignments and work-based assessments, along with projects, performance observation and time-constrained assessments where appropriate.

6 **Assignments**: Centres are encouraged to apply the grading criteria in a practical way. They should provide, wherever possible, a realistic scenario for learners to work with, and make maximum use of practical activities and work experience. The creation of assignments that are fit for purpose is vital to the learner's achievement.

7 **National Qualifications Framework (NQF)**: These qualifications have been accredited to the NQF and are eligible for public funding as determined by the DfES under Sections 96 and 97 of the Learning and Skills Act 2000. Details of the qualification units can be seen on the QCA OpenQuals database (www.openquals.org.uk).

8 **Qualification Accreditation Numbers (QANs)**: The qualification titles feature in the funding lists published annually by the DfES and on the regularly updated website www.dfes.gov.uk/. The NQF QANs should be used by centres when they seek public funding for their learners. The QANs are listed in *Annexe A*.

9 **Accreditation**: This specification may be updated during its period of accreditation and centres should refer to our website for the latest issue.

10 **Approval**: Centres that have not previously offered BTEC qualifications must apply for, and be granted, centre approval before they can apply for approval to offer the programme. When a centre applies for approval to offer a BTEC qualification they will be required to enter into an 'approvals agreement'. The approvals agreement is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any linked codes or regulations.

What are BTEC Nationals?

BTEC Nationals are qualifications that are designed to provide specialist work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare them for employment. The qualifications also provide career development opportunities for those already in work. Consequently they can provide a course of study for full-time or part-time learners in schools, colleges and training centres.

The family of BTEC Nationals includes Awards, Certificates and Diplomas which offer opportunities for nested provision and flexibility of delivery.

BTEC Nationals are designed to relate to the National Occupational Standards for the sector, where these are appropriate, and are supported by the relevant Standards Setting Body (SSB) or Sector Skills Council (SSC). Some BTEC Nationals form the Technical Certificate component of Apprenticeships and all attract UCAS points that equate to similar-sized general qualifications.

On successful completion of a BTEC National qualification, learners can progress into or within employment and/or continue their study in the same vocational area.

BTEC National Award

The 360 guided learning hours (GLH) (usually 6 units) BTEC National Award offers a specialist qualification that focuses on particular aspects of employment within the appropriate vocational sector. The BTEC National Award is a qualification which can extend a learner's programme of study and provide vocational emphasis for learners following an Applied GCE or GCE route or a combination of both in their main programme of study. The BTEC National Award is especially suitable for more mature learners, who wish to follow a shorter programme of study directly related to their work experience or to an area of employment that they wish to move into.

BTEC National Certificate

The 720 GLH (usually 12 units) BTEC National Certificate provides a specialist work-related programme of study that covers the key knowledge and practical skills required in the appropriate vocational sector. The BTEC National Certificate offers flexibility and a choice of emphasis through the specialist units. It is broadly equivalent to two GCEs or the full award AVCE.

The qualification offers an engaging programme for those who are clear about the area of employment that they wish to enter. These learners may wish to extend their programme through the study of a related GCE, a complementary NVQ or another qualification. These learning programmes can be developed to allow learners to study complementary qualifications without duplication of content.

For adult learners the BTEC National Certificate can extend their experience of work. It is a suitable qualification for those wishing to change career or move into a particular area of employment following a career break.

BTEC National Diploma

The 1080 GLH (usually 18 units) BTEC National Diploma extends the specialist work-related focus available from the BTEC Certificate. There is potential for the qualification to prepare learners for employment in the appropriate vocational sector and is suitable for those who have decided that they wish to enter a particular area of work.

Some adult learners may wish to complete this qualification in order to enter a specialist area of employment or progress into higher education. Other learners may want to extend the specialism that they followed on the BTEC National Certificate programme.

Progression from the BTEC National Diploma could be into employment where learners might take professional body examinations or complete NVQs. Alternatively, learners could continue to degree or other higher-education programmes in the same vocational sector or in a related sector.

National Occupational Standards (NOS)

BTEC Nationals are designed to relate to the National Occupational Standards (NOS) in the appropriate vocational sector. NOS form the basis of National Vocational Qualifications (NVQs). BTEC Nationals do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context. However, the qualifications provide much of the underpinning knowledge for the NOS, as well as developing practical skills in preparation for work and possible achievement of NVQs in due course.

Relevant aspects of the NOS are addressed in the learning outcomes and content of the units, and these links are identified where appropriate.

The Edexcel Level 3 BTEC Nationals in Health and Social Care relate to the following NOS:

- Level 3 Health and Social Care

- Level 3 Health.

Key features of the BTEC Nationals in Health and Social Care

The BTEC Nationals in Health and Social Care have been developed in the health and social care sectors to focus on:

- education and training for health and social care employees

- providing opportunities for health and social care employees to achieve a nationally recognised Level 3 vocationally specific qualification

- giving learners the opportunity to gain a nationally recognised vocationally specific qualification to enter employment in the health and social care sectors or to progress to higher education vocational qualifications such as the Edexcel Level 5 BTEC Higher National in Health and Social Care

- giving learners the opportunity to gain a period of work experience which acts as a focal point for learning and provides experience of the sectors

- giving learners the opportunity to develop a range of skills and techniques, personal skills and attributes essential for successful performance in working life.

Rationale of the BTEC Nationals in Health and Social Care

The BTEC Nationals in Health and Social Care provide much of the underpinning knowledge for the National Occupational Standards in Health and Social Care/Health and consequently act as a robust introduction to both sectors. They prepare learners for employment in the sectors or for higher education.

They are also mapped to the NHS Knowledge and Skills Framework, which was developed as part of the Agenda for Change process for updating the way NHS staff roles are defined and developed.

Learners will benefit from gaining a number of core units as well as a wide range of specialist units according to the route embarked on. They will also benefit from gaining work experience in the sectors. These opportunities will aid career choices and potentially attract learners into the sectors.

The specification lends itself to creative delivery, using learners' work experience as the focal point and enabling learning to be as active, practical and work-related as possible. Alongside this, it provides robust opportunities for learners to gain knowledge and understanding of a wide range of subject areas relating to health and social care. The variety of endorsed titles enable learners to focus on a sector of particular interest or relevance to them, whilst the unendorsed pathway enables those learners who are unsure of potential career pathways to gain a more general health and social care qualification. The units that are common to all endorsed titles provide opportunities for flexible delivery within centres.

The BTEC Nationals in Health and Social Care encourage a holistic approach with strong links identified between the delivery and assessment of appropriate units. A key feature is also the opportunity throughout the duration of the programme for learners to produce a personal and professional development portfolio, which links many aspects of their programme, as well as experiences outside the programme.

Structure of the qualification

Edexcel Level 3 BTEC National Award in Health and Social Care

The Edexcel Level 3 BTEC National Award in Health and Social Care consists of three core units **plus** specialist units that provide for a combined total of 360 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Award in Health and Social Care			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
Unit	Specialist units		
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
9	Values and Planning in Social Care	60	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
14	Physiological Disorders	60	3
17	Working in the Social Care Sector#	60	3
18	Working in the Health Sector#	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
23	Complementary Therapies for Health and Social Care	60	3
34	Human Inheritance for Health and Social Care	60	3
38	Environmental Health	60	3
43	Technology in Health and Social Care Services	60	3
49	Exploring Personal and Professional Development in Health and Social Care*	60	3

\# Units 17 and 18 may not be combined in the same programme.

* *Unit 49: Exploring Personal and Professional Development in Health and Social Care* requires 50 hours of work experience to be completed. This unit is strongly recommended within the National Award programme as it will provide invaluable experiences for learners both in terms of the assessment of other units within the programme and as an aid to career choices.

Edexcel Level 3 BTEC National Certificate in Health and Social Care

The Edexcel Level 3 BTEC National Certificate in Health and Social Care consists of eight core units (providing 480 guided learning hours) **plus** specialist units that provide for a further 240 guided learning hours to produce a combined total of 720 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Certificate in Health and Social Care			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
Unit	Specialist units		
9	Values and Planning in Social Care	60	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
14	Physiological Disorders	60	3
17	Working in the Social Care Sector#	60	3
18	Working in the Health Sector#	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3

Unit	Specialist units (*continued*)		
27	Dealing with Challenging Behaviour	30	3
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
34	Human Inheritance for Health and Social Care	60	3
38	Environmental Health	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 17 and 18 may not be combined in the same programme.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Edexcel Level 3 BTEC National Certificate in Health and Social Care (Social Care)

The Edexcel Level 3 BTEC National Certificate in Health and Social Care (Social Care) consists of nine core units (providing 600 guided learning hours) **plus** specialist units that provide for a further 120 guided learning hours to produce a combined total of 720 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Certificate in Health and Social Care (Social Care)			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
9	Values and Planning in Social Care	60	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
Unit	Specialist units		
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
12	Public Health	60	3
14	Physiological Disorders	60	3
17	Working in the Social Care Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3
27	Dealing with Challenging Behaviour	30	3

Unit	Specialist units (*continued*)		
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
32	Mobility and Exercise for Health and Social Care	60	3
34	Human Inheritance for Health and Social Care	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

**Edexcel Level 3 BTEC National Certificate in Health and Social Care
(Health Studies)**

The Edexcel Level 3 BTEC National Certificate in Health and Social Care (Health Studies) consists of nine core units (providing 600 guided learning hours) **plus** specialist units that provide for a further 120 guided learning hours to produce a combined total of 720 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Certificate in Health and Social Care (Health Studies)			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
12	Public Health	60	3
13	Physiology of Fluid Balance	60	3
14	Physiological Disorders	60	3
Unit	Specialist units		
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
15	Biochemistry for Health	60	3
18	Working in the Health Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3

Unit	Specialist units (*continued*)		
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3
27	Dealing with Challenging Behaviour	30	3
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
31	Physiology of Co-ordination	60	3
32	Mobility and Exercise for Health and Social Care	60	3
33	Physical Science for Health	60	3
34	Human Inheritance for Health and Social Care	60	3
35	Introduction to Microbiology for Health and Social Care	60	3
36	Communicable Diseases	60	3
37	Defence against Disease	60	3
38	Environmental Health	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Edexcel Level 3 BTEC National Certificate in Health and Social Care (Health Sciences)

The Edexcel Level 3 BTEC National Certificate in Health and Social Care (Health Sciences) consists of nine core units (providing 600 guided learning hours) **plus** specialist units that provide for a further 120 guided learning hours to produce a combined total of 720 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Certificate in Health and Social Care (Health Sciences)			
Unit	**Core units**	**GLH**	**Level**
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
13	Physiology of Fluid Balance	60	3
15	Biochemistry for Health	60	3
16	Science in Practice for Health	60	3
Unit	**Specialist units**		
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
14	Physiological Disorders	60	3
18	Working in the Health Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3

Unit	Specialist units (*continued*)		
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
31	Physiology of Co-ordination	60	3
32	Mobility and Exercise for Health and Social Care	60	3
33	Physical Science for Health	60	3
34	Human Inheritance for Health and Social Care	60	3
35	Introduction to Microbiology for Health and Social Care	60	3
36	Communicable Diseases	60	3
37	Defence against Disease	60	3
38	Environmental Health	60	3
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Edexcel Level 3 BTEC National Diploma in Health and Social Care

The Edexcel Level 3 BTEC National Diploma in Health and Social Care consists of eight core units (providing 480 guided learning hours) **plus** specialist units that provide for a further 600 guided learning hours to produce a combined total of 1080 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Diploma in Health and Social Care			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
Unit	Specialist units		
9	Values and Planning in Social Care	60	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
14	Physiological Disorders	60	3
17	Working in the Social Care Sector#	60	3
18	Working in the Health Sector#	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3

Unit	Specialist units (*continued*)		
27	Dealing with Challenging Behaviour	30	3
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
34	Human Inheritance for Health and Social Care	60	3
38	Environmental Health	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 17 and 18 may not be combined in the same programme.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Edexcel Level 3 BTEC National Diploma in Health and Social Care (Social Care)

The Edexcel Level 3 BTEC National Diploma in Health and Social Care (Social Care) consists of eleven core units (providing 660 guided learning hours) **plus** specialist units that provide for a further 420 guided learning hours to produce a combined total of 1080 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Diploma in Health and Social Care (Social Care)			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
9	Values and Planning in Social Care	60	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
Unit	Specialist units		
12	Public Health	60	3
14	Physiological Disorders	60	3
17	Working in the Social Care Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3
27	Dealing with Challenging Behaviour	30	3

Unit	Specialist units (*continued*)		
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
32	Mobility and Exercise for Health and Social Care	60	3
34	Human Inheritance for Health and Social Care	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning in Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

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

The Edexcel Level 3 BTEC National Diploma in Health and Social Care (Health Studies) consists of thirteen core units (providing 780 guided learning hours) **plus** specialist units that provide for a further 300 guided learning hours to produce a combined total of 1080 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Diploma in Health and Social Care (Health Studies)			
Unit	Core units	GLH	Level
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
13	Physiology of Fluid Balance	60	3
14	Physiological Disorders	60	3
Unit	Specialist units		
15	Biochemistry for Health	60	3
18	Working in the Health Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3
24	Introduction to Counselling Skills for Health and Social Care	60	3
25	Coping with Change in a Health and Social Care Context	30	3
26	Caring for Individuals with Additional Needs	30	3

Unit	Specialist units (*continued*)		
27	Dealing with Challenging Behaviour	30	3
28	Caring for Older People	30	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
31	Physiology of Co-ordination	60	3
32	Mobility and Exercise for Health and Social Care	60	3
33	Physical Science for Health	60	3
34	Human Inheritance for Health and Social Care	60	3
35	Introduction to Microbiology for Health and Social Care	60	3
36	Communicable Diseases	60	3
37	Defence against Disease	60	3
38	Environmental Health	60	3
39	Infection Prevention and Control	30	2
40	Dementia Care	30	2
41	Working with Medication in Health and Social Care	30	3
42	Support Work in Social Care	30	2
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning for Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Edexcel Level 3 BTEC National Diploma in Health and Social Care (Health Sciences)

The Edexcel Level 3 BTEC National Diploma in Health and Social Care (Health Sciences) consists of eleven core units (providing 660 guided learning hours) **plus** specialist units that provide for a further 420 guided learning hours to produce a combined total of 1080 guided learning hours (GLH) for the completed qualification.

Centres should note that there is no compensation for the core units. These units must be successfully achieved.

Edexcel Level 3 BTEC National Diploma in Health and Social Care (Health Sciences)			
Unit	**Core units**	**GLH**	**Level**
1	Developing Effective Communication in Health and Social Care	60	3
2	Equality, Diversity and Rights in Health and Social Care	60	3
3	Health, Safety and Security in Health and Social Care	60	3
4	Development Through the Life Stages	60	3
5	Fundamentals of Anatomy and Physiology for Health and Social Care	60	3
6	Personal and Professional Development in Health and Social Care*	120	3
7	Sociological Perspectives for Health and Social Care	30	3
8	Psychological Perspectives for Health and Social Care	30	3
13	Physiology of Fluid Balance	60	3
15	Biochemistry for Health	60	3
16	Science in Practice for Health	60	3
Unit	**Specialist units**		
10	Caring for Children and Young People	60	3
11	Supporting and Protecting Adults	60	3
12	Public Health	60	3
14	Physiological Disorders	60	3
18	Working in the Health Sector	60	3
19	Applied Sociological Perspectives for Health and Social Care	60	3
20	Health Education	60	3
21	Nutrition for Health and Social Care	60	3
22	Research Methodology for Health and Social Care	90	3
23	Complementary Therapies for Health and Social Care	60	3

Unit	Specialist units (*continued*)		
24	Introduction to Counselling Skills for Health and Social Care	60	3
29	Applied Psychological Perspectives for Health and Social Care	60	3
30	Health Psychology	60	3
31	Physiology of Co-ordination	60	3
32	Mobility and Exercise for Health and Social Care	60	3
33	Physical Science for Health	60	3
34	Human Inheritance for Health and Social Care	60	3
35	Introduction to Microbiology for Health and Social Care	60	3
36	Communicable Diseases	60	3
37	Defence against Disease	60	3
38	Environmental Health	60	3
43	Technology in Health and Social Care Services	60	3
44	Vocational Experience for Health and Social Care**##	60	3
45	Competence-based Vocational Experience for Health and Social Care***##	60	3
46	Independent Learning for Health and Social Care###	60	3
47	Academic Literacy in the Health and Social Care Sectors###	60	4
48	Social Policy for Health and Social Care	30	3

* *Unit 6: Personal and Professional Development in Health and Social Care* requires 100 hours of work experience to be completed.

** *Unit 44: Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

*** *Unit 45: Competence-based Vocational Experience for Health and Social Care* requires 200 hours of work experience to be completed in addition to the 100 hours required for Unit 6.

Units 44 and 45 may not be combined in the same programme.

Units 46 and 47 may not be combined in the same programme.

Unit format

All units in Edexcel Level 3 BTEC National qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards.

Each unit has the following sections.

Unit title

The unit title is accredited by QCA and this form of words will appear on the learner's Notification of Performance (NOP).

NQF level

This is the level of the unit within the National Qualifications Framework (NQF). The level of the unit has been informed by the NICATs level descriptors and, where appropriate, the NOS and/or other sector/professional benchmarks.

Guided learning hours (GLH)

In BTEC National qualifications each unit consists of 30, 60, 90 or 120 GLH. Guided learning hours are 'a notional measure of the substance of a unit'. GLH include an estimate of time that might be allocated to direct teaching, instruction and assessment, together with other structured learning time such as directed assignments or supported individual study. It excludes learner-initiated private study. Centres are advised to consider this definition when planning the programme of study associated with this qualification.

Unit abstract

The unit abstract gives the reader an appreciation of the value of the unit in the vocational setting of the qualification as well as highlighting the focus of the unit. It gives the reader a snapshot of the aims of the unit and the key knowledge, skills and understanding developed while studying the unit. The unit abstract also highlights any links to the appropriate vocational sector by describing how the unit relates to that sector.

Learning outcomes

Learning outcomes state exactly what a learner should 'know, understand or be able to do' as a result of completing the unit.

Unit content

The unit content gives centres the substance to devise and plan the programme of learning needed for the learning outcomes to be successfully achieved. Evidence to meet the grading criteria will include relevant areas of the unit content as described in the assessment section of the unit. Where appropriate, this is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS).

The unit content sets out each learning outcome with prescribed key phrases or concepts listed in italics followed by the range of related topics. Detailed lists provide an indicative range to support the specific topic item. Not all of the unit content is expected to be assessed in every unit.

Grading grid

Each grading grid contains statements of the assessment criteria used to determine the evidence that each learner must produce in order to receive a pass, merit or distinction grade. It is important to note that the merit and distinction grading criteria refer to a qualitative improvement in the learner's evidence, and not a quantitative one.

Essential guidance for tutors

This section is designed to give tutors additional guidance and amplification in order to provide understanding and a consistent level of delivery and assessment. It is divided into the following sections:

- *Delivery* — explains the content's relationship with the learning outcomes and offers guidance about possible approaches to delivery. This section is based on the more usual delivery modes but is not intended to rule out alternative approaches.

- *Assessment* — gives amplification about the nature and type of evidence that learners need to produce in order to pass the unit or achieve the higher grades. This section should be read in conjunction with the grading criteria.

- *Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications* — sets out links with other units within the qualification. These links can be used to ensure that learners make connections between units, resulting in a coherent programme of learning. The links show opportunities for integration of learning, delivery and assessment.

- *Essential resources* — identifies any specialist resources needed to allow learners to generate the evidence required for each unit. The centre will be asked to ensure that any requirements are in place when it seeks approval from Edexcel to offer the qualification.

- *Indicative reading for learners* — provides a short list of learner resource material that benchmarks the level of study.

Key skills

This section identifies any opportunities in the unit for learners to generate evidence to meet the requirements of key skills units. Assessors should take care to become familiar with the key skills specifications and evidence requirements and not to rely solely on this section when presenting key skills evidence for moderation. Centres should refer to the QCA website (www.qca.org.uk) for the latest version of the key skills standards.

Units

Unit 1: Developing Effective Communication in Health and Social Care

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

Health and social care professionals require good communication skills in order to carry out their roles effectively. It is therefore important for those embarking on a career in these sectors to gain knowledge and understanding of the skills involved in communication, so they are able to develop and enhance effective interpersonal skills.

This unit offers learners opportunities to explore and develop the skills of effective interpersonal interaction and communication essential to the operation of health and social care services. The unit will enable learners to analyse factors that enhance and inhibit communication and to examine effective interpersonal skills. The value of effective and varied types and styles of communication in the support of patients/service users will be explored.

The unit encourages learners to reflect on their own performance and that of others.

The knowledge and skills gained from this unit will underpin many of the other units in the qualification. It is an essential unit for the preparation of learners for their period of work experience, which should provide opportunities for some of the assessment of the unit. The unit also provides a useful preparation for work in the health and social care sectors and for learners intending to progress on to, for example, degrees in social work, nursing or other related disciplines.

Learning outcomes

On completion of this unit a learner should:

1   Understand effective communication and interpersonal interaction

2   Understand factors that influence communication and interpersonal interactions in health and social care settings

3   Know how patients/service users may be assisted by effective communication

4   Be able to demonstrate own communication skills in a caring role.

Unit content

1 **Understanding effective communication and interpersonal interaction**

Types of communication: eg one-to-one, groups, formal, informal, text, oral, visual, touch, music and drama, arts and crafts, communication using technology

Types of interpersonal interaction: eg speech, language (eg first language, dialect, slang, jargon), non-verbal (eg posture, facial expression, touch, silence, proximity, reflective listening), variation between cultures, listening and reflecting back

Communication cycle: ideas occur; message coded; message sent; message received; message decoded; message understood

2 **Understand factors that influence communication and interpersonal interactions in health and social care settings**

Communication and language needs and preferences: the individual's preferred spoken language; the use of signs, symbols, pictures and writing; objects of reference; communication passports; human and technological aids to communication

Environment: eg setting, noise, seating, lighting

Behaviour: eg attitude, assertiveness, aggressiveness, submissiveness; responses to behaviour; effects on identity, self-esteem and self-image of others

Barriers: eg type of communication (eg difficult, complex, sensitive), language needs/preferences, disability, personality, environment, time, self-esteem, anxiety, depression, assumptions, cultural differences, value and belief systems, stereotypes, use and abuse of power

In relation to the integrated workforce agenda: communication with professionals, multi-agency working, multi-professional working

3 **Know how patients/service users may be assisted by effective communication**

Support services: advocates; interpreters; translators; signers; others eg speech therapists, counsellors, mentors, befrienders, psychologists

Technology: aids and adaptations; text facility on mobile phones

Preferred language: eg Makaton, signing, Braille, first language

Supporting: empowerment; promotion of rights; maintaining confidentiality

4   **Be able to demonstrate own communication skills in a caring role**

Communication skills: verbal; non-verbal

Effectiveness: in supporting patients/service users

Key people: eg relatives, friends, health and social care workers

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe different types of communication and interpersonal interaction, using examples relevant to health and social care settings		
P2 describe the stages of the communication cycle	M1 explain how the communication cycle may be used to communicate difficult, complex and sensitive issues	
P3 describe factors that may influence communication and interpersonal interactions with particular reference to health and social care settings		
P4 identify how the communication needs of patients/service users may be assisted, including non-verbal communication	M2 explain the specific communication needs patients/service users may have that require support, including the use of technology	D1 analyse how communication in health and social care settings assists patients/service users and other key people

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P5 describe two interactions that they have participated in, in the role of a carer, using communication skills to assist patients/service users		
P6 review the effectiveness of own communication skills in the two interactions undertaken.	M3 explain how own communication skills could have been used to make the interactions more effective.	D2 analyse the factors that influenced the interactions undertaken.

Essential guidance for tutors

Delivery

This practical unit should be delivered with a mixture of tutor input and learner-led activity, such as role plays and case studies. Learners should be given opportunities to develop and practise important communication skills. The unit introduces learners to the theoretical concepts behind communication such as the imbalance in power inherent in the helping relationship, empowerment and learned helplessness. There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and *Unit 2: Equality, Diversity and Rights in Health and Social Care*. It would be good practice if the same tutor could be responsible for delivering all three units.

Learners should be encouraged to investigate methods of communication and interpret interactions that are also relevant in health and social care settings. Peer observations, class discussions and vocational experience will help to broaden learners' understanding. Learners should explore the processes of teamwork and decision-making relevant to health and social care settings in order to enhance the delivery of this unit. They should also be encouraged to review, evaluate and improve their own skills in communication and interpersonal interaction skills.

Learners should demonstrate an awareness of the equality and diversity of people and their rights and responsibilities. Examples could be taken from personal experience, television programmes and current newspapers. Video and multimedia presentations can be useful in demonstrating social and cultural differences in communication. A guest speaker would be particularly appropriate to provide insights into cultural differences in communication.

When looking at factors that enhance communication, learners find it relatively easy to identify certain factors such as body language and trust. However, they also need to recognise why empathy, responsiveness, attentiveness and respect are so important. Many of the skills in this unit — prompts, reflection, empathy, open-ended questions — can be developed in a counselling skills training format. Others, such as assertiveness, can be developed through role play. When developing their assertiveness skills, learners will need to distinguish between being assertive and being aggressive.

Learners need to grasp that good communication is as much a question of values as effective skills. Sometimes the easiest way to get this across is to talk about what makes communication ineffective. Can learners identify times when someone did not listen to them, looked through them or patronised them? How did they feel when they were treated this way? How did they feel when they told a friend about a problem, only for the friend to off-load their own experiences back?

Considering their own experiences gives learners an insight into being on the receiving end of poor practice. It also helps them to see how self-esteem is inextricably linked with good communication practices.

It is not necessary to study counselling or psychological models for this unit, but it may be useful to utilise some of the more commonly used concepts. For example, the person-centred model outlines important personal attributes such as genuineness and respect as well as appropriate empathy.

Learners need to be aware of disabilities and differences so they will be able to accommodate them when interacting. It is not necessary to teach sign language, but learners should be familiar with the range of technological aids currently available. This includes the immense benefit of the text facility on mobile phones for people with hearing or speech difficulties. One of the most important aspects of this section is impressing on learners that attending to individuals does not mean singling out someone for special treatment in an unreal or patronising way.

Learners are not expected to be able to participate in therapeutic groups, for instance, but they will need to become familiar with concepts concerning group life. Fish-bowl exercises, decision-making forums and team-building activities all provide interesting and valid material for investigating group stages (forming, storming, norming) and helpful/unhelpful behaviours. Role playing effective and ineffective communication skills provides a good basis for learning. Writing scripts, watching television interviewers, using audiotapes and videos are all valid and interesting ways to evaluate skills.

An interaction does not need to have gone well to be analysed. Learners will often find more to discuss if things did not go as they might have wished. If peer review is used, learners must provide feedback in a sensitive manner.

Learners should try to turn a negative into a positive. For example, 'it would be better if you used more eye contact', rather than 'you did not use enough eye contact' and sandwich a negative between two positives. Learners should also appreciate the ethical issues surrounding client confidentiality.

Assessment

Learners should be able to apply the knowledge, understanding and skills developed in the classroom to health and social care environments. In order to achieve P1, they need to describe different types of interpersonal interaction, using examples relevant to health and social care settings. This could take the form of an essay or diary extracts, with learners using examples of interactions from their work experience placement, ensuring that confidentiality is respected.

Specific interactions could be used as vehicles both to describe the stages of the communication cycle for P2 and factors that may influence interpersonal interactions for P3.

In order to achieve M1, the description of the communication cycle needs to include how it is used to communicate difficult, complex and sensitive issues. Examples from work experience may also be used for this purpose, providing that confidentiality is respected.

To achieve P4 learners need to identify a range of methods by which the communication needs of patients/services users may be assisted. Evidence for this could take the form of detailed posters, a piece of writing, or reports from class presentations.

For M2, learners need to explain the specific communication needs patients/service users may have that require support. This could include, for example, a description of the role of technological aids in the support of individuals. For D1 learners need to consider how communication in health and social care settings supports patients/service users and other key people. To achieve this they should provide a range of examples of interactions, with strengths and weaknesses explained in terms of support for the patient/service user.

To achieve P5, learners are also required to participate in two interactions, in the role of a carer, using communication skills to support patients/service users. It is recommended that one of these interactions should be on a one to one basis and the other should be a group interaction. The interactions should take place in a work experience environment, having used role play/simulation in the classroom to develop and practise the necessary skills and understanding. At least one of the interactions should be observed by a course tutor, or workplace supervisor, with the use of a checklist/witness statement as supporting evidence.

For P6 learners are then required to review the effectiveness of their own communication skills in the two interactions undertaken.

To achieve M3, learners need to understand and explain how their own skills could have been used to make the interactions more effective. They need to be able to reflect on their own skills and identify areas for development.

To achieve D2, learners need to explain factors that influenced their interactions, and provide a discussion of strengths and weaknesses.

Confidentiality should be respected at all times throughout the assessment of this unit.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and *Unit 2: Equality, Diversity and Rights in Health and Social Care,* and it would be good practice if the same tutor could be responsible for delivering all three units. The knowledge and skills gained through this unit will also be developed further in *Unit 24: Introduction to Counselling Skills for Health and Social Care.*

This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals
- Unit HSC33:   Reflect on and develop your practice
- Unit HSC34:   Promote the wellbeing and protection of children and young people
- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care

- Standard 4:   Communicate effectively

- Standard 6:   Develop as a worker.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Social and cultural issues can be introduced through the teaching of this unit by, for example, consideration of the meaning of different body language and gestures in different cultures.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions, eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- audio and visual records, eg television interviews, soap operas, chat shows, magazines or newspapers.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Journals

Care and Health

Community Care

Nursing Times

Websites

www.careknowledge.com	Care Knowledge
www.community-care.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.parliament.uk	UK Parliament
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe two interactions that they have participated in, in the role of a carer, using communication skills to assist patients/service users	C3.1a Take part in a group discussion.
• describe the stages of the communication cycle	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe factors that may influence communication and interpersonal interactions with particular reference to health and social care settings	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe factors that may influence communication and interpersonal interactions with particular reference to health and social care settings.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe different types of communication and interpersonal interaction, using examples relevant to health and social care settings	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the stages of the communication cycle	ICT3.2 Enter and develop the information and derive new information.
• describe factors that may influence communication and interpersonal interactions with particular reference to health and social care settings.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• review the effectiveness of own communication skills in the two interactions undertaken	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain how own communication skills could have been used to make the interactions more effective	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• analyse the factors which influenced the interaction undertaken.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe two interactions that they have participated in, in the role of a carer, using communication skills to assist patients/service users	WO3.1 Plan work with others.
• describe two interactions that they have participated in, in the role of a carer, using communication skills to assist patients/service users	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe two interactions that they have participated in, in the role of a carer, using communication skills to assist patients/service users.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 2: Equality, Diversity and Rights in Health and Social Care

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

At the heart of effective health and social care practice lies an understanding of the immense diversity amongst individuals in contemporary British society, and how good health and social care practice recognises and accommodates this diversity. The promotion of equality and the rights of individuals is crucial for effectiveness in health and social care service provision, particularly as patients/service users may be disadvantaged and disenfranchised.

This unit investigates how equality, diversity and rights are central to the effective operation of health and social care services. It explores discriminatory practice and its potential effects on patients/service users, the promotion of anti-discriminatory practice by, for example, legislation and codes of practice, and the application of this to the health or social care workplace.

The knowledge and skills gained from this unit will underpin many of the other units in the qualification. In particular it is essential in the preparation of learners for their period of work experience. It also provides a useful preparation for work in the health and social care sectors and for learners intending to progress on to, for example, degrees in social work, nursing or other related disciplines.

Learning outcomes

On completion of this unit a learner should:

1 Understand concepts of equality, diversity and rights in relation to health and social care

2 Understand discriminatory practice in health and social care

3 Understand how national initiatives promote anti-discriminatory practice in health and social care

4 Understand how anti-discriminatory practice is promoted in health and social care settings.

Unit content

1 **Understand concepts of equality, diversity and rights in relation to health and social care**

Benefits of diversity: social/cultural, eg the arts, food, education, language, cultural enrichment, tolerance, social cohesion; economic, eg employment, expertise

Terminology: eg equality, equity, diversity, rights, opportunity, difference, overt discrimination, covert discrimination, stereotyping, labelling, prejudice, disadvantage, beliefs, values, vulnerability, abuse, empowerment, independence, interdependence, racism, sexism, homophobia

Health and social care settings: eg residential, day care, nursing care, domiciliary care

Active promotion of equality and individual rights in health and social care settings: principles of the care value base; putting the patient/service user at the heart of service provision eg providing active support, promoting individuals' rights, choices and wellbeing, anti-discriminatory practice, empowering patients/service users; dealing with tensions and contradictions; staff development and training; practical implications of confidentiality, eg recording, reporting, storing and sharing of information

Individual rights: the rights to be respected, treated equally and not discriminated against, treated as an individual, treated in a dignified way, allowed privacy, protected from danger and harm, allowed access to information about themselves, able to communicate using their preferred methods of communication and language, cared for in a way that meets their needs, takes account of their choices and protects them

2 **Understand discriminatory practice in health and social care**

Bases of discrimination: eg culture, disabilities, age, social class, gender, sexuality, health status, family status, cognitive ability

Discriminatory practice: eg infringement of rights, covert or overt abuse of power, prejudice, stereotyping, labelling, bullying, abuse

Effects: marginalisation, disempowerment, low self-esteem and self-identity, restricted opportunities, negative behaviours such as aggression or criminality

Loss of rights: overriding individual rights, eg by the use of power and force; statutory powers

3   **Understand how national initiatives promote anti-discriminatory practice in health and social care**

Conventions, legislation and regulations: relevant sections from: eg European Convention on Human Rights and Fundamental Freedoms 1950, Sex Discrimination Act 1975, Mental Health Act 1983, Mental Health (Northern Ireland) Order 1986, The Convention on the Rights of the Child 1989, The Children Act 1989, Race Relations (Amendment) Act 2000, Disability Discrimination Act 1995, Human Rights Act 1998, Data Protection Act 1998, Nursing and Residential Care Homes Regulations 1984 (amended 2002), Care Standards Act 2000, The Children Act 2004, Disability Discrimination Act 2005, Mental Capacity Act 2005, Age Discrimination Act 2006

Codes of practice and charters: codes of conduct established by professional bodies; General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council codes of practice and rules of conduct for social care workers and employers; charters, eg entitlement to services

Organisational policies and procedures: eg positive promotion of individual rights, advocacy, work practices, staff development and training, quality issues, complaint procedures, affirmative action, anti-harassment, confidentiality, human rights

4   **Understand how anti-discriminatory practice is promoted in health and social care settings**

Active promotion of anti-discriminatory practice: ethical principles; putting the patient/service user at the heart of service provision eg providing active support consistent with the beliefs, culture and preferences of the individual, supporting individuals to express their needs and preferences, empowering individuals, promoting individuals' rights, choices and wellbeing; balancing individual rights with rights of others; dealing with conflicts; identifying and challenging discrimination

Personal beliefs and value systems: influences on, eg culture, beliefs, past events, socialisation, environmental influences, health and wellbeing; developing greater self-awareness and tolerance of differences; committing to the care value base; careful use of language; working within legal, ethical and policy guidelines

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain the benefits of diversity to society		
P2 use recognised terminology to explain the importance of promoting equality, recognising diversity and respecting rights in health and social care settings		
P3 explain the potential effects of discriminatory practice on those who use health or social care services		
P4 describe how legislation, codes of practice, rules of conduct, charters and organisational policies are used to promote anti-discriminatory practice	M1 explain the influences of a recent or emerging national policy development on organisational policy with regard to anti-discriminatory practice	D1 evaluate how a recent or emerging policy development influences organisational and personal practice in relation to anti-discriminatory practice

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P5 explain how those working in health and social care settings can actively promote anti-discriminatory practice	M2 explain difficulties that may be encountered when implementing anti-discriminatory practice	
P6 describe ways of reflecting on and challenging discriminatory issues in health and social care.	M3 analyse how personal beliefs and value systems may influence own anti-discriminatory practice.	D2 evaluate practical strategies to reconcile own beliefs and values with anti-discriminatory practice in health and social care.

Essential guidance for tutors

Delivery

Learners will need considerable guidance in exploring the areas covered by this unit, and some structured teaching will be needed to introduce the necessary concepts. The unit does, however, provide considerable scope for encouraging discussion and debate, though sensitivity and tact will need to be exercised when learners begin to consider their own prejudices and experiences.

The use of recording equipment and playback could be a helpful vehicle for learners to begin to understand the importance of appropriate interpersonal skills during discussion sessions. There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and *Unit 1: Developing Effective Communication in Health and Social Care,* and it would be good practice if the same tutor could be responsible for delivering all three units.

Work experience may help learners to understand the importance of the issues raised in this unit. Additionally, visits to health and social care settings or other relevant organisations, such as a place of worship, could be used to extend the experiences of learners. Guest speakers with appropriate resources will further encourage learner understanding and interest.

Many of the issues in this unit could be initially explored through the use of the media. Newspapers and popular magazines can be a source of unlimited material that could be used to acknowledge the concept of negative images in society. Issues of race, gender, and disability are often highlighted and learners should be aware of stereotypical images of people in the media. A class discussion around the use of television adverts, soaps, or newspaper headlines could be used to introduce these issues. Alternatively, small group discussions could be used, with feedback to the whole group. The use of case studies and/or role play is also recommended.

Another useful approach could be to look at the organisation in which the qualification is being delivered. Consideration could be given to issues such as the diversity of cultures represented in the learner body and the workforce, how many disabled people there are and whether there are any relevant policies and procedures that can be evidenced.

Learners should be encouraged to improve their own self-awareness, reflecting on their own personal beliefs and considering their prejudices, including potential influences on these. Learners may need to be supported in the challenge of some of their own beliefs and prejudices, but they need to be aware that this is an important part of their personal development, and also an important part of preparation for professional life in the health or social care sectors.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement these. This can include audio and video tapes. Extracts from work experience diaries could also provide useful evidence, as could descriptions of visits, for example to a place of worship, providing these are relevant to the required criteria. For example, for P1, a visit to a mosque could be used to help generate evidence for the explanation as to the benefits of diversity to society, with the explanation moving on to topics such as the arts and culture, or availability of different foods.

P2 requires a piece of writing in which learners use recognised terminology to explain the importance of promoting equality, recognising diversity and respecting rights in health and social care settings. For example, they need to describe the importance of recognising the principles of the care value base, or putting the patient/service user at the heart of service provision, whilst using terminology such as equality, equity, diversity, rights, opportunity, difference, overt/covert discrimination, stereotyping, labelling or prejudice. Examples could be drawn from work experience or case studies to support this evidence.

Case studies may be used to generate some of the evidence for this unit, for example for P2, P3 and P5, but learners should use their work experience placements to supplement this evidence — for instance by providing examples of how those working in health and social care settings promote anti-discriminatory practice.

Work experience placements can also be used as the basis for P4 and P6. Some internet research could also be useful for P4, though learners need to understand that printouts from the internet are not acceptable forms of evidence.

In order to achieve M1, learners are required to choose and describe a recent or emerging national policy development and explain how it influences organisational policy with regard to anti-discriminatory practice. Learners could use their own work experience placements as the basis of their explanation, though visits to other health or social care environments could also be used.

For D1, learners need to evaluate how recent or emerging policy development influences organisational and personal practice in relation to anti-discriminatory practice. A discussion of the strengths and weaknesses of the policy development and its effects on practice is required.

For M2, learners also need to explain difficulties that may be encountered when implementing anti-discriminatory practice, and for M3 they need to analyse how their own personal beliefs and value systems may influence their ability to carry out effective anti-discriminatory practice. Learners are therefore required to reflect on the issues involved, with this reflection being extended for D2, which requires them to evaluate practical strategies to reconcile their own beliefs and values with anti-discriminatory practice in health and social care.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and *Unit 1: Developing Effective Communication in Health and Social Care,* and it would be good practice if the same tutor could be responsible for delivering all three units.

This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1: Understand the principles of care
- Standard 2: Understand the organisation and the role of the worker
- Standard 6: Develop as a worker.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced through the teaching of this unit by, for example, consideration of the benefits of diversity to society. Spiritual issues could also be introduced through the exploration of different forms of worship.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- case study materials
- audio and visual records eg videos/DVDs, television interviews, soap operas, chat shows, magazines or newspapers
- guest speakers
- visits
- recent policy papers from The King's Fund, various specialist independent (voluntary) organisations, professional associations and trade unions.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Clements P and Jones J — *The Diversity Training Handbook: A Practical Guide to Understanding and Changing Attitudes* (Kogan Page, 2002) ISBN 0749437227

DoH — *Change your mindset — an activity pack for youth groups about discrimination and mental health* (DoH, 2003 — available at: www.mindout.net)

Hogg C and Holland K — *Cultural Awareness in Nursing and Healthcare* (Hodder Arnold, 2001) ISBN 0340731338

Malik H — *A Practical Guide to Equal Opportunities* (Nelson Thornes, 2003) ISBN 0748770798

Moonie N — *Diversity and Rights in Care* (Heinemann, 2004) ISBN 0435401262

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Richards J — *Complete A-Z Health and Social Care Handbook* (Hodder Arnold, 2003) ISBN 0340872675

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Thomas E — *What About Me? An Equal Opportunities Support Pack* (HLB Associates, 2003) (available from hlb@hlbassociates.plus.com)

Thomson H, Meggitt C, Aslangul S and O'Brien V — *Further Studies for Health* (Hodder Arnold, 2002) ISBN 0340804238

Thomson H, Meggitt C, Aslangul S and O'Brien V — *Further Studies for Social Care* (Hodder Arnold, 2002) ISBN 0340804246

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.careknowledge.com	Care Knowledge
www.cre.gov.uk	Commission for Racial Equality
www.community-care.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.imagesofdisability.gov.uk	Images of Disability
www.kingsfund.org.uk	The King's Fund
www.parliament.uk	UK Parliament
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the benefits of diversity to society	C3.1a Take part in a group discussion.
• use recognised terminology to explain the importance of promoting equality, recognising diversity and respecting rights in health and social care settings	
• explain the potential effects of discriminatory practice on those who use health or social care services	
• explain how those working in health and social care settings can actively promote anti-discriminatory practice	
• describe ways of reflecting on and challenging discriminatory issues in health and social care	
• explain the benefits of diversity to society	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.

Communication Level 3 (*continued*)	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice • describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice.	C3.2 Read and synthesise information from at least **two** documents about the same subject Each document must be a minimum of 1000 words long. C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice • describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice • describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice.	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case. ICT3.2 Enter and develop the information and derive new information. ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice	WO3.1 Plan work with others.
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe how legislation, codes of practice, charters and organisational policies are used to promote anti-discriminatory practice.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 3: Health, Safety and Security in Health and Social Care

NQF Level 3:   **BTEC National**

Guided learning hours: 60

Unit abstract

Health, safety and security issues are extremely important in the health and social care sectors in order to protect both the patients/service users and also those working in the sectors. The health and social care work environment is a complex one. For example, individuals could be exposed to a wide range of potential hazards such as waste materials, chemicals, intruders on the premises, equipment or risk of infection.

The aim of this unit is to introduce learners to health, safety and security issues in the health and social care workplace. It will encourage them to reflect on potential hazards and how the risk from these may be reduced, also to explore relevant legislation and guidelines and how these may help to promote a safer working environment, and examine the policies and procedures of specific organisations. Learners then go on to explore the roles and responsibilities of employers and employees within the health and social care sectors, and finally carry out a survey of a local environment used by a group of patients/service users.

The knowledge gained from this unit will underpin many of the other units in the qualification. It is an essential unit for the preparation of learners for their period of work experience, which should provide opportunities for some of the assessment of the unit. The unit also provides a useful preparation for work in the health and social care sectors and for learners intending to progress on to, for example, degrees in social work, nursing or other related disciplines.

Learning outcomes

On completion of this unit a learner should:

1 Understand potential hazards in health and social care

2 Understand how legislation, guidelines, policies and procedures promote health, safety and security

3 Understand roles and responsibilities for health, safety and security in health and social care settings

4 Know how to deal with hazards in a local environment.

Unit content

1 **Understand potential hazards in health and social care**

Hazards: eg from working environment, poor working conditions, poor staff training, poor working practices, equipment, substances (eg chemicals, pharmaceuticals, food), incidents

Working environment: eg within an organisation's premises, in the premises of another organisation, in the service user's home, out in the community

Working practices: eg activities, procedures, storage/use of materials or equipment, working techniques such as manual handling/food hygiene control

Risks: eg possibility of injury and harm to people, possibility of danger, damage and destruction to the environment and goods, infection

Incidents: eg accidents, contamination risk, chemical spillages, intruders, aggressive and dangerous encounters, lost keys/purses and other personal items, missing individuals, individuals locked out, fires within premises, bomb scares

Accidents: due to, eg falls, hazards in the environment, poor manual handling, illness, weaknesses, disability, frailty, sensory and cognitive impairment

2 **Understand how legislation, guidelines, policies and procedures promote health, safety and security**

Legislation and guidelines: relevant sections from: eg Health and Safety at Work Act 1974, Food Safety Act 1990, Food Safety (General Food Hygiene) Regulations 1995, Manual Handling Operations Regulations 1992, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, Data Protection Act 1998, Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health Regulations (COSHH) 2002

Policies and procedures: organisational

Health and social care service delivery: eg working practices, risk assessment, roles and responsibilities of employers and employees

3   **Understand roles and responsibilities for health, safety and security in health and social care settings**

Roles: employers, employees

Responsibilities: according to legal and organisational requirements, eg following organisational safety and security procedures, risk assessment, checking rights of entry and taking appropriate actions, identifying and minimising health, safety and security risks, monitoring of working practices, respecting the needs, wishes, preferences and choices of individuals, taking appropriate action to ensure that equipment and materials are used and stored correctly and safely, dealing with spillage of hazardous and non hazardous materials, disposing of waste immediately and safely, following and supporting others to understand and follow correct safety procedures, following correct manual handling procedures and techniques, reporting health and safety issues to the appropriate people, completing health safety and security records, operating within limits of own role and responsibilities

4   **Know how to deal with hazards in a local environment**

Environments: eg local park, local tourist attraction, shopping mall, children's play area

Patient/service user group: eg older people, people with sensory or cognitive impairment, children

Survey: health, safety and security issues

Risks: eg possibility of injury and harm to people, possibility of infection, possibility of danger

Risk assessment: hazard identification, risks from each hazard assessed for patients/service users, risks from each hazard assessed for health and social care workers, minimisation of risks, recommendations for improvement

First aid procedures: action at an emergency, emergency first aid, life-saving procedures, dealing with injuries, fractures, sprains, bleeding, burns, asthma attacks, epilepsy, diabetes, bites, stings, allergies

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 use work placement experiences to explain a minimum of six potential hazards in a health or social care setting		
P2 describe how key legislation in relation to health, safety and security influences health and social care delivery		
P3 using examples from work experience describe how policies and procedures promote health, safety and security in the health and social care workplace	M1 explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	D1 using examples from work experience evaluate the effectiveness of policies and procedures for promoting health, safety and security
P4 examine the roles and responsibilities of key people in the promotion of health, safety and security in a health or social care setting		
P5 carry out a health and safety survey of a local environment used by a specific patient/service user group	M2 assess the risk associated with the use of the chosen local environment and make recommendations for change	D2 justify recommendations made for minimising the risks, as appropriate, for the setting and service user groups.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 demonstrate basic first aid skills.	M3 demonstrate first aid skills on a critically injured individual.	

Essential guidance for tutors

Delivery

Health, safety and security issues can be introduced initially in the classroom, possibly through tutor input, case studies and/or videos. Other activities, such as group visits or the use of guest speakers, could help learners to gain understanding of health and safety in relation to the health and social care sectors. Class activities could include presentations, posters or discussion on issues such as infection control. Legislation could be explored initially through internet research, followed again by presentations or posters. Learners should understand the key points of legislation, including any recent legislation or guidelines, and its role in the promotion of health, safety and security.

Roles and responsibilities of health and social care employers and employees could be introduced through the use of case studies, with class discussion used to emphasise the key points. Learners should be encouraged to be reflective when considering the need for actions to minimise risk. They also need to relate classroom activities and knowledge gained to their work experience placements.

Learners could be prepared for their local environment survey by carrying out a survey of the school or college and using this to highlight certain issues, remembering that a school or college is also a workplace. They could be introduced to the concept of risk assessment through a particular activity, such as using a computer or preparing a meal, and then apply this understanding to their local environment assessment.

Appropriate and relevant first aid training and certification is to be encouraged alongside this unit. Other potential additional qualifications that could be useful to learners include manual handling and food hygiene.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing or essays, though records from presentations or class discussions could be used to supplement these. Extracts from work experience diaries could also provide useful evidence, as could descriptions of visits to other health or social care settings. Detailed posters may also provide useful vehicles for assessment.

Case studies may be used to generate some of the evidence for this unit, and learners could use their work experience placements to supplement this evidence. For example, in order to achieve P3, learners need to provide examples of how organisational policies and procedures promote health, safety and security in a specific setting. P1 and P4 also require learners to use their work experience placements as a basis for providing evidence.

Internet research could be a useful means of gaining evidence for P2, though learners need to understand that printouts from the internet are not acceptable forms of evidence in their own right. Learners need to summarise the main points of key legislation in relation to how it influences service delivery. They could refer to information on internet printouts as a means of demonstrating understanding of the legislation and providing supportive evidence.

To achieve merit or distinction grades, learners are required to apply their knowledge of relevant legislation to the health and social care workplace. In order to achieve M1, learners are required to explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace. Experiences from either work placements or other visits may provide useful evidence for this.

For D1, learners are required to use examples from work experience and evaluate the effectiveness of policies and procedures for promoting health, safety and security. Again, experiences from either work placements or other visits may provide useful evidence.

For P5, the health and safety survey of a local environment used by a specific patient/service user group could be carried out, for example, in a local park, tourist attraction or children's play area. This should encourage learners to reflect on health, safety and security issues in an environment used by patients/service users, but not the work experience placement of the learners. To achieve M2, learners are required to carry out a risk assessment and, to achieve D2, justify any recommendations they make for improvement.

Appropriate and relevant first aid training and certification is to be encouraged alongside this unit, and the assessed simulated observed activities that this should entail should provide the necessary evidence for P6 and M3. This could be supplemented by simulation in the classroom. Centres need to apply their own professional judgement to the definition of a 'critically injured individual'. As a rough guide, this could be considered to be an individual with more than one serious injury, or an individual with life threatening injuries.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit will underpin many other units in the programme. It will be further developed in particular in *Unit 6: Personal and Professional Development in Health and Social Care, Unit 12: Public Health* and *Unit 39: Infection Prevention and Control.* This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice

- Unit HSC374: Provide first aid to an individual needing emergency assistance.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN3: Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice

- Unit CHS35: Provide first aid to an individual needing emergency assistance

- Unit CHS36: Provide basic life support.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1: Understand the principles of care

- Standard 2: Understand the organisation and the role of the worker

- Standard 3: Maintain safety at work

- Standard 6: Develop as a worker.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues will be covered in some detail during the progression through this unit, and environmental issues will also be introduced.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials
- the necessary resources for First Aid Certification.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- case study materials
- leaflets (for example from the Health and Safety Executive or the Learning and Skills Council)
- videos/DVDs
- guest speakers
- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Owen G A — *HACCP Works* (Highfield Publications, 2005) ISBN 1904544363

Richards J — *Complete A-Z Health and Social Care Handbook* (Hodder Arnold, 2003) ISBN 0340872675

Sprenger R — *The Foundation HACCP Handbook* (Highfield Publications)
ISBN 1904544355

Sprenger R and Fisher I — *The Essentials of Health and Safety (Carers)* (Highfield Publications) ISBN 1871912032

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Leaflets

Five steps to risk assessment (HSE Publications)

Health and Safety Law: What you should know (HSE Publications)

Websites

www.bohs.org	British Occupational Hygiene Society
www.dh.gov.uk	Department of Health
www.foodstandards.gov.uk	Food Standards Agency
www.hse.gov.uk	Health and Safety Executive
www.hsebooks.co.uk	Health and Safety Executive Books
www.lsc.gov.uk	Learning and Skills Council
www.lshtm.ac.uk	London School of Hygiene and Tropical Medicine
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• use examples from work experience to describe how policies and procedures promote health, safety and security in the health and social care workplace	C3.1a	Take part in a group discussion.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace.	C3.3	Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how key legislation in relation to health, safety and security influences health and social care delivery	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	ICT3.2 Enter and develop the information and derive new information.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	WO3.1 Plan work with others.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain how legislation, policies and procedures are used to promote the health, safety and security of individuals in the health and social care workplace.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 4: Development Through the Life Stages

NQF Level 3: BTEC Nationals

Guided learning hours: 60

Unit abstract

Knowledge of human growth and development through the life stages is important for learners who are considering careers in the health or social care sectors because it will assist their understanding of the needs of individuals at different stages of life, including their potential care needs. It will also help learners to understand the influence of unexpected events on patients/service users and their families. Learners should be encouraged to be reflective during the study of this topic and to relate theoretical study to life experiences.

This unit enables learners to gain understanding of the different life stages and how people grow and develop. It requires learners to reflect on the importance of a variety of factors and major life events on the development of individuals, and to consider the nature-nurture debate. The unit also allows learners to gain an insight into the ageing process and to understand both positive and negative perspectives of ageing.

Concepts introduced in this unit will be developed further in a number of other units in the programme, such as *Unit 8: Psychological Perspectives for Health and Social Care, Unit 25: Coping with Change in a Health and Social Care Context, Unit 28: Caring for Older People* and *Unit 29: Applied Psychological Perspectives for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1 Understand human growth and development through the life stages

2 Understand how life factors and events may influence the development of the individual

3 Understand physical changes and psychological perspectives in relation to ageing.

Unit content

1 **Understand human growth and development through the life stages**

Life stages: conception; pregnancy; birth and infancy — 0-3 years; childhood — 4-9 years; adolescence — 10-18 years; adulthood — 19-65 years; older adulthood — 65+ years; the final stages of life

Definitions: growth; development; developmental norms; developmental milestones; life course; maturation; life expectancy

Development: holistic development; physical, intellectual, language, emotional, social; change along the continuum of life, potential causes and effects of delayed development

2 **Understand how life factors and events may influence the development of the individual**

Nature-nurture debate: key principles; biological programming, experiences, environment

Life factors:

– genetic: eg predisposition to certain diseases, phenylketonuria, cystic fibrosis, Down's syndrome, sickle cell anaemia/trait/disorders

– biological: eg foetal alcohol syndrome, infections during pregnancy

– environmental: eg water and sanitation, pollution, access to leisure/recreational facilities, access to health and social care services, access to employment and income

– socio-economic: eg the family, community, peer groups, social class, values and attitudes, income, expenditure, employment status, housing, media, culture and beliefs, gender, discrimination, education, bullying

– lifestyle: eg nutrition and dietary choices, exercise, stress, substance abuse

Major life events: predictable/unpredictable, eg birth of a sibling, starting school/nursery, moving house, employment, redundancy, serious injury, leaving home, marriage, divorce, parenthood, retirement, ageing, bereavement, abuse

Interrelationships between factors

3   **Understand physical changes and psychological perspectives in relation to ageing**

Theories of ageing: eg activity theory, disengagement theory

Puberty/menopause: hormonal control

Physical changes:

–   cardiovascular system: eg atherosclerosis, coronary heart disease

–   respiratory system: eg asthma, emphysema, chronic obstructive pulmonary disease

–   nervous system: eg degeneration of sense organs or nervous tissue, cognitive changes, motor neurone disease

–   musculo-skeletal: eg muscle thinning, decline in mobility, arthritis

–   skin: eg loss of elasticity

–   illnesses that are more likely to occur as a result of ageing

Psychological changes: in relation to, eg confidence, self-esteem

Negative perspectives: eg effects of retirement, role changes, loss of partner, loss of peers, ageism, financial concerns

Positive perspectives: eg effects of retirement, role changes, learning for pleasure, leisure pursuits, cultural variations

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe physical, intellectual, emotional and social development through the life stages		
P2 describe the potential influences of five life factors on the development of individuals	M1 discuss the nature-nurture debate in relation to individual development	D1 evaluate the nature-nurture debate in relation to development of the individual
P3 describe the influences of two predictable and two unpredictable major life events on the development of the individual	M2 explain how major life events can influence the development of the individual	
P4 describe two theories of ageing	M3 use examples to compare two major theories of ageing.	D2 evaluate the influence of two major theories of ageing on health and social care service provision.
P5 describe physical and psychological changes due to the ageing process.		

Essential guidance for tutors

Delivery

This unit could be introduced through learners working in small groups to investigate specific life stages, or aspects of development, and then presenting their findings to the whole group. Videos, followed by worksheets or class discussions, will also help to develop understanding. Case study materials, or biographies reflecting people's life experiences (eg reviews of the lives of well-known role models), could also be used as a starting point for class discussions, as could surveys of people across the life stages.

Work experience can be used to reinforce learning, for example by learners observing or talking to individuals at different life stages in care settings, such as nurseries or residential care homes. If these observations or discussions form part of the learner's assessment evidence, care must be taken to ensure confidentiality.

Having explored the key aspects of physical, intellectual, emotional and social development that takes place through the life stages, learners need to consider the influences of a range of life factors on the development of individuals, including the potential effects of major life events. Case studies could be used to illustrate different issues in relation to the influence of life factors, and as a starting point for discussions.

Learners could also arrange to talk to older people at their work experience placements if appropriate. Alternatively or additionally, a visit could be arranged for the whole class, or small groups, to a residential care home or day care centre. Learners would need to prepare carefully for such discussions, and be led by the older person as to the nature of the conversation.

The physical and psychological effects of ageing could be delivered through a combination of tutor input, learner research, discussion groups and experiences on work placement. Theories of ageing will be introduced here, and learners with a particular interest in caring for older people could extend their learning in *Unit 28: Caring for Older People.*

Visits from guest speakers can provide valuable expertise in specialist areas, and offer additional insight to ensure that learners gain the maximum benefit from this unit.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, with records from presentations or class discussions being used to supplement them. This can include audio and video tapes. Extracts from work experience diaries could also provide useful evidence, as could descriptions of visits, for example to a children's setting or a residential home, providing these are relevant to the required criteria. For example, a visit to a residential home could be used to inform the description of the physical and psychological changes due to the ageing process. Case studies may also be used to generate some of the evidence for this unit.

To achieve merit or distinction grades, learners are required to demonstrate more depth of understanding of the content of the unit, and higher level skills of explanation or evaluation, for example in the consideration of the nature-nurture debate.

P1 requires a good deal of evidence to be presented, probably in the form of an illustrated written assignment.

For P2 learners need to describe the potential influences of five life factors on the development of individuals. It is recommended that learners provide evidence of understanding of one factor from each of the five groups in the contents section of the unit. In other words — one example of each from genetic, biological, environmental, socio-economic, and lifestyle factors.

For M1 learners need to take the consideration of these factors further and discuss the nature-nurture debate in relation to individual development, whilst for D1 an evaluation of the nature-nurture debate in relation to development of the individual is required. Case studies could be used as a basis for this evidence, or learners could focus on a fictional character, for example from a television series. If a real-life individual is taken as the basis for written evidence, relevant permission should be sought and confidentiality respected.

Similar evidence could form the basis of P3 when learners have to describe the influences of two predictable and two unpredictable major life events on the development of the individual, and M2 when they should explain how major life events can influence the development of the individual. This should also be related back to evidence presented for M1, in relation to the nature-nurture debate.

Having described two theories of ageing for P4, learners could go on to use examples to compare two major theories of ageing for M3. For D2 they then need to evaluate the influence of two major theories of ageing on health and social care service provision. Work experience will probably provide learners with some of the understanding they need in order to provide evidence for M3 and D2, this being supplemented in class or through learner research.

Finally, for P5 learners need to describe physical and psychological changes due to the ageing process. Evidence for some of the psychological aspects of this could come through discussions with older people, with learners producing reviews or summaries of the discussions. Evidence for P5 will probably take the form of a written assignment.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit could potentially link with *Unit 1: Developing Effective Communication in Health and Social Care,* in terms of demonstrating communication skills with an older person. The knowledge gained through this unit will be further developed in *Unit 6: Personal and Professional Development in Health and Social Care* and will underpin many other units in the programme, such as *Unit 28: Caring for Older People.*

This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care

- Standard 6:   Develop as a worker.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced through the teaching of this unit when, for example, the nature-nurture debate is discussed.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- case study materials
- videos/DVDs
- guest speakers
- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Bruce T and Meggitt C — *Child Care and Education* (Hodder Arnold, 2006) ISBN 0340925396

Lindon J — *Understanding Child Development* (Hodder Arnold, 2005) ISBN 0340886692

Meggitt C — *Child Development: An Illustrated Guide* (Heinemann, 2006) ISBN 0435420488

Minett P — *Child Care and Development* (Hodder Arnold, 2005) ISBN 0340889152

Richards J — *Caring for People: A Lifespan Approach* (Nelson Thornes, 1999) ISBN 0748739009

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Journals

Child Care, Health and Development (Blackwell Publishing)

Health Service Journal (Published by Public Sector Management)

Websites

www.communitycare.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.nursingtimes.net	Nursing Times

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe two theories of ageing	C3.1a Take part in a group discussion.
• describe physical, intellectual, emotional and social development through the life stages	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe physical, intellectual, emotional and social development through the life stages	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe physical, intellectual, emotional and social development through the life stages.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe physical, intellectual, emotional and social development through the life stages	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe physical, intellectual, emotional and social development through the life stages	ICT3.2 Enter and develop the information and derive new information.
• describe physical, intellectual, emotional and social development through the life stages.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe physical, intellectual, emotional and social development through the life stages	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe physical, intellectual, emotional and social development through the life stages	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe physical, intellectual, emotional and social development through the life stages.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe physical, intellectual, emotional and social development through the life stages	WO3.1 Plan work with others.
• describe physical, intellectual, emotional and social development through the life stages	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe physical, intellectual, emotional and social development through the life stages.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to provide learners with a clear understanding of fundamental aspects of the anatomy and physiology of human body systems. Learners will gain an overview of the gross anatomy and function of all human body systems before investigating selected body systems in greater depth.

The unit introduces core knowledge of cellular structure and function, and the organisation of the body as a whole, and then builds on this to develop a more detailed knowledge of the fine anatomy and physiology of the systems involved in energy metabolism.

Learners will also examine the homeostatic mechanisms involved in regulating these systems, for the maintenance of health. Practical activity will require learners to take measurements of the cardiovascular and respiratory systems and of body temperature using non-invasive techniques to investigate normal responses to routine variations in body functioning.

This unit provides the core understanding of human physiology that underpins the study of the specialist physiology units within this programme. The unit also provides an overview of body functioning that is valuable for anyone working in a field relating to health and social care.

Learning outcomes

On completion of this unit a learner should:

1 Understand the organisation of the human body

2 Understand the functioning of the body systems associated with energy metabolism

3 Understand how homeostatic mechanisms operate in the maintenance of an internal environment

4 Be able to interpret data obtained from monitoring routine variations in the functioning of healthy body systems.

Unit content

1 **Understand the organisation of the human body**

Organisation: cells; tissues; organs; systems

Cells: cell membrane, nucleus, cytoplasm; organelles — mitochondria, endoplasmic reticulum (smooth, rough), Golgi apparatus, lysosome

Tissues:

– epithelial: simple (cuboidal, columnar, squamous, ciliated), compound (simple, keratinised)

– connective: blood, cartilage, bone, areolar, adipose

– muscle: striated, non striated, cardiac

– nervous: neurones, neuroglia

– examples of where each tissue type might be found

Body organs: locations of heart, lungs, brain, stomach, liver, pancreas, duodenum, ileum, colon, kidneys, bladder, ovaries/testes, uterus; structure and functions of the skin

Systems: gross structure of: cardiovascular, respiratory, digestive, renal, nervous, endocrine, reproductive, lymphatic, musculo-skeletal, immune

Main functions of systems: overall functions of each system, eg digestion of food materials, maintenance of oxygen supply, transport and supply of materials to cells, reception of information from the environment, co-ordination, eliminating waste products, reproduction; overview of interactions of the different structures within each system

2 **Understand the functioning of the body systems associated with energy metabolism**

Energy laws: conservation of energy; transformation of energy

Forms of energy: eg chemical, heat, electrical, sound, light

Energy metabolism: role of energy in the body; anabolism and catabolism; activities involved in supplying energy to the cells of the body — roles of cardiovascular, respiratory and digestive systems

Cardiovascular system: heart — structure, cardiac cycle, heart rate, stroke volume, blood pressure, blood vessels — arteries, arterioles, capillaries, venules, veins; pulmonary and systemic circulation; structure and functions of the blood

Respiratory system: role of air passages in nose; structure and functions of trachea, bronchi, lungs — bronchial tree, alveoli; role of ciliated epithelial tissue; respiratory muscles — intercostal muscles, diaphragm; ventilation, gaseous exchange, diffusion

Digestive system: alimentary canal — oesophagus, stomach, duodenum, ileum, colon; liver, pancreas, salivary glands; role of digestive system in breakdown and absorption of food materials, ingestion, peristalsis, digestion, absorption, egestion

Role of enzymes in digestion: amylases, proteases, lipases; sites of secretion; role in digestion

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 proteins and fate of the end products; role of the liver; role of the kidney

Absorption of food: into blood; into lacteals; role of villi and microvilli

3 **Understand how homeostatic mechanisms operate in the maintenance of an internal environment**

Homeostasis: definition of homeostasis, internal environment, concept of negative feedback as a regulatory mechanism

Homeostatic mechanisms for regulation of:

- heart rate: roles of internal receptors, autonomic nervous system — sympathetic and parasympathetic nerve supply, cardiac centre, sinoatrial node; effects of increased body temperature and adrenaline on heart rate

- breathing rate: roles of internal receptors, autonomic nervous system — sympathetic and parasympathetic nerve supply, respiratory centre, diaphragm and intercostal muscles

- body temperature: production of heat by the body, eg through metabolic processes; loss of heat by the body — radiation, conduction, convection, evaporation; roles of hypothalamus, autonomic nervous system — sympathetic and parasympathetic, skin — role of arterioles and sweat glands; effects of shivering; implications of surface area to volume ratios — for example in the care of babies; fever

- blood glucose levels: roles of pancreas, liver, insulin, glucagon

4 **Be able to interpret data obtained from monitoring routine variations in the functioning of healthy body systems**

Measurements: pulse rate, breathing rate, temperature; normal values and ranges; safe practice in taking measurements, recognition of factors affecting reliability of measurements

Normal variations: as measured at rest and then at intervals during recovery following a standard exercise test, eg Harvard step test

Data presentation and interpretation: graphs and charts; supporting explanations of collated data

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the functions of the main cell components		
P2 describe the structure of the main tissues of the body and their role in the functioning of two named body organs		
P3 describe the gross structure and main functions of all major body systems		
P4 describe the role of energy in the body and the physiology of three named body systems in relation to energy metabolism	M1 explain the physiology of three named body systems in relation to energy metabolism	D1 use examples to explain how body systems interrelate with each other
P5 describe the concept of homeostasis and the homeostatic mechanisms that regulate heart rate, breathing rate, body temperature and blood glucose levels	M2 explain the probable homeostatic responses to changes in the internal environment during exercise	D2 explain the importance of homeostasis in maintaining the healthy functioning of the body.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 measure body temperature, heart rate and breathing rate before and after a standard period of exercise, interpret the data and comment on its validity.	M3 analyse data obtained to show how homeostatic mechanisms control the internal environment during exercise.	

Essential guidance for tutors

Delivery

A range of strategies can be used to deliver this unit. Exploration of the gross structure of body systems can be linked to an internet activity at an early stage of the programme. This could be supplemented by examination of anatomical models.

Learners need to develop understanding of the organisation of the human body as a whole, in order to provide a firm basis for further studies or work within the health or social care sectors. However, detailed understanding of all the systems of the body is not required for this unit, and as a rough guide no more than six hours of class time should be spent delivering learning outcome 1.

It is also not necessary for learners to have a detailed understanding of cell microstructure and metabolism to understand this unit — an overview is all that is required. Practical activities examining prepared histology slides with simple microscopes may be useful and, if appropriate, dissection of a heart and a kidney can be included in practical activities. Overhead transparencies could also be used to discuss the structure of cells, different tissues, organs or body systems.

Having taken an overview of the human body for learning outcome 1, learners then need to investigate in more detail the three systems of the body that are involved in providing the necessary requirements for the release of energy in cells. Learning about the physical aspects of energy should be briefly embedded here in order for learners to fully understand the nature of energy and its role in the body.

When learners are studying the structure and functions of the blood they initially require an overview, with a particular focus then being taken on the transport of materials. The role of haemoglobin in particular needs to be understood. For the digestive system, learners need to understand the structure and functions of the system, including an overview of digestion, the role of enzymes, absorption and assimilation.

Learners need to appreciate the importance of homeostasis, and homeostatic reflexes, for the human body. This should be linked to possible scenarios of what happens when homeostasis 'goes wrong', if time allows. Discussion of homeostasis and possible metabolic uses of the major products of digestion can be linked to diet, growth, exercise and weight change. Measurement of body temperature and breathing rate do not require more than standard clinical observation techniques and equipment available through a retailer.

Guidance in the safe use of appropriate techniques will be necessary for the practical activities. The standard exercise test used to generate data for assessment needs to involve a moderate level of exertion for the learner carried out for a period of ten to fifteen minutes, subject to individual capabilities. Examples could include climbing flights of stairs, jogging, the use of gym equipment or an activity such as the Harvard step test.

It is recommended that learners take measurements before the exercise, immediately after cessation of the exercise, two to three further readings in the first five minutes of the recovery period, and then at longer intervals until readings have returned to pre-exercise levels.

Assessment

Three assignments could be used for the assessment of this unit.

An initial assignment for P1, P2 and P3 could involve the use of visual images to show the structure of cells, tissues, organs and systems. It is therefore crucial that learners should receive clear guidance regarding the use of any material, in particular that downloaded from the internet, and careful referencing of all sources should be expected. Any images used should be adapted by learners in such a way as to demonstrate that the product is clearly the learner's own work. Detailed annotation of diagrams and presentation in specific formats such as information sheets and wall charts can be useful to encourage this.

For P3 a straightforward overview of the systems of the body is all that is needed, possibly in the form of annotated diagram/s.

For the second assignment, for P4 learners need to only briefly describe the role of energy in the body, with examples, and then describe the physiology of the cardiovascular, respiratory and digestive systems in relation to providing the materials for energy metabolism to the cells of the body.

M1 and D1 link to and extend P4, with learners needing to show a more in-depth understanding of human physiology. The authenticity expected, especially for merit and distinction criteria, can be evidenced by the degree to which explanations are clearly in the learner's own words, are relevant to the task, and are referenced appropriately but not excessively. For M1 a piece of writing is needed in which learners explain the physiology of the systems in relation to their structure and functions in the body.

For D1, use examples to explain how body systems interrelate with each other, the respective roles of the cardiovascular and respiratory systems could be used as the basis of a detailed explanation into the maintenance of oxygen provision to the cells, and removal of carbon dioxide, for example. The roles of the nervous and endocrine systems will need to be included in this explanation.

A final assignment could be used as the basis of evidence for P5, P6, M2, M3 and D2. For P5, describe the homeostatic mechanisms that regulate heart rate, breathing rate, body temperature and blood glucose levels, annotated diagrams with supporting description could be provided as evidence. M2 requires learners to extend this description into an explanation of the homeostatic responses to changes in the internal environment during exercise.

For P6, data generated from the practical exercise activity should be presented systematically. Learners could use tables or spreadsheets for this purpose, and then produce line graphs (for changes in a single measurement over time) or charts (for comparing data sets from different individuals). Identification of trends in the pattern of data measured over time and explanations for these could be included. Learners should include comments on the validity of their data in terms of reliability and variations from normal values and take this into account when interpreting the data collected.

For M3 the data obtained should be analysed to show how homeostatic mechanisms control the internal environment during exercise. This links with M2 and the two pieces of evidence could be presented together.

D2 requires an in-depth piece of writing to explain the importance of homeostasis in maintaining the healthy functioning of the body. This could include examples of when homeostatic mechanisms do not function efficiently, and the resulting symptoms. A detailed and accurate account is required.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit underpins and links to *Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders, Unit 15: Biochemistry for Health, Unit 21: Nutrition for Health and Social Care, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice

- Unit CHS19:   Undertake physiological measurements.

The unit may also enable learners to gain some of the underpinning knowledge for the following Healthcare Science National Occupational Standards:

- HCS BC9:   Investigate nutrition, absorption and digestion
- HCS D2:   Provide a basic report on healthcare science investigations
- HCS E2:   Develop and maintain health, safety and security practices in the workplace.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations
- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others
- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

They should also gain some of the underpinning knowledge for the following Health and Wellbeing dimension of the NHS Knowledge and Skills Framework:

- Dimension HWB8: Plan, undertake, evaluate and report biomedical investigations and/or interventions.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care
- Standard 6:   Develop as a worker.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the practical tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials
- equipment for the practical tasks, such as clinical thermometers.

In addition, the following resources are considered to be highly valuable:

- models of human torso, individual organs such as the heart and systems such as the respiratory system
- access to microscopes for use in relation to histology
- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Journals

Biological Science

New Scientist

Nursing Times

Website

www.bbc.co.uk/science/humanbody   BBC resource pages on the human body and mind

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• measure body temperature, heart rate and breathing rate before and after a standard exercise, interpret the data and comment on its validity	N3.1 Plan an activity and get relevant information from relevant sources.
• measure body temperature, heart rate and breathing rate before and after a standard exercise, interpret the data and comment on its validity	N3.2 Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• measure body temperature, heart rate and breathing rate before and after a standard exercise, interpret the data and comment on its validity.	N3.3 Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the gross structure and main functions of all major body systems	C3.1a Take part in a group discussion.
• describe the gross structure and main functions of all major body systems	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the role of energy in the body and the physiology of three named body systems in relation to energy metabolism	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the role of energy in the body and the physiology of three named body systems in relation to energy metabolism.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the gross structure and main functions of all major body systems	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the gross structure and main functions of all major body systems	ICT3.2 Enter and develop the information and derive new information.
• describe the gross structure and main functions of all major body systems.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the homeostatic mechanisms that regulate heart rate, breathing rate, body temperature and blood glucose	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the homeostatic mechanisms that regulate heart rate, breathing rate, body temperature and blood glucose	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the homeostatic mechanisms that regulate heart rate, breathing rate, body temperature and blood glucose.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the gross structure and main functions of all major body systems	WO3.1 Plan work with others.
• describe the gross structure and main functions of all major body systems	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe the gross structure and main functions of all major body systems.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 6: Personal and Professional Development in Health and Social Care

NQF Level 3:   BTEC Nationals

Guided learning hours: 120 (plus 100 hours of work experience)

Unit abstract

The aim of this unit is to act as a focal point for all other units in the programme and embed the vocational nature of the qualification. In addition to the requirement for work experience and the opportunities to relate theory to practice, the unit will enable learners to bring together their learning from all units in the programme.

Learners will initially explore factors that affect learning, then plan and monitor their own personal and professional development and reflect on their development. They will also gain key understanding of the health and social care sectors, including aspects of service delivery, and the fundamentals of research methodology. It is through this unit that learners will consider their personal and professional development holistically, linking different units within their programmes and also their personal experiences.

This unit explores the different ways in which learning can take place and how learning from individual experiences can be used to enhance the quality of knowledge, skills and practice. Learners will explore concepts of learning and relate these to their own preferred learning styles and other factors that influence their learning.

Learners will initially consider their own knowledge, skills, practice, values and beliefs in relation to working in health and social care. They will then draw up a personal plan for self-development over the duration of their programme, as appropriate for their personal abilities, goals and career aspirations. Learners will review their progress against these plans at intervals throughout the programme, adjusting them as appropriate for changing circumstances. They will develop the ability to draw on a range of sources of information to assess their personal and professional development, including their vocational experience and other relevant experiences such as their formal study, employment and/or voluntary activity. The unit also introduces learners to health and social care service provision, and research methodology, both of which will be extended in other units within the programme.

A minimum of 100 hours of work experience, in addition to the guided learning hours, is required for the successful completion of this unit. It is recommended that this is divided between at least three different placements.

Learning outcomes

On completion of this unit a learner should:

1 Understand the learning process

2 Be able to plan for, monitor and reflect on own development

3 Understand service provision in the health or social care sectors.

Unit content

1 Understand the learning process

Theories of learning: eg Honey and Mumford, Kolb

Influences on learning: eg previous learning and experiences, specific learning need, formal versus informal learning, time, learning style, learning environment, access to resources, attitude and self-discipline, aspirations and motivation, priorities, health, responsibilities, relationships, others as appropriate

Skills for learning: study skills; literacy, numeracy, information and communication technology; research skills, eg observation, questioning, use of the internet; using feedback; reflection

Support for learning: eg from tutors, peers, supervisors, mentors; meetings; increased self-awareness; how and where to access information and support on knowledge and best practice

Learning opportunities: formal, informal; knowledge gained from, eg classroom activities, placement experiences, independent studies, life experiences, employment, voluntary activities

2 Be able to plan for, monitor and reflect on own development

Review at start of programme: current knowledge and skills, practice, values, beliefs, career aspirations; self-awareness

Knowledge: eg relevant formal and informal learning to date, current contemporary issues, understanding of theories, principles and concepts, understanding of potential careers; gained from a variety of learning opportunities

Skills:

- communicating: language — verbal, non-verbal

- working with others: eg service users, professionals, peers

- technical: eg it, use of equipment, creative/craft skills

- research: eg primary, secondary, data handling

- personal: eg organisational skills, personal presentation

Practice: eg respect for the value base of care, professional interactions with others, co-operative working with others, team work, influence of personal values and beliefs, awareness of need to develop personal value base to support and promote good practice, awareness of the impact of legislation, codes of practice and policies on own practice, responsibility and limitations

Values and beliefs: eg personal values and beliefs, value base of care

Career aspirations: career options, preferred choice

Plan for own development: targets/goals, short-term (up to six months), long-term (minimum of 18 months), specific, measurable, actionable, relevant, timely

Consider personal goals: in terms of knowledge, skills, practice, values, beliefs, and career aspirations

Monitor and evaluate plan in terms of own development: a minimum of three goals, progress against targets set

Changes: in response to ongoing development needs, goals and reflection

Contexts: work experience placements, visits, study environment, life events, other, eg employment

Professional development portfolio: professional practice log book, structured appropriately for assessment of unit and nature of evidence, indexed, authenticated records to demonstrate personal progression in developing own knowledge, skills, practice and career aspirations over time, variety of contexts for learning and development

Relevant evidence: formal, eg assessments, observations, witness testimony from direct observation, placement reports, feedback from tutors and supervisors, tutorial/career records, certificates, personal statements, application forms or CVs; informal, eg diary, peer reviews, reflective accounts, records of events

Support for development: from tutors, peers, supervisors, mentors; meetings; increased self-awareness; how and where to access information and support on knowledge and best practice

Reflect on own development: linking theory to practice; linking practice to theory; achievement of personal goals in terms of knowledge, skills, practice, values, beliefs, and career aspirations; influence of personal values and beliefs; impact of others on evolving development of self

3   **Understand service provision in the health or social care sectors**

Provision of services: national framework relevant to home country; primary, secondary, tertiary; regulators

Local health or social care service provider: eg type of provision, funding, access, potential barriers to access, organisational policies and procedures; how the service fits within national framework

Health and social care workers: health and social care professionals, eg nursing staff, social workers, professions allied to medicine; technical support professionals, eg medical and non-medical laboratory staff; other support professionals, eg managers, administrators; role of professional bodies; career pathways, training and qualifications, workforce development; codes of conduct, roles and responsibilities; multi-disciplinary teams

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain key influences on personal learning processes of individuals	M1 analyse the impact of key influences on personal learning processes on own learning	D1 evaluate how personal learning and development may benefit others
P2 describe own knowledge, skills, practice, values, beliefs and career aspirations at start of programme		
P3 produce and monitor an action plan for self-development and the achievement of own personal goals		
P4 describe own progress against action plan over the duration of the programme	M2 explain how the action plan has helped support own development over the duration of the programme	D2 evaluate own development over the duration of the programme.
P5 produce and reflect on own personal and professional development portfolio	M3 reflect on own experiences and use three examples to explain links between theory and practice.	

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe one local health or social care service provider and identify its place in national provision P7 describe the roles, responsibilities and career pathways of three health or social care workers.		

Essential guidance for tutors

Delivery

In addition to the guided learning hours, a minimum of 100 hours of experience in health and social care settings is required for the successful completion of this unit. It is recommended that this is divided between at least three different placements.

There are strong links with *Unit 1: Developing Effective Communication in Health and Social Care,* and *Unit 2: Equality, Diversity and Rights in Health and Social Care,* and it would be good practice if the same tutor could be responsible for delivering all three units.

The delivery of all aspects of this unit needs to be carefully planned over the duration of the programme.

Initially, some class time is required in order to deliver learning outcome 1 and to prepare learners for learning outcomes 2 and 3, which will be ongoing throughout the programme. In particular, learners need to develop some research skills in preparation for other units in the programme and also in order for them to gain evidence for learning outcome 3, while on placement. They will need robust preparation for their work experience placements, and clear advice and guidance regarding the compilation of their personal and professional development portfolios. Learners will also require initial individual tutorial sessions to support them in the development of their action plans.

Delivery of some aspects of the unit may be incorporated into routine course activities such as diagnostic assessments, study skills support, IT, teaching on other units, formal and informal preparation for placements, and may be included in induction activities. Role plays, presentations, debates and other activities could be used to raise learners' awareness of the key concepts and expectations of the unit. Some aspects of the unit may benefit from specialist input, for example observational techniques used in health and social care.

The work experience placements could either take the form of a day or half day a week, or block placements at a suitable point in the learners' programme. Learners on placement will need monitoring, and should have access to regular tutorial sessions to discuss their personal and professional development. The timing of these tutorial sessions needs careful consideration and planning in order to support learners effectively as they progress through their programmes. Learners will require constructive feedback on their progress, and support with the monitoring and review of their action plans. A suitable time for review could, for example, be following the completion of work experience at one of their settings.

Learners will need support in developing their abilities to write reflectively so that their accounts fully reflect all aspects of their performance in the work place and also in the use of other sources of evidence in assessing their own progress. Learners will also require guidance on how to assemble and organise their portfolio of evidence effectively so that evidence in support of the relevant criteria and content will be clearly located. They will need instructions regarding expectations for clarifying the authenticity of evidence (ie a dated signature by an appropriate professional giving qualifications and role).

The portfolio of evidence is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives. It could therefore include evidence, for example, from:

- other units — if particularly relevant to the development of the learner or to their work experience

- the learner's own employment if appropriate

- reviews of visits

- key research

- practical activities and projects

- reviews of relevant television programmes, or DVDs/videos.

Such evidence should be related and applied to the personal and professional development of the learner.

There could also be some evidence of competence development, such as a first aid or manual handling qualification, improvement of personal, learning and thinking skills, or a food hygiene qualification.

Learners should be encouraged to take an interest in current issues in relation to health and social care, and evidence for this could be included in their portfolio of evidence.

Learners should be introduced to research methodology at an early stage of their programme in order that these skills can be used and developed in this and other units throughout their studies. These skills can be used in this unit to help learners to research one local health or social care service provider and identify its place in national provision. Learners should be encouraged to take an interest in current issues in relation to health and social care, and research skills could be practised through this. Research skills will be developed further in the specialist *Unit 22: Research Methodology for Health and Social Care.*

The emphasis throughout this unit should be on the holistic development of the learner, and encouragement should be given to learners to be proactive in reflecting on and supporting their own development.

Assessment

A minimum of 100 hours of work experience is required for the successful completion of this unit. It is recommended that this is divided between at least three different placements.

It is recommended that the unit is supported by an assignment brief that includes clear instructions regarding guidance, dates, support and generating evidence for the Personal and Professional Development portfolio.

Evidence for P2 will be available early on in the programme, whereas evidence for other criteria, especially for merit/distinction grades, will be in ongoing development or produced towards the end of the programme. In particular, evidence for P1, M1 and D1 will be developed over the duration of the programme, as will that for P3, P4, M2 and D2. Evidence for P6 and P7 could be presented towards the end of the programme, or earlier if appropriate. Likewise for the evidence for M3, which requires learners to draw upon both their knowledge-based learning from the classroom and individual research, and their work experience.

For P5, the portfolio of evidence is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives. It could therefore include specific evidence from other units which is particularly relevant to the development of the learner or to their work experience. It could also include evidence from the learner's own employment if appropriate, reviews of visits, key research and practical activities and projects, reviews of relevant television programmes or DVDs/videos, and should be related and applied to the personal and professional development of the learner. There could also be some evidence of competence development, such as a first aid or manual handling qualification, improvement of personal, learning and thinking skills, or a food hygiene qualification. it is recommended that additional qualifications, such as the first aid qualification, are sufficiently robust and at an appropriate level of depth and breadth for the needs of the learner.

For P6, learners should be encouraged to consider relevant current issues to broaden their experiences and promote their development. For example, deficits in specific qualified/skilled workers, as possibly highlighted by the media, could be investigated, along with policy considerations in response to such deficits. Specific local issues could also be researched, such as funding or a change in a local service.

Carefully designed proforma such as those for placement report forms and presentation skills checklists could incorporate rating scales that would provide useful evidence to support learners in their self-assessment and reflection. A minimum of three reviews is required for this unit but it is recommended that the first review is completed very early on, for example after commencing the first placement, so that formative feedback can be given to assist learners in their own development for future reviews.

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The practical nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification. It will also allow for the development and practical application of knowledge gained in all other units. The development of the portfolio is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives.

This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care
- Standard 2:   Understand the organisation and the role of the worker
- Standard 4:   Communicate effectively
- Standard 6:   Develop as a worker.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced, as can moral and ethical, and health and safety issues. Learners will gain experience of these issues at first hand in the workplace.

Essential resources

The following resources are considered essential for the delivery of this unit:

- **a minimum of 100 hours of experience in health and social care settings is required for the successful completion of this unit — it is recommended that this is divided between at least three different placements**
- **an appropriately qualified and experienced tutor.**

The course team is encouraged to give careful consideration to the most appropriate tutor to have responsibility for the management of this unit given its likely overlap with the supervision of work placement and personal/course tutorial activities.

In addition, the following resources are considered to be highly valuable:

- leaflets/DVDs on learner safety from the Learning and Skills Council.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Jasper M — *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Skills for Life, Teacher's Reference Pack, Social Care (DfES)

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1*
(Heinemann, 2007) ISBN 9780435499150

Leaflets

The Right Start — Work experience for young people: health and safety basics for employers (Health and Safety Executive)

Standards for Health and Safety (Learning and Skills Council)

Websites

www.careknowledge.com	Care Knowledge
www.csci.org.uk	Commission for Social Care Inspection
www.hse.gov.uk	Health and Safety Executive
www.lsc.gov.uk	Learning and Skills Council
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• explain key influences on personal learning processes of individuals	C3.1a	Take part in a group discussion.
• describe one local health or social care service provider and identify its place in national provision	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe one local health or social care service provider and identify its place in national provision	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe one local health or social care service provider and identify its place in national provision.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe one local health or social care service provider and identify its place in national provision	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe one local health or social care service provider and identify its place in national provision	ICT3.2 Enter and develop the information and derive new information.
• describe one local health or social care service provider and identify its place in national provision.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe own knowledge, skills, practice, values, beliefs and career aspirations at start of programme	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• produce and monitor an action plan for self-development and the achievement of own personal goals	
• produce and monitor an action plan for self-development and the achievement of own personal goals	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe own progress against action plan over the duration of the programme.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• explain key influences on personal learning processes of individuals	WO3.1 Plan work with others.
• explain key influences on personal learning processes of individuals	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain key influences on personal learning processes of individuals.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 7: Sociological Perspectives for Health and Social Care

NQF Level 3:   **BTEC National**

Guided learning hours: 30

Unit abstract

The aim of the unit is to introduce the learner to sociology as the study of society, and as a method of enquiry and explanation. Initially learners will gain understanding of sociology as a discipline, and the different sociological approaches to study. They will then be introduced to the application of the different sociological approaches to the understanding of a number of concepts within health and social care. This will include the exploration of the social dimension of health and illness.

Sociologists argue that health and illness have two aspects to them. The first of these is biological, and there clearly are distinct states of discomfort, pain and abnormality that can be considered to be ill health. The second aspect, however, involves the ways in which the concepts of health and illness are themselves considered, and sociologists consider the cultural dimensions of these concepts.

Learners will also examine health inequalities among different groups of people in society, and the range of explanations that sociologists have suggested for these inequalities.

On completion of this unit learners will have been introduced to the sociological approach to health and social care studies. The unit will encourage them to be reflective, and will be valuable to those learners intending to work with people in a caring capacity. It will be useful also to learners who intend to progress to study at a higher level.

The sociological approach is embedded in several other units in the programme and is extended in *Unit 19: Applied Sociological Perspectives for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1   Understand sociological approaches to study

2   Be able to apply sociological approaches to health and social care.

Unit content

1 **Understand sociological approaches to study**

Terminology:

– social structures: eg the family, education system, health care services

– social diversity: eg social class, gender, culture, ethnicity, age, locality

– socialisation: eg norms, values, beliefs, roles, status

Principle sociological perspectives: functionalism, Marxism, feminism, interactionism, collectivism, postmodernism, New Right

2 **Be able to apply sociological approaches to health and social care**

Application of sociological perpectives to health and social care: eg understanding different concepts of health and ill health; understanding patterns and trends in health and illness among different social groupings

Understanding different concepts of health and ill health:

– concepts of health: negative, positive, holistic, World Health Organization definition

– models of health: biomedical, socio-medical

– ill health: illness, disability, disease; iatrogenesis, the sick role; the clinical iceberg

Understanding patterns and trends in health and illness among different social groupings: measurement of health, eg morbidity rates, mortality rates, health events, disease incidence, disease prevalence, health surveillance; difficulties in measuring health; patterns and trends according to, eg social class, gender, ethnicity, age, locality; risk behaviour; sociological explanations — artefact, natural/social selection, cultural/behavioural, materialist/structuralist

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 use sociological terminology to describe the principal sociological perspectives		
P2 describe different concepts of health	M1 use two sociological perspectives to explain different concepts of health	
P3 describe the biomedical and socio-medical models of health	M2 explain the biomedical and socio-medical models of health	D1 evaluate the biomedical and socio-medical models of health
P4 describe different concepts of ill health		
P5 compare patterns and trends of health and illness in three different social groups.	M3 use sociological explanations for health inequalities to explain the patterns and trends of health and illness in three different social groups.	D2 evaluate the four sociological explanations for health inequalities in terms of explaining the patterns and trends of health and illness in three different social groups.

Essential guidance for tutors

Delivery

This unit is intended as an introduction to sociology and sociological approaches to study, and the level of detail required by learners is reflected in the number of guided learning hours.

Having an understanding of the sociological approach will be of benefit to learners who wish to enter the health and social care workforce on completion of their programme, and also to those planning to progress to further or higher levels of study.

Learners need to understand that sociology is concerned with the interaction between individuals and groups and the interaction between groups. In other words, how individuals interact with the social environment. Initial approaches to the delivery of this unit need to involve discussion around the nature of the term 'society' and introduction to sociological terms and concepts.

Learners will benefit from a broad introduction to the scope, range and basic themes and perspectives of sociology, with attention then being focused on those of direct relevance to health and illness. Following an overview of the different sociological perspectives, learners need to explore some of the ways in which the social sciences, and sociology in particular, have sought to examine health and illness. Delivery strategies could be through debate and discussion of, for example, inequalities in health, social construction of health, illness, disability and medical knowledge, how health is measured, social control (particularly in relation to mental health), and the impact of lifestyle, ethnicity and gender.

Learners could be given opportunities to read and discuss relevant texts at home or in classroom or seminar settings when exploring the models of health. Group debates could be arranged to allow students opportunities to demonstrate their understanding of, for example, different explanations for health inequalities. Learners should be able to access and develop simple interpretations of statistical data, such as identifying trends in mortality and morbidity rates. Official government websites are recommended for this purpose.

This unit should be delivered by an appropriately qualified tutor, with the use of appropriate guest speakers, visits, links with local voluntary and community groups, and DVDs/videos to enhance delivery.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement them. This can include audio and video tapes. Learners need to demonstrate understanding of different sociological approaches to study and be able to apply these approaches to the study of health and social care.

Learners are expected to be able to use sociological terms and concepts accurately in the assessment of this unit. Therefore when considering health and social care from a sociological perspective learners need to demonstrate sufficient understanding of how health, ill health and the way one responds to health problems is influenced by personal and cultural viewpoints. This could be by means of written tasks, essays and records of presentations or class discussions, possibly supplemented by detailed posters.

Two assignments could be used for the assessment of this unit. Following an adequate period of delivery time, an initial written assignment could be used to assess P1, P2, P3, P4, M1, M2, and D1. This could also include records of presentations and annotated posters.

For P1, learners need only produce an overview of the principal sociological perspectives, using appropriate terminology and examples relevant to health and social care to aid their description. They need to demonstrate awareness of the perspectives and the potential value of the sociological approaches to health and social care studies.

P2 requires a description of different concepts of health, and M2 draws together the evidence for P1 and P2, with learners applying two sociological perspectives to different concepts of health.

The description of the biomedical and socio-medical models of health, for P3, needs to be extended for M2, with explanation, and further extended for D1, with strengths and weaknesses of the models being considered.

P4 requires learners to examine and describe different concepts of ill health.

A second assignment could then be used for P5, M3 and D2. Learners will need to examine health data to identify patterns and trends for health inequalities, and possibly evaluate and draw conclusions on their reasons based on sociological explanations.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links to all other units in the qualification. There are opportunities to cross-reference sections of the unit, for example to *Unit 20: Health Education* or *Unit 22: Research Methodology for Health and Social Care.* The sociological approach is extended in *Unit 19: Applied Sociological Perspectives for Health and Social Care.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC33: Reflect on and develop your practice

- Unit HSC34: Promote the wellbeing and protection of children and young people

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals

- Unit HSC350: Recognise, respect and support the spiritual wellbeing of individuals

- Unit HSC3103: Contribute to raising awareness of health issues.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology and improving own learning and performance.

Social and cultural issues can be introduced through the teaching of this unit by, for example, considering different sociological perspectives.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- audio and visual records eg videos/DVDs, television interviews, soap operas, chat shows, magazines or newspapers

- guest speakers

- visits

- recent policy papers from the Social Exclusion Unit, the Young Foundation, the Joseph Rowntree Foundation, and the Economic and Social Research Council.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Barry A and Yuill C — *Understanding Health A Sociological Introduction* (Saga Publications, 2005) ISBN 0761973079

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Brown K — *Introductory Sociology for AS Level* (Polity Press, 2002) ISBN 0745627889

Davey Smith G — *Health Inequalities: Life Course Approaches* (The Policy Press, 2003) ISBN 1861343221

Earle S — *Sociology for Nurses* (Polity Press, 2005) ISBN 0745631010

Marmot M — *Social Determinants of Health* (Oxford University Press, 2005) ISBN 0198565895

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Naidoo J and Wills J — *Health Studies* (Palgrave, 2001) ISBN 0333760085

Nettleton S — *The Sociology of Health and Illness* (Polity Press, 2006) ISBN 0745628281

Pilgrim D — *Mental Health and Inequality* (Palgrave Macmillan, 2002) ISBN 0333786572

Senior M and Viveash B — *Health and Illness* (Palgrave, 1998) ISBN 0333662490

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Wilkson R — *The Impact of Inequality: How to Make Sick Societies Healthier* (Routledge, 2005) ISBN 0415372690

Journals

Care and Health

Community Care

Nursing Times

Politics Review

Psychology Review

Sociology Review

Websites

www.adviceguide.org.uk	Citizens Advice Bureau
www.bbc.co.uk	BBC
www.communitycare.co.uk	Community Care Journal
www.dh.gov.uk	Department of Health
www.dss.gov.uk	Department of Social Security
www.imagesofdisability.gov.uk	Department of Work and Pensions initiative
www.intute.ac.uk/socialsciences	Free social sciences resource
www.ncb.org.uk	National Children's Bureau
www.nursingtimes.net	*Nursing Times*
www.onlineclassroom.tv	Online learning resource
www.scie.org.uk	Social Care Institute for Excellence
www.statistics.gov.uk	Government statistics resource
www.who.int	World Health Organization

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the principal sociological perspectives	C3.1a Take part in a group discussion.
• describe the principal sociological perspectives	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the principal sociological perspectives • describe different concepts of health	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the principal sociological perspectives • describe different concepts of health.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• compare patterns and trends of health and illness in three different social groups	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• compare patterns and trends of health and illness in three different social groups	ICT3.2 Enter and develop the information and derive new information.
• compare patterns and trends of health and illness in three different social groups.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe the principal sociological perspectives	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the principal sociological perspectives	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the principal sociological perspectives.	LP3.3 Review progress and establish evidence of your achievements.

Unit 8: Psychological Perspectives for Health and Social Care

NQF Level 3:   **BTEC National**

Guided learning hours: 30

Unit abstract

The aim of the unit is to introduce the learner to the different psychological perspectives and to encourage the application of these approaches to the study of health and social care. The value of psychological studies to the understanding of health and social care will be examined.

Learners will initially consider the meaning of the term 'theories' in the context of psychology, and will begin to appreciate the diversity of psychological theories as they progress through the unit. They will examine the principal psychological perspectives and then apply these to the health and social care sectors in order to gain understanding of the potential value of psychology in these sectors.

On completion of this unit learners will have been introduced to the psychological approach to health and social care studies. The unit will encourage reflection, and will be valuable to those learners intending to work with people in a caring capacity. It will also be useful to learners who intend to progress to study at a higher level.

The psychological approach is embedded in several other units in the programme and is further extended in particular in *Unit 29: Applied Psychological Perspectives for Health and Social Care*, and *Unit 30: Health Psychology.*

Learning outcomes

On completion of this unit a learner should:

1   Understand psychological approaches to study

2   Be able to apply psychological approaches to health and social care.

Unit content

1 **Understand psychological approaches to study**

Principle psychological perspectives:

– behaviourist: role of reinforcement, conditioning; Pavlov, Skinner

– social learning: effects of other individuals, groups, culture and society on behaviour of individuals, self-fulfilling prophecy, role theory; Bandura

– psychodynamic: importance of the unconscious mind, importance of early experiences; Freud, Erikson

– humanistic: Maslow's hierarchy of needs, self-actualisation, self-concept, self-esteem; Rogers

– cognitive/information processing: Piaget, Kelly

– biological: maturational theory; importance of genetic influences on behaviour, influence of nervous and endocrine systems on behaviour; Gesell

2 **Be able to apply psychological approaches to health and social care**

Application of psychological perspectives to health and social care practice:

– behaviourist: eg understanding challenging behaviour, changing/shaping behaviour

– social learning: eg promotion of anti-discriminatory behaviours and practices, use of positive role models in health education campaigns

– psychodynamic: eg understanding challenging behaviour, understanding and managing anxiety

– humanistic: eg empathy, understanding, respecting other individuals, active listening, non-judgemental approach

– cognitive: eg supporting individuals with learning difficulties, supporting individuals with emotional problems/depression/post traumatic stress disorder

– biological: eg understanding developmental norms, understanding genetic predisposition to certain illnesses or health-related behaviours, understanding the effects of shift work on individuals

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the application of behaviourist perspectives in health and social care		
P2 explain the value of the social learning approach to health and social care service provision		
P3 describe the application of psychodynamic perspectives in health and social care	M1 analyse the contribution of different psychological perspectives to the understanding and management of challenging behaviour	
P4 describe the value of the humanistic approach to health and social care service provision	M2 analyse the contribution of different psychological perspectives to health and social care service provision.	D1 evaluate the roles of different psychological perspectives in health and social care.
P5 explain the value of the cognitive perspective in supporting individuals		
P6 describe the application of biological perspectives in health and social care.		

Essential guidance for tutors

Delivery

Having an understanding of the psychological approach will be of benefit both to learners who wish to enter the health and social care workforce on completion of their programme, and to those planning to progress to further or higher levels of study. Learners need to understand the role of psychology in setting out to explain how people think and feel, how they learn and develop, and why they behave in the way they do. They then need to be able to apply this to the health and social care sectors.

The unit could be introduced through consideration of the meaning of the term 'theories' in the context of psychology. Learners need to appreciate the diversity of psychological theories, and come to understand the reasons for this as they progress through the unit.

The principal psychological perspectives could be initially introduced through tutor input, with class or small group discussion being used for the sharing of opinions and ideas. Psychological perspectives then need to be applied to the health and social care sectors, in order that learners gain understanding of the potential value of psychology in health and social care work.

The two learning outcomes could be delivered concurrently, with learners firstly examining a particular perspective, such as behaviourism, and then considering its potential application in health and social care. Alternatively, there could be focus on, for example challenging behaviour, and learners could consider the various perspectives that contribute to the understanding of such behaviour.

This unit should be delivered by an appropriately qualified tutor, with the use of appropriate guest speakers, visits, links with local voluntary and community groups, and DVDs/videos to enhance delivery. Case studies could also be useful to help learners consider the roles of different perspectives in relation to health and social care.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement these. Learners need to demonstrate understanding of different psychological approaches to study by applying these approaches to aspects of health and social care.

Evidence for this unit could be provided through the vehicle of one holistic assignment. In order to achieve the pass criteria, learners need to provide evidence of understanding of the different psychological perspectives in terms of their application to different aspects of health and social care.

For P1, learners need to describe the application of behaviourist perspectives in health and social care. This could be, for example, in terms of both the role in understanding challenging behaviour, and in modifying behaviour. The application to the design of health education campaigns could also be described in terms of shaping or changing behaviour. A case study could contribute to the evidence provided.

For P2, in terms of the social learning approach, learners need to extend their evidence for P1 and relate the approach to health and social care service provision.

For P3, learners need to demonstrate understanding of the psychodynamic perspectives, and their application in health and social care. Again, case studies could be used here as the basis of evidence. For example, the use of the psychodynamic approach in the alleviation of the symptoms of anxiety could be described.

For P4, learners need to consider humanistic approaches, and person-centred psychology. Evidence here needs to demonstrate understanding of Maslow's hierarchy of needs, as well as the idea of the 'self'. Learners need to demonstrate understanding of how the approach can be used to inform health and social care service behaviours and provision. Case studies could be useful here, as could witness testimonies of role plays, supported by a piece of written work.

For P5, learners need to explain the value of the cognitive perspective in supporting individuals. A brief description of cognitive-behavioural therapy could be included here. Again, a case study approach would be suitable, as it would for P6, which concerns the application of biological perspectives. For this, learners need to provide at least three examples from the range available. Biological perspectives encompass a wide range of perspectives, including developmental, genetic and physiological perspectives, and for P6 learners need to provide at least three examples from the range available.

For a merit grade, learners need to be able to examine the different psychological perspectives and relate them to the understanding and management of challenging behaviour, for M1, and to health and social care service provision, for M2. For M1 learners could, for example, consider the respective roles of the behaviourist, psychodynamic and cognitive perspectives, whereas for M2 the respective roles of the social learning, humanistic and biological perspectives could be examined. If successfully completed, M1 and M2 should also include the required evidence for the pass criteria.

For D1, all the approaches need to be considered, and evaluated in terms of their potential roles in health and social care. This should be a significant piece of work that encompasses all the perspectives and looks at strengths and weaknesses of each perspective in terms of their roles in health and social care. If successfully completed, it should also include the required evidence for the pass and merit criteria.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit links to all other units in the qualification, and will be extended in particular in *Unit 29: Applied Psychological Perspectives for Health and Social Care,* and *Unit 30: Health Psychology.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology and improving own learning and performance.

Social and cultural issues can be introduced through the teaching of this unit by, for example, considering different psychological perspectives.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Brain C — *Advanced Subsidiary Psychology Approaches and Methods* (Nelson Thornes, 2000) ISBN 0174900570

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Russell J — *Introduction to Psychology for Health Carers* (Nelson Thornes, 2005) ISBN 0748780742

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Walsh M, Stephens P, Billingham M, Crittenden M, Thomson A and Thomson D — *Health and Social Care A2* (Collins, 2006) ISBN 0007200404

Journals

Care and Health

Community Care

Nursing Times

Politics Review

Psychology Review

Sociology Review

Websites

www.bmj.bmjjournals.com	British Medical Journal
www.communitycare.co.uk	Community Care journal
www.dh.gov.uk	Department of Health
www.ncb.org.uk	National Children's Bureau
www.nursingtimes.net	*Nursing Times* journal
www.scie.org.uk	Social Care Institute for Excellence

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the application of behaviourist perspectives in health and social care	C3.1a	Take part in a group discussion.
• describe the application of behaviourist perspectives in health and social care	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe the application of behaviourist perspectives in health and social care	C3.2	Read and synthesise information from at least **two** documents about the same subject.
• describe the application of psychodynamic perspectives in health and social care		Each document must be a minimum of 1000 words long.
• describe the application of behaviourist perspectives in health and social care	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
• describe the application of psychodynamic perspectives in health and social care.		

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the application of behaviourist perspectives in health and social care • describe the application of biological perspectives in health and social care	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the application of behaviourist perspectives in health and social care • describe the application of biological perspectives in health and social care	ICT3.2 Enter and develop the information and derive new information.
• describe the application of behaviourist perspectives in health and social care • describe the application of biological perspectives in health and social care.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the application of behaviourist perspectives in health and social care	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the application of behaviourist perspectives in health and social care	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the application of behaviourist perspectives in health and social care.	LP3.3 Review progress and establish evidence of your achievements.

Unit 9: Values and Planning in Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

At the heart of effective health and social care practice lies a thorough understanding of the immense diversity amongst individuals found in contemporary British society, and how good health and social care practice accommodates this diversity. The promotion of equality and rights within services provided for individuals, who may be disadvantaged and disenfranchised, is crucial for effectiveness in health and social care services.

The unit is concerned with the concept of care planning for individuals, within the framework of equality and rights. It begins by investigating the care planning cycle and the processes involved, then progressing on to examine how the care planning process may be influenced by legislation.

This unit also aims to explore values and ethics in social care work. It provides learners with opportunities to consider and discuss some of the complexities involved in making decisions and supporting service user interests.

Social care work often involves making difficult decisions about issues such as resource allocation or the type of care required by individuals, therefore an awareness of ethical and legal issues is crucial to the adoption of good practice. Understanding the Care Value Base is essential in order to demonstrate a full understanding of the issues involved in effective care delivery.

Learning outcomes

On completion of this unit a learner should:

1   Understand care planning principles and processes

2   Understand the framework of legislation, policy and codes of practice that influence social care practice

3   Understand the values that underpin social care practice

4   Understand ethical principles in relation to social care.

Unit content

1   **Understand care planning principles and processes**

Principles: empowerment of service user; needs; choice; confidentiality; rights; values; cycle of assessment/planning; potential use of advocates; service user at the centre of the process

Approaches: needs-led; service-led

Potential conflicts: eg resources, rights and responsibilities of service user, rights and responsibilities of family/others, risk

Skills required: eg communication, building of relationships, counselling, implementing care plans

Processes of care planning: cycle — referral, assessing holistic needs and preferences, identifying current provision, care planning, recording, communicating, implementing, monitoring, reviewing, evaluating, assessing holistic needs and preferences; complying with legislation/guidelines, eg Care Standards Act 2000, Children Act 2004, Equal Opportunities legislation and policies, General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council codes of practice, national service frameworks; multi-disciplinary working/inter-agency working

Assessment tools: eg checklists, forms, diary of social care worker, diary of service user, asking questions, observation, network analysis, personal history flowchart, group discussions

Approaches to implementing care plans: eg behavioural, task-centred, use of networks, use of advocates, use of groups, use and abuse of power

Key people: eg social worker, support worker, health visitor, occupational therapist, domiciliary care worker

2   **Understand the framework of legislation, policy and codes of practice that influence social care practice**

Legislation: relevant sections from, eg European Convention on Human Rights and Fundamental Freedoms 1950, Health and Safety at Work Act 1974, Mental Health Act 1983, The Convention on the Rights of the Child 1989, The Children Act 1989, Race Relations (Amendment) Act 2000, Disability Discrimination Act 1995, Human Rights Act 1998, Data Protection Act 1998, Nursing and Residential Care Homes Regulations 1984 (amended 2002), Care Standards Act 2000, The Children Act 2004

Codes of practice: General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council; others specific to organisations

Policy: health and safety; equal opportunities; organisational policies; harm minimization; risk assessment

Standards: national minimum standards

3   **Understand the values that underpin social care practice**

Values: political; social; cultural; spiritual; moral; as specified by, eg professional bodies, government, service users, carers

Care Value Base: importance of the Care Value Base, how the Care Value Base is incorporated into all health and social care work; codes of practice, policies, charters; the expectations of people receiving the service, importance of self-awareness when monitoring own practice

Individual rights: rights to be respected, treated equally and not discriminated against; treated as an individual; treated in a dignified way; allowed privacy; protected from danger and harm; allowed access to information about themselves; able to communicate using their preferred methods of communication and language; cared for in a way that meets their needs, takes account of their choices and protects them

Worker's responsibilities: provision of active support to enable patients/service users to communicate their needs, views and preferences; use of communication to support diversity and promote equality of opportunity; confidentiality, disclosure, dealing with tensions between rights and responsibilities; importance of accurate recording, storing and retrieving information; filing correctly and securely, electronic storage; Data Protection Act 1998

4   **Understand ethical principles in relation to social care**

Ethical principles: definition of ethics; role in social care; duty; protection; independence; autonomy; moral status (value of life); reasons for ethical considerations

Situations care workers may face: eg conflict of interest — service users and organisations, service users and other service users, service users and workers, service users and relatives and friends, rights and duties, obligations, choices of individuals, majority versus minority, telling the truth, rationing services and resources

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the processes of care planning with reference to care planning principles	M1 explain care planning principles	
P2 identify the importance of multi-disciplinary and inter-agency working on the care planning process	M2 use examples to explain how multi-disciplinary and inter-agency working can improve the care planning process	D1 evaluate the role of multi-disciplinary and inter-agency working in social care
P3 use four examples to describe key aspects of legislation, policies and codes of practice that influence social care	M3 explain the impact of legislation on the concept of care planning	D2 evaluate the effectiveness of current legislation in promoting care planning and multi-disciplinary/inter-agency working.
P4 describe the values that underpin social care practice		
P5 describe ethical principles in relation to social care.	M4 explain the roles of individuals and organisations in relation to values and ethical practice.	

Essential guidance for tutors

Delivery

It is recommended that the tutor responsible for delivering this unit is a current or recent social care practitioner. The use of guest speakers or visits to social care settings would enhance the study of the unit, as would simulated care planning activities and/or case studies. If these case studies are adapted from real-life situations care should be taken to ensure that confidentiality is respected.

The unit lends itself to a good deal of work involving discussion, either in small groups or involving the whole group. Legislation could be introduced through internet research, using a questionnaire to direct the learner. Learners will already have been introduced to legislation in a variety of contexts, and in this unit the focus is specifically how it influences social care practice. Only the key points need to be understood.

Tutor input or a guest speaker will be needed in order to introduce the care planning process, this being followed up by case studies or role play to develop learner understanding.

Learners should be encouraged to link their study of this unit to *Unit 1: Developing Effective Communication in Health and Social Care, Unit 2: Equality, Diversity and Rights in Health and Social Care* and *Unit 6: Personal and Professional Development in Health and Social Care.*

Values and ethics will have been introduced in other units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care,* but this unit provides a vehicle for more in-depth consideration and discussion.

Assessment

Evidence for this unit should not be purely theoretical but linked to real work activities that involve planning care for service users. The assessment methods devised must ensure that learners have an understanding of the theory in relation to practice, and all of the issues relevant to efficient and effective care planning. Evidence for some of the criteria could come from work experience.

Some of the assessment could be based on case study material, but if these are based on real life situations then care should be taken to ensure that confidentiality is respected.

This unit could be assessed either by means of one large assignment, or by using two smaller ones, the first based on care planning (P1, P2, P3, M1, M2, M3, D1, D2) and the second based on ethics and values (P4, P5, M4).

For the first assignment, learners should be encouraged to consider real life examples from their experiences, with due consideration to confidentiality. Such examples could be written as case studies and then examined by the learners.

For P3, when describing the key legislation, policy and codes of practice that influence social care, learners need only consider the main points of the four chosen examples, as relevant to the criterion. For M2, when learners are asked to use examples to explain how multi-disciplinary and inter-agency working can improve the care planning process, these examples should be drawn from work experience if possible.

For the second assignment, a piece of writing is the most appropriate form of evidence. Learners should again be encouraged to draw on their work experience placements to supplement and expand on classroom learning/own research.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link with *Unit 1: Developing Effective Communication in Health and Social Care, Unit 2: Equality, Diversity and Rights in Health and Social Care* and *Unit 6: Personal and Professional Development in Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC33: Reflect on and develop your practice

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals

- Unit HSC328: Contribute to care planning and review.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Health and Wellbeing dimension of the NHS Knowledge and Skills Framework:

- Dimension HWB2: Assessment and care planning to meet health and wellbeing needs.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1: Understand the principles of care

- Standard 2: Understand the organisation and the role of the worker

- Standard 4: Communicate effectively

- Standard 6: Develop as a worker.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Social, cultural, moral and ethical issues are embedded in this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people and day to day interactions

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Aslangul S and Meggitt C — *Further Studies for Social Care* (Hodder Arnold, 2002) ISBN 0340804246

Hendrick J — *Law and Ethics* (Nelson Thornes, 2004) ISBN 0748775412

Holland K and Hogg C — *Cultural Awareness in Nursing and Health Care* (Hodder Arnold, 2001) ISBN 0340731338

Miller J — *Care Practice for S/NVQ3* (Hodder Arnold, 2005) ISBN 0340889330

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.community-care.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.skillsforcareanddevelopment.org.uk	Care Sector Skills Council
www.skillsforhealth.org.uk	Health Care Sector Skills Council
www.society.guardian.co.uk	*The Guardian* newspaper

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the values that underpin social care practice	C3.1a Take part in a group discussion.
• describe ethical principles in relation to social care	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• use examples to explain how multi-disciplinary and inter-agency working can improve the care planning process	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• evaluate the effectiveness of current legislation in promoting care planning and multi-disciplinary/inter-agency working.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the key legislation, policies and codes of practice that influence social care	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the key legislation, policies and codes of practice that influence social care	ICT3.2 Enter and develop the information and derive new information.
• describe the key legislation, policies and codes of practice that influence social care.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe ethical principles in relation to social care	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe ethical principles in relation to social care	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe ethical principles in relation to social care.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners are:	**They should be able to develop the following key skills evidence:**
• describe the key legislation, policies and codes of practice that influence social care	WO3.1 Plan work with others.
• describe the key legislation, policies and codes of practice that influence social care	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe the key legislation, policies and codes of practice that influence social care.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 10: Caring for Children and Young People

NQF Level 3: **BTEC National**

Guided learning hours: 60

Unit abstract

The aim of this unit is to introduce learners to the care of children and young people, aged from birth to 18 years old, who need to be looked after. It also provides an introduction to the sensitive issue of the risks of abuse to children and young people, the strategies that can minimise the risk of such abuse occurring, and how to handle situations of suspected abuse.

Learners will initially explore potential reasons for children and young people needing to be looked after, the different types of care available, and a variety of relevant organisations. They will then examine the risks to children and young people of abusive and exploitative behaviour, and the strategies to minimise risks.

The unit has been developed with reference to the NVQ in Health and Social Care at Level 3, and provides the underpinning knowledge for the National Occupational Standards *Unit HSC34: Promote the wellbeing and protection of children and young people*. It is an important unit for all learners who are aiming to work in the health or social care sectors.

Learning outcomes

On completion of this unit a learner should:

1 Understand why children and young people may need to be looked after

2 Understand how care is provided for children and young people

3 Understand the risks to children and young people of abusive and exploitative behaviour

4 Know strategies to minimise the risk to children and young people of abusive and exploitative behaviour.

Unit content

1   **Understand why children and young people may need to be looked after**

Looked-after children: following imposition of a care order; with the agreement of the parents

Potential reasons:

–   family-related: eg bereavement, parental illness/incapacity (eg mental health, substance misuse)

–   child/young person-related: eg health problems, behavioural problems, learning difficulties, disability, as a result of committing an offence

2   **Understand how care is provided for children and young people**

Legislation/legal framework: relevant to home country; relevant sections from eg United Nations Convention on the Rights of the Child 1989, the Children Act 1989, 2004, Human Rights Act 1998, Data Protection Act 1998, Framework for the Assessment of Children in Need and their Parents 2000, Every Child Matters 2003, other relevant local policies

Care: temporary/permanent, foster care, respite care, adoption, residential child care; planning for care in partnership with child/young person, parents, and other agencies as relevant

Organisation of care provision:

–   central government: Department of Health; National Health Service, National Service Framework for Children, Young People and Maternity Services

–   local government: integrated services; children's services, children's trusts, children's centres, Early Years Foundation stage, Sure Start programmes, nursery provision, extended schools; connexions partnerships

–   voluntary sector: eg preschool provision

–   private providers: eg private nurseries

–   young offenders: eg local authority secure children's homes, young offender institutions

Job roles: eg Director of Children's Services, social workers, foster parents, support workers, residential care staff, tutors, lecturers, nurses, health visitors, educational psychologists, counsellors, nursing/health care/social care assistants, education welfare officers, learning mentors, play therapists, play workers, Connexions advisers, early years workers, youth workers, youth justice workers, prison officers

3 **Understand the risks to children and young people of abusive and exploitative behaviour**

Risk of abuse: eg within family, outside family, in care setting

Risk of exploitation: eg from visual, written and electronic forms of communication and media

Family functioning: eg family types, partnership arrangements, changing face of the family, social disadvantage, different concepts of discipline, abuse within families, cultural variations

Predisposing factors:

– in relation to the abuser: eg substance abuse, lack of knowledge about children's needs, lack of attachment, lack of role models, social problems, mental illness, personality

– in relation to the child/young person: eg pre-maturity, disability

Types of abuse/neglect: abuse — physical, emotional, intellectual, sexual; neglect — physical, emotional, intellectual; bullying and harassment

Indicators of abuse: physical, eg bruising, burns, unexplained injuries, soreness, infections, underweight, poor personal hygiene, failure to thrive; behaviour, eg withdrawal, aggression, distress, rocking/head banging, hunger, reluctance to go home, low self-esteem, developmental delay

Consequences of abuse: emotional, social, physical

Models of abuse: medical, sociological, psychological, feminist

Recognition of abuse where children/young people cannot communicate: babies and very young children, children with alternative forms of communication

4 **Know strategies to minimise the risk to children and young people of abusive and exploitative behaviour**

Strategies with children/young people: person-centred approach; provide active support; importance of promoting empowerment, assertiveness, self confidence, self-esteem and resilience; sharing information and not keeping secrets; providing information to children according to their age, needs and abilities, eg how to respect their bodies and keep safe, transmission of disease

Working with parents and families: partnerships with parents and families, involving parents in the assessment of children's needs, helping parents to recognise the value and significance of their contributions, encourage the development of parenting skills

Procedures where abuse is suspected or confirmed: policies of the setting; safe working practices that protect children/young people and adults who work with them; whistle blowing; lines of reporting, accurate reporting, security of records; sequence of events leading to registration on child protection register

Roles and responsibilities: following policies and procedures of setting, observation, appropriate recording and reporting, recognising signs and symptoms of abuse, knowing how to respond following disclosure, maintaining confidentiality according to policies of the setting

Disclosure: direct, indirect; listening carefully and attentively, communicating at the child/young person's own pace and without undue pressure, taking the child/young person seriously, reassuring and supporting the child/young person; unconditional acceptance; boundaries of confidentiality; promptly following the correct procedures of the setting; how to deal with own feelings and emotions

Support for children/young people who disclose: empowering children and young people; unconditional acceptance of the child/young person, awareness of potential impact on the child/young person and other family members, counteracting possible stereotyping

Alleviating the effects of abuse: encouraging expression of feeling; improving self-image; building self-esteem and confidence, eg play therapy, counselling; role of voluntary organisations

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 describe the main reasons why children and young people may need to be looked after away from their families		
P2 identify the current relevant legislation affecting the care of children and young people	M1 analyse how policies and procedures help children/young people and their families whilst the child is being looked after	D1 evaluate the legislative rights of the child/young person and the rights of their families, bearing in mind that the needs of the child/young person are paramount
P3 describe health and social care service provision for looked-after children and young people	M2 compare the care provided by at least two different organisations offering care to children and young people	
P4 describe signs and symptoms of child abuse		
P5 describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 identify the strategies and methods of supporting children, young people and their families where abuse is suspected or confirmed.	M3 explain strategies and methods to minimise the risk to children and young people where abuse is suspected or confirmed.	D2 evaluate a range of strategies and methods to support children/young people and their families where abuse is suspected or confirmed.

Essential guidance for tutors

Delivery

Due to the multi-disciplinary nature of the content of this unit it is recommended that a team of tutors from relevant professional backgrounds share the teaching responsibilities. Also, due to the sensitivity of the issues covered, it is recommended that learners have access to support services. Delivery of the unit will need careful handling by tutors.

It is strongly recommended that this unit be delivered in the later stages of the programme, by which time learners will have developed their understanding of professional work with children and their families. They will have gained experiences in their work placements, including some knowledge and understanding of protection issues.

The unit lends itself to inviting professional speakers from health, education, social services and the police/youth justice system to describe their roles in child protection. A visit to the local magistrates' court would be useful in enabling learners to experience the atmosphere of legal proceedings. The use of case studies is to be recommended, ensuring that confidentiality is respected if these are taken from real life situations.

The unit could be introduced by pooling knowledge, understanding and experiences gained so far by the learners during their progression through the programme. Learner could then be asked to clarify, for example, child protection policies at their placements, and share these with the class at the following session.

This introduction will then require extension and expansion by the tutors responsible for delivering the unit, preferably with the use of a range of guest speakers. Case studies, and to a certain extent sensitively managed role plays, could help to make learning more practical. Learners should be encouraged to be reflective during their progression through the unit.

Assessment

The evidence for this unit is likely to be presented in the form of pieces of writing. Two assignments could be used as the basis of assessment, the first focusing on the provision of care for looked-after children and young people (P1, P2, P3, M1, M2 and D1), and the second focusing on child abuse (P4, P5, P6, M2, M3 and D2).

For the first assignment learners could investigate the provision of services for looked-after children and young people through local research, internet research and research at their work experience placements. Legislation has been included in several units within the programme, and in this instance learners need only consider its role as relevant to the care and protection of children and young people.

For M1, learners need to examine in detail the role of policies and procedures in helping children/young people and their families whilst the child or young person is being looked after. This could include, for example, consideration of the assessment of needs, the support given, and consideration of issues such as continuity of education and health care needs.

D1 requires an evaluation of the legislative rights of the child/young person and the rights of their families. Learners need to bear in mind that the needs of the child/young person are paramount when considering the issues here, and consider the relative rights as afforded by the relevant legislation, and any potential conflicts.

Case studies could be useful vehicles for assessment, especially for the second assignment. For P6, learners need to only identify — or briefly describe — the strategies and methods of supporting children, young people and their families where abuse is suspected or confirmed. This should include both short-term support, and longer-term actions to assist the alleviation of symptoms.

For M3 these need to be explained, with more detail — for example giving reasons why the methods used may help support the child, young person, or their families.

For D2 a range of strategies and methods to support children/young people and their families need to be evaluated, with a consideration of strengths and weaknesses in terms of potential effectiveness. Learners should be encouraged to explore recent research of relevance to this issue, and refer to this within their evidence, with appropriate referencing.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links with *Unit 6: Personal and Professional Development in Health and Social Care,* and several other units in the programme, including *Unit 8: Psychological Perspectives for Health and Social Care,* and *Unit 29: Applied Psychological Perspectives for Health and Social Care.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC38:   Support children and young people to manage their lives

- Unit HSC39:   Support children and young people to achieve their educational potential

- Unit HSC312:   Support the social, emotional and identity development of children and young people

- Unit HSC313:   Work with children and young people to promote their own physical and mental health needs

- Unit HSC315:   Work with children and young people with additional requirements to meet their personal needs

- Unit HSC317:   Prepare your family and networks to provide a home for children and young people

- Unit HSC318:   Provide a home for children and young people

- Unit HSC322:   Prepare, implement and evaluate group activities to address the offending behaviour of children and young people

- Unit HSC323:   Contribute to child care practice in group living

- Unit HSC325:   Contribute to protecting children and young people from danger, harm and abuse

- Unit HSC326:   Contribute to the prevention and management of challenging behaviour in children and young people

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care

- Standard 2:   Understand the organisation and the role of the worker

- Standard 4:   Communicate effectively

- Standard 5:   Recognise and respond to abuse and neglect

- Standard 6:   Develop as a worker.

This unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication and improving own learning and performance.

Social, cultural, moral and ethical issues can be introduced through the teaching of this unit through consideration of the issues around protection from abuse.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- staff policy and procedure handbooks — these should be available from the learner's local health, education and social services departments

- library resources with newspapers, journals, key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- guest speakers with specialist knowledge and/or experience

- case study materials

- DVDs/videos.

The nature of this unit can lead to disclosure of abuse by and to learners.

It is therefore essential that tutors of this unit have had professional child protection training and that a professional referral is available to a learner if required.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Barker J — *The Child in Mind: A Child Protection Handbook* (Routledge, 2004) ISBN 0415321751

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 748784047

Beckett C — *Child Protection: an Introduction* (Sage, 2003) ISBN 0761949569

Bruce T and Meggitt C — *Child Care and Education* (Hodder Arnold, 2006) ISBN 9780340925393

Ferguson H — *Protecting Children in Time: Child Abuse, Child Protection and the Consequences of Modernity* (Palgrave Macmillan, 2004) ISBN 1403906939

Fowler J — *A Practitioner's Tool for Child Protection and the Assessment of Parents* (Jessica Kingsley, 2002) ISBN 1843100509

Gardner R — *Supporting Families: Child Protection in the Community* (Wiley, 2005) ISBN 0470023023

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Journals

Care and Health

Community Care

Websites

www.baaf.org.uk	British Association of Adoption and Fostering
www.childpolicy.org.uk	Four Nations Child Policy Network
www.guardian.co.uk	*The Guardian* newspaper
www.nspcc.org.uk	National Society for the Prevention of Cruelty to Children
www.savethechildren.org.uk	Save the Children

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies	C3.1a Take part in a group discussion.
• describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe health and social care service provision for looked-after children and young people	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe health and social care service provision for looked-after children and young people.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe appropriate responses where child abuse is suspected or confirmed, making reference to current legislation and policies.	LP3.3 Review progress and establish evidence of your achievements.

Unit 11: Supporting and Protecting Adults

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to develop learners' understanding of the differing needs of people who use health and social care services. Learners will gain understanding of how to develop supportive relationships that respect individual rights, and also an understanding of how such relationships can be abused within health and social care contexts, and the strategies that have been developed to minimise this abuse.

Learners will investigate types of commonly described abuse, the indicators that abuse may be occurring, and also the potential for abuse within health and social care services. They will examine predisposing factors that can lead to individuals becoming vulnerable, and gain understanding of strategies and working practices developed to minimise abuse, including legislation, policies and procedures.

The unit will be useful in the preparation of learners for a variety of careers in health and social care. They will develop an understanding of the needs of individuals, in particular those 'at risk', and how they can be protected and supported.

The unit has been developed with reference to the NVQ in Health and Social Care at Level 3, and provides the underpinning knowledge for the National Occupational Standards *Unit HSC35: Promote choice, wellbeing and protection of all individuals.*

Learning outcomes

On completion of this unit a learner should:

1 Know how to develop supportive relationships with adult users of health and social care services

2 Understand types of abuse and indicators of abuse in health and social care contexts

3 Understand the potential for abuse in health and social care contexts

4 Understand working strategies to minimise abuse.

Unit content

1 **Know how to develop supportive relationships with adult users of health and social care services**

   Supportive: humanistic approach; helping, enabling; empowering, giving choices; maintaining privacy, maintaining confidentiality; advocacy; promoting rights; non-judgemental

   Relationships: that promote views, preferences and independence of individuals and key people; that support individuals with communication of their needs and preferences; differences between family, friends, professionals; between equals — caregiver/care receiver; power and subservience; patronising; belittling

   Development of relationships: eg through communication, actions, body language, facial expression, touch; trust, reliability, consistency of approach, fairness, not letting personal problems or dealings with other people affect own attitude towards the individual requiring care

   Individual rights: the rights to be respected; treated equally and not discriminated against; treated as an individual; treated in a dignified way; allowed privacy; protected from danger and harm; allowed access to information about themselves; able to communicate using their preferred methods of communication and language; cared for in a way that meets their needs, takes account of their choices and protects them; diversity and differences in culture, religion, race, disability, sexuality, beliefs, behaviour, eating and hygiene habits

2 **Understand types of abuse and indicators of abuse in health and social care contexts**

   Types of abuse:

   – physical: eg hitting, slapping, rough handling, misuse of medication, misuse of restraint

   – sexual: eg coercing an individual into participating in an act which they have not or cannot give consent to, inappropriate touching

   – psychological: eg threats, humiliation, bullying

   – financial: eg theft of money/possessions, misuse of a service users benefits

   – neglect: not meeting an individual's care and health needs, eg physical, emotional, social, cultural, intellectual and spiritual

   – discriminatory: eg due to ethnicity, gender, age, disability, sexuality, health status, religion

   – institutional: abuse and/or poor practice throughout the organisation, through organisational procedures

   – self-harm: self-inflicted wounds, drugs, alcohol, medication

   – domestic violence/abuse: eg physical, sexual, psychological

Indicators of abuse and self-harm: eg inappropriate injuries, bruising, burns, scalding, malnourishment, low self-esteem, emotional withdrawal

3 Understand the potential for abuse in health and social care contexts

Contexts: eg home, community, residential care, institutional care, relationships involving power, caring relationships

Potential: eg bullying within care services, invasions of privacy, abuse by carers, system abuse, abuse by service users, abuse of carers

Predisposing factors: eg learning disabilities, mental health issues, age, dementia, previous history of having been abused

4 Understand working strategies to minimise abuse

Strategies: Protection of Vulnerable Adults Scheme (POVA); Care Homes Regulation; National Service framework; multi-agency working, working in partnership with service users, between professionals and within organisations; decision making processes and forums, organisational policies and training

Working practices: needs assessment; care planning cycle; person-centred practices; written and oral communications; use of IT in sharing information between professionals; anti-oppressive practice; anti-discriminatory practice

Procedures for protection: organisational policies and procedures, eg lines of reporting, named persons, advocacy, confidentiality, rights of service users, actions to take if abuse is suspected, actions to take in event of disclosure, recording and reporting requirements

Legislation: relevant sections from, eg European Convention on Human Rights and Fundamental Freedoms 1950, Sexual Offences Act 1976, Mental Health Act 1983 and Codes of Practice, Nursing and Residential Care Homes Regulations 1984, NHS and Community Care Act 1990, Disability Discrimination Act 1995, Human Rights Act 1998, Data Protection Act 1998, Special Educational Needs Act 2000, Care Standards Act 2000, (particularly Part 7, 'No Secrets, and 'Speaking up for Justice'), Race Relations (Amendment) Act 2000, Care Homes for Older People: National Minimum Standards — Care Homes Regulations 2003

Policies and procedures: Protection of Vulnerable Adults Scheme (POVA) and associated Practical Guide for Placement of Adult Carers; the role of the Criminal Records Bureau and enhanced disclosure; local and regional guidelines for staff and volunteers working with vulnerable adults; Codes of Practice for Nursing and Social Work

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1　explain how individual rights can be respected in a supportive relationship	M1　explain how supportive relationships can enhance the life experiences of individuals receiving health and social care services	D1　use examples to evaluate the role of supportive relationships in enhancing the life experiences of individuals receiving health and social care services
P2　describe different forms of abuse that may be experienced by vulnerable adults		
P3　describe different indicators of abuse in vulnerable adults		
P4　describe the potential for abuse in health and social care contexts	M2　analyse the potential for abuse in four health and social care contexts	
P5　describe strategies and working practices used to minimise abuse		
P6　identify the legislation, policies and procedures that protect adults receiving health and social care services.	M3　explain how legislation, policies and procedures contribute to the protection of vulnerable adults.	D2　analyse the role of multi-agency working in minimising the risks of abuse in health and social care contexts.

Essential guidance for tutors

Delivery

This unit should be delivered by subject specialists with a broad understanding of the issues involved in caring for adults. In addition, the use of guest speakers, such as current practitioners in the sectors, would be of great advantage to learners. The unit should be linked, if possible, to vocational experience, and learners should be encouraged to link theory with professional practice. A visit to the local magistrates' court would be useful in enabling learners to experience the atmosphere of legal proceedings.

Due to the sensitivity of the issues covered, it is recommended that learners have access to support services, and delivery of the unit will need careful handling by tutors.

It is important that a range of different health and social care settings are considered in this unit, including hospitals, residential homes, people in their own homes, and hostels for people with learning difficulties, mental health problems, ex-offenders, and drug and alcohol misusers.

It is strongly recommended that this unit be delivered in the later stages of the programme, by which time learners will have developed more understanding of professional work. They will have gained experiences in their work placements, including some knowledge and understanding of protection issues.

The need to use health and social care services carries with it a vulnerability to being abused or taken advantage of by others. Sometimes abusers may be family members or informal carers, though potentially they are from the health and social care professions. Abuse may occur within a variety of contexts and these will need to be investigated within the unit.

The unit could be introduced through class or small group discussion into relationships in general, and how to develop supportive relationships in particular. Role play and case studies would help to make this part of the unit more practical, and learners should also be encouraged to reflect on observations they will have made on their work experience placements.

Having considered factors that lead to supportive relationships in health and social care contexts, learners should then explore potential factors that lead to abuse within the system, and between individuals. They need to understand that abuse by health and social care staff is as much a problem as abuse by families and fellow residents. Also, abuse of people in the health and social care system by strangers is more common for service users receiving domiciliary care. Guest speakers would be useful here.

The use of case study materials, current news items, video and audio recordings is recommended for this unit in order to enable learners to fully explore the issues, and to stimulate class or small group discussion. Sensitivity will be needed in the delivery of the unit in order that the issues do not become too personalised for the learners.

Tutors may wish to also encourage learners to contact voluntary or professional organisations, or undertake an internet search, for information on such topics as legislation or codes of practice.

Assessment

Evidence for this unit may come from vocational experience, and learners should be encouraged to investigate the procedures concerning abuse within any workplace with which they have contact. This will enable them to contextualise understanding. However, it is recommended that learners work with case studies and evidence from research when studying types of abuse, and the indicators of it, due to issues of sensitivity and confidentiality.

While written work will probably constitute the majority of evidence for assessment of this unit, work produced as a result of vocational experience could be recorded using standard recording methods for competence-based qualifications. Therefore, innovative methods of assessment, such as professional discussion and question and answer sessions, could be used as evidence providing the assessment is suitably recorded.

This unit could be assessed by means of three assignments.

The first could be based on the development of supportive relationships, thus providing opportunities for learners to present evidence for P1, M1 and D1. Case studies, role play and records from work experience could all form the basis of such evidence.

For P1, a basic explanation of how individual rights can be respected in a supportive relationship is required, with this being extended for M1 to explain how supportive relationships can enhance life experiences. Examples can be given here, and discussed.

For D1, again learners should be encouraged to draw examples from work experience, looking at strengths and weaknesses of the relationships cited.

The second assignment is based on the abuse of individuals, and it is therefore preferable for learners to use case studies as the basis of assessment. Learners could write their own case studies and discuss these. This assignment will form the basis of assessment of P2, P3, P4, P5 and M2.

The final assignment could be based on the legislation, policies and procedures that protect adults receiving health and social care services, thus assessing P6 and M3.

D2 draws the evidence for the whole unit together — requiring learners to examine the role of multi-agency working in detail in terms of minimising risks to individuals. They need to refer back to previous evidence for the unit and consider how multi-agency working can help to protect individuals.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit link with *Unit 6*: *Personal and Professional Development in Health and Social Care,* as well as several other units in the programme, including *Unit 8: Psychological Perspectives for Health and Social Care, Unit 28: Caring for Older People* and *Unit 29: Applied Psychological Perspectives for Health and Social Care.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC33: Reflect on and develop your practice

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals

- Unit HSC331: Support individuals to develop and maintain social networks and relationships

- Unit HSC332: Support the social emotional and identity needs of individuals

- Unit HSC335: Contribute to the protection of individuals from harm and abuse

- Unit HSC336: Contribute to the prevention and management of abusive and aggressive behaviour

- Unit HSC337: Provide frameworks to help individuals to manage challenging behaviour

- Unit HSC350: Recognise, respect and support the spiritual wellbeing of individuals

- Unit HSC356: Support individuals to deal with relationship problems

- Unit HSC366: Support individuals to represent their own needs and wishes at decision-making forums

- Unit HSC367: Help individuals identify and access independent representation and advocacy

- Unit HSC368: Present individuals needs and preferences

- Unit HSC395: Contribute to assessing, and act upon risk of danger, harm and abuse

- Unit HSC3111: Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116: Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

Learners should also gain some of the underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1:   Understand the principles of care

- Standard 2:   Understand the organisation and the role of the worker

- Standard 4:   Communicate effectively

- Standard 5:   Recognise and respond to abuse and neglect

- Standard 6:   Develop as a worker.

This unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication and improving own learning and performance.

Social, cultural, moral and ethical issues can be introduced through the teaching of this unit through consideration of the issues around protection from abuse.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- staff policy and procedure handbooks — these should be available from the learner's local health, education and social services departments

- library resources with newspapers, journals, key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- guest speakers with specialist knowledge and/or experience

- case study materials

- policy papers from the King's Fund

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Aslangul S and Meggitt C — *Further Studies for Social Care* (Hodder Arnold, 2002) ISBN 0340804246

Hendrick J — *Law and Ethics* (Nelson Thornes, 2004) ISBN 0748775412

Holland K and Hogg C — *Cultural Awareness in Nursing and Health Care* (Hodder Arnold, 2001) ISBN 0340731338

Miller J — *Care Practice for S/NVQ3* (Hodder Arnold, 2005) ISBN 0340889330

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Journals

Community Care

Nursing Times

Publications from the Council for Racial Equality, Disability Living Alliance and the Equal Opportunities Commission

Social Exclusion Unit, Opportunities for All (HMSO, 1996)

Websites

www.basw.co.uk	British Association of Social Workers
www.community-care.co.uk	*Community Care* magazine
www.rightsnet.org.uk	Welfare rights website for advice workers

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe different forms of abuse which may be experienced by vulnerable adults	C3.1a	Take part in a group discussion.
• describe strategies and working practices used to minimise abuse	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• identify the legislation, policies and procedures that protect adults receiving health and social care services	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• identify the legislation, policies and procedures that protect adults receiving health and social care services.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• identify the legislation, policies and procedures that protect adults receiving health and social care services	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• identify the legislation, policies and procedures that protect adults receiving health and social care services	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• identify the legislation, policies and procedures that protect adults receiving health and social care services.	LP3.3 Review progress and establish evidence of your achievements.

Unit 12: Public Health

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

Public health is concerned with protecting and improving the health of the population, rather than with individual health. It is therefore important that practitioners working in the health and social care sectors are aware of the implications of public health on services and patients/service users. They need to be able to consider the reasons for improving public health for both individuals and wider society.

This unit aims to develop understanding of the role of public health systems, their origin and development, and the range of key groups in influencing public health policy. Learners will also identify current patterns of ill health and consider factors affecting health in the United Kingdom.

The unit also gives learners opportunities to consider different methods of promoting and protecting public health, in terms of health education, specific protection, and environmental measures.

The concept of health education is further developed in *Unit 20: Health Education.* There are also strong links with other specialist health-related science units, such as *Unit 36: Communicable Diseases, Unit 37: Defence against Disease* and *Unit 38: Environmental Health.*

Learning outcomes

On completion of this unit a learner should:

1   Understand public health strategies in the UK and their origins

2   Understand current patterns of ill health and factors affecting health in the UK

3   Understand methods of promoting and protecting public health.

Unit content

1 Understand public health strategies in the UK and their origins

Key aspects of public health: eg monitoring the health status of the community, identifying the health needs of the population, developing programmes to reduce risk and screen for early disease, controlling communicable disease, promoting the health of the population, planning and evaluating the national provision of health and social care

Sources of information for determining patterns of health/ill health: eg World Health Organization statistics, government statistics, regional statistics, local statistics, epidemiological studies, regional reports, local reports, demographic data, Public Health Observatories, Health Protection Agency

Historical perspectives of public health system:

- nineteenth century: eg work of John Snow, Edwin Chadwick, the sanitary movement, Poor Law Act (1834), first Public Health Act (1848)

- twentieth century: eg Beveridge report (1942), founding of the National Health Service (1948), Acheson Report (1998), Our Healthier Nation (1999)

- twenty-first century: eg White Paper — Choosing health: making healthier choices easier (2004), public health agencies, Health Protection Agency, National Institute for Health and Clinical Excellence

- target setting: local, national, international

Key groups in influencing public health policy: pressure groups, eg Greenpeace, Friends of the Earth; international groups, eg World Health Organization, United Nations; national groups, eg Health Protection Agency, National Institute for Health and Clinical Excellence, Cancer Research UK

2 Understand current patterns of ill health and factors affecting health in the UK

Patterns of ill health: inequalities in health; Black Report (1980), Acheson Report (1998), Our Healthier Nation (1999), Tackling Health Inequalities: a Programme for Action (2003), Choosing Health: Making healthy choices easier (2004)

Factors affecting health:

- socio-economic: eg social class, age, culture, gender, sexuality, income, expenditure, employment status, housing, diet, peer pressure, media, discrimination, education, access to services

- environmental: eg urban, rural, water supply, waste management, housing, pollution, access to health and social care services, access to leisure/recreational facilities

- genetic: eg sickle cell anaemia, thalassaemia, cystic fibrosis, susceptibility to certain diseases

3   **Understand methods of promoting and protecting public health**

Aims: improve health of the nation, reduce health inequalities

Health promoting activities/health education: eg healthy eating campaigns, government standards for school lunches, national no smoking day

Specific protection: eg immunisation, disease surveillance, screening

Environmental: eg waste disposal/treatment, supply of safe water, pollution control

Diseases:

–   communicable diseases, eg tuberculosis, sexually transmitted diseases, meningitis, salmonella food poisoning, MRSA, poliomyelitis, measles

–   non-communicable diseases, eg skin cancer, lung cancer, bowel cancer; coronary heart disease, stroke, diabetes

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe key aspects of public health in the UK		
P2 describe the origins of public health in the UK		
P3 identify current patterns of ill health and inequality in the UK	M1 explain probable causes of the current patterns of ill health and inequality in the UK	D1 evaluate the role of factors that contribute to the current patterns of ill health and inequality in the UK
P4 describe six factors that potentially affect health status in the UK		
P5 describe methods of promoting and protecting public health	M2 explain methods of promoting and protecting public health	
P6 identify appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease.	M3 explain appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease.	D2 evaluate the effectiveness of methods of promoting and protecting public health for the two named diseases.

Essential guidance for tutors

Delivery

Learners will need to understand the historical perspectives of the public health system and relevant legislation before studying current patterns of ill health and factors that can affect the health of the population.

Learners should be encouraged to look at topical health issues highlighted in the media to build up an awareness of up-to-date issues and how they are being dealt with. Guest speakers would be useful to talk to learners about current issues. Centres could ask current practitioners such as environmental health officers and infection control nurses to discuss current practice and government guidelines for public health issues.

Patterns of ill health can be researched by using statistics from local health authorities, the World Health Organization, and the Government Office for National Statistics. The reports highlighted in the content section also give useful sources of information.

Learners will benefit from being encouraged to carry out internet research, and to bring their information into class to share with other members of the group. Learners could identify the current patterns of ill health and inequality in the UK by presenting their findings verbally or in the form of a poster to other members of the group.

Learners need to identify appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease. This provides an opportunity for them to research such diseases as are currently topical, which could be, for example, influenza, HIV/AIDS, tuberculosis, lung cancer or coronary heart disease.

Assessment

Evidence to meet the requirements of the unit may be generated in a variety of ways, including reports, presentations, group discussions, or the production of leaflets or posters. Centres need to be aware that if any evidence is presented as group work, each individual learner should also have their own evidence. Witness statements may be useful here to substantiate evidence.

Learners need to explain key aspects of public health in the UK, and then its origins in the UK, looking at the Beveridge report and other historical perspectives as given in the contents section of the unit. Current patterns of ill-health and inequality need to be identified as do the factors that affect health. Methods of promoting and protecting public health need to be identified and related to two named diseases, one communicable and one non-communicable.

These themes are developed through the merit and distinction grades, to achieve which learners need to demonstrate higher levels of explanation and evaluation.

P1 and P2 could be assessed through an initial piece of writing in which learners describe key aspects of public health and the origins of public health in the UK. A timeline could also be included here.

A second assignment could then be used to assess P3 and P4, with opportunities for learners also to achieve M1 and D1. Evidence here could include the use of graphical information appropriately interpreted. The six factors that potentially affect health status should include factors from the three identified groups in the contents section — socio-economic, environmental and genetic.

A third assignment could be used to complete the assessment for this unit, assessing P5 and P6 and providing opportunities for learners to achieve M2, M3 and D2. For P5, a piece of writing describing methods of promoting and protecting public health, with examples, could be used as evidence. If learners explain these methods — their effectiveness and how they achieve their aims, this will also provide evidence for M2. For P6 and M3 learners need to focus on a named communicable disease and a named non-communicable disease of their choosing, and D2 requires them to consider strengths and weaknesses of the methods of promoting and protecting public health for the two named diseases and how effective they are.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit will be developed further in *Unit 20: Health Education* and *Unit 38: Environmental Health.* This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3103:   Contribute to raising awareness of health issues

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation
- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment
- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness
- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations
- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others
- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security
- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

They should also gain some of the underpinning knowledge for the following Health and Wellbeing dimension of the NHS Knowledge and Skills Framework:

- Dimension HWB1:   Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, problem solving and working with others.

Social, cultural, spiritual, moral and ethical issues can be introduced through the teaching of this unit, through the historical development of, and current issues in, public health.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts, newspapers, journals and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- health promotion units

- local and national media reports

- guest speakers from various health backgrounds to provide learners with up to date and current aspects of public health policies and issues — eg environmental health officers, health care practitioners, health promoters

- museums may also provide suitable information

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Acheson D — *Independent Inquiry into Inequalities in Health: Report* (HMSO, 1998) ISBN 0113221738

Beaglehole et al — *Basic Epidemiology* (WHO, 1993) ISBN 9241544465

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Davey et al — *Health and Disease: A Reader* (Open University, 2002) ISBN 033520967X

Donaldson L J and Donaldson R J — *Essential Public Health* (Petroc Press, 2003) ISBN 190060387X

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Thomson H, Meggitt C, Aslangul S and O'Brien V — *Further Studies for Health* (Hodder Arnold, 2002) ISBN 0340804238

Other resources

HM Government — *The New NHS; Modern Dependable* (1997)

HM Government — *Saving Lives. Our Healthier Nation* (1997)

HM Government — *Choosing Health* (2004)

Journals

Community Care

Health Service Journal

Journal of Epidemiology

Nursing Times

A full list of journals with results of research into patterns of disease can be found at: www.mednets.com/epidemiojournals.htm.

Magazines

Many magazines carry articles about health issues. Magazines from the weekend broadsheets are particularly valuable in discussing factors such as lifestyle and diet. Several 'teen' magazines also carry articles about health issues. In these cases learners must look at the validity and reliability of their sources.

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe key aspects of public health in the UK	C3.1a	Take part in a group discussion.
• describe the origins of public health in the UK	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe a range of factors that affect health status in the UK	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the origins of public health in the UK.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• identify current patterns of ill health and inequality in the UK	ICT3.1	Search for information using different sources, and multiple search criteria in at least one case.
• identify current patterns of ill health and inequality in the UK	ICT3.2	Enter and develop the information and derive new information.
• identify current patterns of ill health and inequality in the UK.	ICT3.3	Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain probable causes of the current patterns of ill health and inequality in the UK	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain probable causes of the current patterns of ill health and inequality in the UK	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• explain probable causes of the current patterns of ill health and inequality in the UK.	LP3.3 Review progress and establish evidence of your achievements.
Problem solving Level 3	
When learners are:	**They should be able to develop the following key skills evidence:**
• identify appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease	PS3.1 Explore a problem and identify different ways of tackling it.
• identify appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease	PS3.2 Plan and implement at least one way of solving the problem.
• identify appropriate methods of prevention/control for a named communicable disease and a named non-communicable disease.	PS3.3 Check if the problem has been solved and review your approach to problem solving.

Working with others Level 3	
When learners are:	They should be able to develop the following key skills evidence:
• describe the origins of public health in the UK	WO3.1 Plan work with others.
• describe the origins of public health in the UK	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe the origins of public health in the UK.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 13:   Physiology of Fluid Balance

NQF Level 3:   **BTEC Nationals**

Guided learning hours: 60

Unit abstract

Water is essential for the maintenance of life, and the maintenance of fluid balance in the human body is therefore of primary importance when caring for individuals. This unit aims to provide learners with an understanding of a number of fundamental scientific principles that will underpin further studies in health-related science, as well as an overview of physiology in relation to the homeostatic control of water.

The unit initially extends the basic knowledge of cells introduced in *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care*, investigating the microstructure of cells and the contribution made by cell organelles to the overall functioning of cells. The movement of materials into and out of cells is then considered, followed by the distribution of fluids and role of water and dissolved substances in the body.

Learners will then go on to examine the renal system and its role in homeostasis, in particular in relation to water balance. Finally, they will be able to apply the knowledge and understanding gained to dysfunctions in relation to water balance.

The unit will be useful to those learners intending to work in the health or social care sectors, or progressing to further or higher studies. The scientific principles gained through the study of this unit will support learners and link with several other science units within the programme.

Learning outcomes

On completion of this unit a learner should:

1   Understand the microstructure of a typical animal cell

2   Understand the movement of materials into and out of cells

3   Understand the distribution and constituents of fluids in the human body

4   Understand homeostatic processes in relation to water balance.

Unit content

1 **Understand the microstructure of a typical animal cell**

Cell structure: as visible under light and electron microscope; nuclear and cell membranes (as a phospholipid bilayer), nucleus, nucleolus, chromosomes, DNA; m-RNA, t-RNA, endoplasmic reticulum (rough, smooth), ribosomes, Golgi body, mitochondria, other microstructures, eg lysosomes, centrioles, cilia

Functions: nuclear and cell membranes, nucleus, chromosomes, endoplasmic reticulum (rough, smooth), ribosomes, Golgi body, mitochondria, others, eg cilia

Cell types: eg epithelial, connective, muscle, nervous

2 **Understand the movement of materials into and out of cells**

States of matter: solid, liquid, gas

Materials: particulate, ionic, in solution, relevant colloidal forms, eg protein sols, emulsions

*Movement of material*s: diffusion, facilitated diffusion, osmosis, active transport, endocytosis, exocytosis; factors affecting movement

Influences on movement of materials: size, distance, temperature, concentration gradient, osmotic potential, electrochemical gradient, permeability of cell membrane, channel proteins, carrier molecules

3 **Understand the distribution and constituents of fluids in the human body**

Constituents of body fluids: water; solutes, eg glucose, urea; electrolytes — acids, bases, salts

Role of electrolytes: essential minerals, in control of osmosis/osmotic pressure, maintenance of acid-base balance

Acid-base balance: pH; importance of maintaining hydrogen ion concentration in body fluids; buffer systems, eg carbonic acid, phosphate, protein

Role of water: constituent of body fluids; in relation to properties, eg specific heat capacity, as a solvent

Distribution of water: intracellular, extracellular, eg plasma, lymph, intercellular; role of intercellular fluid in homeostasis

4 **Understand homeostatic processes in relation to water balance**

Water intake: ingested liquids and foods; from metabolic processes, eg respiration; effect of water gain on cells

Water output/loss: through skin, lungs, gastrointestinal tract, kidneys; effect of water loss on cells

Renal system: gross anatomy; associated blood supply; physiological overview: urine production, composition and storage, micturition

Kidneys: gross anatomy; structure and function of nephrons/kidney tubules; ultrafiltration, and selective reabsorption, counter-current mechanism, principles of osmoregulation and role of hypothalamus/relevant hormones, eg anti-diuretic hormone

Dysfunctions in relation to water balance: oedema, kidney failure; renal dialysis, transplantation

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the microstructure of a typical animal cell and the functions of the main cell components	M1 use four examples to explain how the functions of the main cell components relate to overall cell function	
P2 explain the ways in which materials move into and out of cells	M2 explain the factors that influence the movement of materials into and out of cells	D1 analyse the role of the phospholipid bilayer in terms of the movement of materials into and out of cells
P3 describe the distribution of water in the body and the functions of constituents of body fluids	M3 explain the contributions of water and solutes to the maintenance of a constant internal environment for cells	
P4 describe the gross anatomy and physiology of the renal system		
P5 describe the role of the kidney tubules in the homeostatic control of water balance	M4 explain the role of the kidney tubules in the homeostatic control of water balance	
P6 describe dysfunctions in relation to water balance and their possible treatments.	M5 explain dysfunctions in relation to water balance and their possible treatments.	D2 analyse the impact on the human body of dysfunctions in relation to water balance.

Essential guidance for tutors

Delivery

Delivery of this unit requires a clear understanding of scientific knowledge and principles, and should therefore be carried out only by an appropriately qualified person. Some access to laboratory facilities may be useful but is not essential.

The unit could be introduced by reviewing the microstructure of a typical animal cell, based on knowledge and understanding initially gained in *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care.*

This should then be extended, with learners needing to understand cell microstructure in more detail, and the functions of the organelles — including their contribution to the overall functioning of the cell. Delivery could include the use of electron micrographs, and possibly consideration of the contribution of different types of microscopy to current knowledge and understanding of cells — if time allows.

Specific examples of cell types should be used to illustrate the functions of different constituents of cells, for example — secretory cells, muscle cells or ciliated epithelial cells. The significance of the phospholipid bilayer in the structure of cell membranes needs to be understood.

Consideration of the structure of cell membranes can then lead on to discussion of the means by which materials enter and leave cells, and the factors affecting this movement. Some practical experiments could be carried out here so learners can observe diffusion and osmosis and gain understanding of the significance of solute concentration and osmotic potential.

This could be extended to discussion of the importance of water in the human body, the functions of water in relation to the structure of the water molecule, and in particular its role as a solvent. This in turn could lead on to consideration of the importance of aqueous solutions as media for metabolic reactions, and then to the composition of body fluids.

The role of substances in solution needs to be discussed, including the role of electrolytes. Learners need to understand the importance of electrolytes, including in the maintenance of the acid-base balance. A number of scientific concepts can be embedded here, including pH and the role of buffers, as indicated in the contents section for learning outcome 3.

Supporting practical activities could include, for example, investigating the solubility of materials such as glucose or salt, measurement of pH, investigating the characteristics of acids and bases and the role of buffers.

The distribution of water within the body can be introduced at this stage, in terms of intracellular and extracellular fluids. Discussion of the composition of, and relationship between, blood, tissue fluid and lymph could be useful here. Learners need to understand the role of intercellular fluid as the environment of the cells, and its importance in homeostasis. Differences in the constituents of the different body fluids can be discussed here, as can the various means by which the human body takes up and loses water.

This will lead on to a discussion of the importance of water balance in the body, and the means by which this is achieved. Charts and models could be used to illustrate the gross anatomy of the renal system, including the kidneys. Dissection of a kidney would also be a useful vehicle for learning. The structure and functioning of the kidney tubules, and their role in water maintenance, require tutor input.

Relevant practical activities could include chemical tests to investigate the composition of synthetic urine. Discussions could include, for example, consideration of the effect of sweating on a hot day in relation to the volume of urine produced. This would link different aspects of homeostasis and lead on to examination of the adjustments individuals make to their fluid intake according to factors such as environmental temperature and exercise.

Learners could, if appropriate, be encouraged to relate their learning to health or social care settings. For example, observations in placements of how the fluid balance of patients/service users is managed could enhance learning. The use of intravenous drips for rehydration could also be explained here.

Knowledge and understanding of the homeostatic control of water in the human body should then be applied to consideration of dysfunctions in relation to water balance. Case studies would be useful here, or small group work in which learners gather articles from the media/health and social care literature about relevant topics such as dehydration, renal failure, or transplantation. Context setting could also be related specifically to groups who are particularly vulnerable to dehydration, for example infants and young children, older people or those with food poisoning symptoms.

Assessment

Four assignments could be used for the basis of evidence for this unit.

The first, based on cell microstructure and physiology, could be used as a vehicle for the evidence required for P1 and M1. A well-annotated diagram, supported by some written work, should be sufficient for this purpose. Care should be taken to ensure the authenticity of learners' work, in particular in relation to images and descriptive work downloaded from the internet or taken from textbooks. Specific examples of cell types should be used by learners to support their explanation of how the functions of the main cell components relate to overall cell function, for M1.

A second assignment could then be used to assess P2, M2 and D1, in relation to the movement of materials into and out of cells. For P2 learners are required to explain the ways in which materials move into and out of cells, extending this for M2 to include a description of factors that influence this.

For D1, the role of the phospholipid bilayer needs to be analysed in terms of the movement of materials across cell membranes. For example, learners need to consider the overall membrane structure in terms of the phospholipid bilayer, the need for protein receptor sites and how, for example, hormone molecules may alter cell membrane permeability through interference with these active sites, thus altering the uptake of selected materials.

A third assignment could be used as the basis for P3 and M3. For P3, learners need to use annotated diagrams supported by a piece of writing to describe the distribution of water in the body, and also the functions of the constituents — water and solutes. For M3 this description needs to be extended and applied to the maintenance of a constant internal environment for cells.

Finally, a fourth assignment could be based on the functioning of the renal system, thus covering P4, P5, P6, M4, M5 and D2. A combination of annotated diagrams and descriptive work should be produced as suitable evidence, with case studies providing appropriate opportunities to demonstrate evidence of understanding of dysfunctions.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit extends that gained in *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care,* and underpin and link to many other units in the programme, including *Unit 14: Physiological Disorders, Unit 15: Biochemistry for Health, Unit 21: Nutrition for Health and Social Care, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the practical tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- equipment for the practical tasks.

In addition, the following resources are considered to be highly valuable:

- models of human torso, individual organs such as the kidneys and systems such as the renal system

- electron micrographs of cell structure

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Adds J, Larkcom E and Miller R — *Molecules and Cells* (Nelson Thornes, 2003) ISBN 074877484X

Ashurst S, Coe J and Lyne P — *HAL Physiology* (Churchill Livingstone 1995) ISBN 0443052743

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Journals

Biological Science

New Scientist

Nursing Times

Website

www.bbc.co.uk/science/humanbody   BBC resource on the human mind and body

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the microstructure of a typical animal cell and the functions of the main cell components • describe the distribution of water in the body and the functions of constituents of body fluids	N3.1 Plan an activity and get relevant information from relevant sources.
• describe the microstructure of a typical animal cell and the functions of the main cell components • describe the distribution of water in the body and the functions of constituents of body fluids	N3.2 Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• describe the microstructure of a typical animal cell and the functions of the main cell components • describe the distribution of water in the body and the functions of constituents of body fluids.	N3.3 Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the distribution of water in the body and the functions of constituents of body fluids	C3.1a Take part in a group discussion.
• describe the microstructure of a typical animal cell and the functions of the main cell components	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the microstructure of a typical animal cell and the functions of the main cell components • describe the gross anatomy and physiology of the renal system	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the microstructure of a typical animal cell and the functions of the main cell components • describe the gross anatomy and physiology of the renal system.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe dysfunctions in relation to water balance and their possible treatments	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe dysfunctions in relation to water balance and their possible treatments	ICT3.2 Enter and develop the information and derive new information.
• describe dysfunctions in relation to water balance and their possible treatments.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the ways in which materials move into and out of cells	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain the ways in which materials move into and out of cells	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• explain the ways in which materials move into and out of cells.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe dysfunctions in relation to water balance and their possible treatments	WO3.1 Plan work with others.
• describe dysfunctions in relation to water balance and their possible treatments	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe dysfunctions in relation to water balance and their possible treatments.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 14:   Physiological Disorders

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to provide an opportunity for learners to apply their understanding of physiological principles to the authentic experience of individuals affected by physiological disorders.

The unit requires learners to produce two in-depth case studies of individuals, describing the course of the disorder and the signs and symptoms shown by the individuals. Learners will research the disorders in order to be able to provide a physiological explanation of the disorder and the processes involved in reaching a diagnosis.

Learners will also be required to investigate the roles of professional and support personnel and of informal carers involved in all aspects of diagnosis, treatment and care of the individuals. Finally, learners will be expected to use secondary research to explore the possible future progression of the disease.

The unit will provide learners with the opportunity to gain insight into the manner in which different physiological disorders may present themselves in individuals, and the way in which health services support diagnosis, treatment and care for patients. This will be valuable for any learner aiming to progress to professional training in the health and social care professions.

There are strong links with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1   Understand the nature of two physiological disorders

2   Understand the processes involved in diagnosis of disorders

3   Understand the care strategies used to support individuals through the course of a disorder

4   Understand how individuals adapt to the presence of a disorder.

Unit content

1 **Understand the nature of two physiological disorders**

Individuals: two; each with a diagnosed physiological disorder and who have been referred to professionals for investigation, diagnosis; have received/be in receipt of treatment and care for the disorder

Appropriate disorders: eg diabetes — either IDD or NID type, coronary heart disease, stroke, Parkinson's disease, Alzheimer's disease, asthma, emphysema, motor neurone disease, multiple sclerosis, rheumatoid arthritis, osteoporosis, Crohn's disease, ulcerative colitis, inflammatory bowel disease, cancer (eg of the lungs, bowels, skin, breast, prostrate gland)

Investigate: primary research, secondary research, ethical issues, respect for confidentiality of data obtained

Physiology: body systems relevant to choice of disorder, structural and physiological changes caused by the disorder or its treatment

Psychological effects: eg depression, anxiety

Influences on development of disorder: eg inherited traits, lifestyle choices, employment, diet, environmental

Signs and symptoms: as experienced by the individuals, eg discomfort, pain, visible signs, changes in normal body functioning

2 **Understand the processes involved in diagnosis of disorders**

Referral: professionals and services to which referred

Investigations: as appropriate for each individual, eg medical history, palpation, blood tests, urine tests, radiological investigations, scans, function tests

Measurements: as appropriate, eg weight, blood pressure, peak flow

Monitoring: eg regularity of checks by professionals, repeat measurements, repeat investigations

3 **Understand the care strategies used to support individuals through the course of a disorder**

Care settings accessed: eg GP surgery, health centre, hospital care, own home, social care setting

People: as appropriate, eg general practitioner, clinical specialists, nurses, professionals allied to medicine, pharmacists, phlebotomists, laboratory personnel, care assistants, counsellors, informal carers, lay carers

Care: eg medication, aids, surgery, transfusion, professional advice, support for managing the disorder, counselling, rehabilitation programmes, complementary therapies

4   **Understand how individuals adapt to the presence of a disorder**

Difficulties: changes in, eg activities of daily living, mobility, employment, relationships

Coping strategies: eg family and friends, counselling, lifestyle change, complementary therapies

Prognosis: likely progression of the disorder, possible impact on chosen individual, possible changes to care strategies required

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the course of two different physiological disorders as experienced by two different individuals		
P2 describe the physiology of each disorder and factors that may have influenced its development	M1 explain how the course of the disorder in each individual relates to the physiology of the disorder	
P3 describe the clinical investigations carried out and measurements made to diagnose and monitor the disorder in each individual	M2 explain possible difficulties involved in making a diagnosis from the signs and symptoms displayed by the individuals and the results of their investigations	
P4 describe the care processes experienced by each individual case and the roles of different people in supporting the care strategy		D1 evaluate the contributions made by different people in supporting the individuals with the disorders
P5 explain difficulties experienced by each individual in adjusting to the presence of the disorder and the care strategy	M3 explain how the care strategies experienced by each individual have influenced the course of the disorder.	D2 evaluate alternative care strategies that might have been adopted for each individual.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 compare the possible future development of the disorders in the individuals concerned.		

Essential guidance for tutors

Delivery

In order to gain maximum benefit from this unit, learners will need to be able to investigate two individuals with different physiological disorders. Sensitivity will be needed in the choice of individuals, and confidentiality respected at all times. The individuals chosen for the assessment of the unit need to be appropriate. For example, learners may themselves have a physiological disorder, or a relative with one. It is anticipated that access to appropriate individuals is likely to come from family members and friends, as it is unlikely that learners will have sufficient access to other patients/service users. In either case, the formal consent of the individual must be obtained and verified by an expert witness. If a care setting is involved, then consent should also be obtained from the setting, in accordance with its protocols.

Learners will also need careful guidance regarding their choice of the disorder and the experience of the individuals. For example, in the early stages of a disorder, the individual may have received only limited medical care and it may therefore be more challenging for learners to meet the requirements of the unit.

Learners should be encouraged to select the more common disorders listed in the contents section rather than select a less common condition, as their physiological understanding may not be sufficient to understand the disorder.

Some tutor input will be required to introduce this unit, and a case study could also provide a useful vehicle. Learners could gain understanding of the requirements of assessment through examination of the case study, and be encouraged to consider relevant appropriate steps that should be taken in the gathering of evidence.

Guidance regarding the primary research methodology, for example interview questions, will be needed. Learners should be encouraged to research sources of secondary data that will be helpful both generically and individually.

Following the initial introduction, support for learners is likely to be through workshops and tutorials, though guest speakers could be invited in and visits could be arranged if appropriate.

Assessment

One assignment could form the basis of assessment for this unit, with learners investigating two individuals with different physiological disorders. Evidence could be in the form of a structured report on each chosen individual, using a conventional case study format.

Use of photographs should be discouraged and clinical reports and images are not expected to be included. Data may be quoted within the report, and its interpretation included in the written account, but care should be taken at all times to maintain confidentiality of all data collected and to maintain the anonymity of the individuals.

It is recommended that the disorders chosen are sufficiently different to enable learners to gain understanding of disorders relating to the anatomy and physiology of different body systems.

Requirements of the pass criteria are quite logical in that P1 requires learners to describe the course of the physiological disorders and the experiences of the individuals, such as signs and symptoms over time. An initial discussion with each individual should provide evidence for this, with some secondary research to support it. P2 then requires learners to describe the physiology of each disorder and factors that may have influenced its development. Evidence for this will come from secondary research, supported by the initial discussion with the individuals.

For P3, evidence from the initial discussions should be supported by secondary research and, if possible, the use of guest speakers and/or visits to relevant settings. Learners may also gain some evidence from their work experience placements, if appropriate.

P4 requires learners to gain a range of evidence, for which they need to talk to a number of different professionals, as well as the individuals with the disorders. Observations on work experience placements may also be useful here. Evidence for P5 will probably also come from discussions with the individuals, and P6 requires a comparison for which learners will need to reflect on their individuals and potential future development of the disorders. A second discussion with each of the individuals with the disorders may be needed towards the end of the assessment process in order for learners to clarify any issues that are unclear.

For higher grades learners need to extend their descriptive work and provide evidence that demonstrates the ability to explain issues, analyse and evaluate. For example, for M1, learners need to explain how the course of the disorder in each individual relates to the physiology of the disorder.

Following this, for M2 learners need to consider possible difficulties involved in making a diagnosis and explain these.

M3 requires learners again to explain the potential role and value of the care strategies involved.

D1 and D2 require evaluation. For D1 this relates to the contributions made by different people in supporting the individuals with the disorders, and for D2 it relates to potential alternative care strategies. For the latter, learners will need to research alternative care strategies that could have been used, using both primary and secondary methods.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice

- Unit CHS19:   Undertake physiological measurements.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

Learners should also gain one of the underpinning knowledge for the following Health and Wellbeing dimension of the NHS Knowledge and Skills Framework:

- Dimension HWB1:   Plan, develop and implement programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, and improving own learning and performance.

Health and safety issues can be introduced through the teaching of this unit, through the investigative tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- two individuals with different physiological disorders

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- models of human torso, individual organs such as the heart, lungs or kidneys
- DVDs/videos.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach,* (Hodder Arnold, 2002) ISBN 034076239X

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Journals

Biological Science

New Scientist

Nursing Times

Website

www.bbc.co.uk/science/humanbody   BBC resource on the human mind and body

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• compare the possible future development of the disorders in the individuals concerned	C3.1a	Take part in a group discussion.
• describe the physiology of each disorder and factors that may have influenced its development	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe the physiology of each disorder and factors that may have influenced its development	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the physiology of each disorder and factors that may have influenced its development.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the physiology of each disorder and factors that may have influenced its development	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the physiology of each disorder and factors that may have influenced its development	ICT3.2 Enter and develop the information and derive new information.
• describe the clinical investigations carried out and measurements made to diagnose and monitor the disorder in each individual.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the course of two different physiological disorders as experienced by two different individuals	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the physiology of each disorder and factors that may have influenced its development	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the clinical investigations carried out and measurements made to diagnose and monitor the disorder in each individual.	LP3.3 Review progress and establish evidence of your achievements.

Unit 15: Biochemistry for Health

NQF Level 3: BTEC Nationals

Guided learning hours: 60

Unit abstract

The aim of this unit is to enable learners to gain understanding of biochemical principles, knowledge of which will support them during progression through the programme, especially in relation to the science-based specialist units. The knowledge and understanding gained will also be valuable for those learners who plan to progress to further or higher level studies in the health sector.

Initially the unit examines atomic and molecular structure, with particular focus on the relationship between structure and the properties thus conferred, with reference to the biological molecules and the support and maintenance of life. Learners will gain understanding of a range of molecules, both inorganic and organic.

The unit goes on to examine the principles of metabolism, considering certain metabolic pathways and the role of enzymes in metabolism. Learners will use the principles of the scientific method to undertake practical investigations involving enzymes. They will then consider disorders of metabolism, the nature of these and their causes and effects.

There are strong links with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders, Unit 16: Science in Practice for Health* and *Unit 21: Nutrition for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1   Understand the molecules of life

2   Understand the principles of metabolism

3   Understand disorders of metabolism.

Unit content

1 Understand the molecules of life

Atoms: nucleus: neutrons, protons; electrons; electronic configuration of hydrogen, carbon, oxygen, nitrogen and the relevance to biological molecules

Inorganic molecules: water — configuration, properties — eg solvent, surface tension, importance of hydrogen bonds; carbon dioxide — configuration, covalent bonds; sodium chloride — configuration, ionic bonds; ions, eg hydrogen carbonate, phosphate

Organic molecules: condensation and hydrolysis in building polymers and breaking them down

- proteins: primary, secondary, tertiary and quarternary structure, peptides, amino acids

- carbohydrates: polysaccharides (starch, glycogen, cellulose), disaccharides (sucrose, maltose, lactose), monosaccharides (glucose, fructose, galactose)

- lipids: fatty acids (saturated, monounsaturated, polyunsaturated), glycerol, triglycerides, phospholipids and their role in cell membranes and as surfactants in the lungs, cholesterol

- nucleic acids: nucleotides — base, pentose sugar, phosphate group; dna, double helix, complementary base pairing; rna, mrna, trna, role in protein synthesis; mitosis — cell replication in growth and repair, prophase, metaphase, anaphase, telophase

Practical food analysis: eg for starch, reducing sugar, non-reducing sugar, protein; health and safety; structured scientific report

2 Understand the principles of metabolism

Metabolism: anabolism, eg protein synthesis; catabolism, eg respiration; role of glucose and ATP

Metabolic pathways: cellular respiration — glycolysis, Krebs cycle, oxidative phosphorylation, generation of ATP, anaerobic respiration, lactic acid, oxygen debt and recovery

Enzymes: role in metabolism; structure; properties, denaturation, active site, specificity, theories of enzyme action; co-enzymes, co-factors, inhibitors; effects of substrate and enzyme concentrations, temperature and pH on rate of reaction

Investigation: principles of the scientific method; any two factors affecting enzyme activity; health and safety; structured scientific report

3   **Understand disorders of metabolism**

Metabolic disorders: resulting from inborn errors of metabolism; resulting from disorders of the endocrine system; cause; effects; screening/diagnosis; treatment/management; The Human Genome Project

Inborn errors of metabolism: single gene defect, eg phenylketonuria, homocystinuria, galactosaemia

Disorders of the endocrine system: eg diabetes mellitus, hyperthyroidism

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the atomic structure of hydrogen, carbon, oxygen and nitrogen and relate it to the structure of biological molecules	M1 explain the relevance of the electronic configuration of hydrogen, carbon, oxygen and nitrogen to biological molecules	
P2 describe the molecular configuration of water, carbon dioxide and sodium chloride with reference to different types of bonding	M2 explain the relevance of the molecular configuration of water to its properties	
P3 describe the structure and functions of organic molecules	M3 explain the relationship between the structure and functions of organic molecules	D1 analyse the behaviour of matter in animal cells in relation to its structure and composition
P4 report on own practical analysis of three examples of food material		
P5 describe the processes of aerobic and anaerobic respiration		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6　report on own experimental work to demonstrate two factors affecting enzyme activity P7　describe causes and effects of two different types of metabolic disorder.	M4　use data from experimental work to explain the role of enzymes in the body.	D2　analyse the role of enzymes in metabolism.

Essential guidance for tutors

Delivery

This unit should be delivered by a tutor who is appropriately qualified in the chemical/biochemical sciences. Some access to laboratory facilities will be necessary for the assessment of the unit.

Tutor input will be needed to introduce the unit, though it is suggested that learners could use resources in class and research atomic structure in relation to the elements listed in the contents section. They could then explain the relevance of the electronic configuration, with regard to biological molecules, to their peers.

A similar approach could be used for the molecular configuration of water, carbon dioxide and sodium chloride with reference to the different types of bonding. This approach could aid learner understanding and thereby provide a good foundation for this and other units in the programme, encouraging learners to relate structure at an atomic and molecular level to the functioning of compounds.

The structure and functions of organic molecules could be delivered through a combination of tutor input, individual research, posters and presentations, with the emphasis again being on the functions of the molecules as conferred by their configuration.

The principles of metabolism can be delivered in a similar way, with the encouragement of active learning through a combination of approaches. Practical work can be interspersed to break up the theory sessions, including the practical food analysis and the enzyme investigations required for the assessment of this unit.

Disorders of metabolism could be introduced through the use of relevant television documentaries, or other DVD/video materials. Learners may have experience of individuals with metabolic disorders either through their placement experiences or their personal lives, and presentations could be used as a means of sharing this and other information about a range of disorders of metabolism with peers.

Assessment

Two assignments could be used for the assessment of this unit, though they could also be broken down into smaller units of assessment, as appropriate for the cohort of learners.

The first assignment could provide the vehicle of assessment for P1, P2, P3, P4, M1, M2, M3 and D1. Evidence could take the form of a combination of written work, diagrams, posters and presentation records. Care needs to be taken to ensure that such evidence is authentic, in particular with regard to visual images and explanations downloaded from the internet or taken from textbooks.

Evidence needs to be in the learner's own words, relating specifically to the assessment task, and referenced appropriately. Visual images need to be either annotated by the learner, or explanations should be included in the learner's own words.

The merit criteria require clear explanations of the relationship between structure and function, whilst D1 links to and extends all other criteria in this assignment in terms of requiring an in-depth examination and discussion of the behaviour of different molecules in animal cells in relation to their structure and composition. The evidence required here should be clearly presented with good use of scientific language and demonstrating thorough understanding. For P4 a scientific report is required, based on practical analysis of food material.

A second assignment could then be used as the basis of evidence for P5, P6, P7, M4 and D2. Evidence could be presented, for example, in the form of descriptive work supported by images, posters, and a scientific report based on the laboratory work.

For M4, learners should examine the data obtained through their practical work and use it to support an explanation into the role of enzymes in the body. This should be extended for D2 to a more detailed explanation and analysis. For example, learners could take a specific metabolic pathway and examine the role of the enzymes in that pathway, linking this also to disorders of metabolism and the potential consequences.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders, and Unit 16: Science in Practice for Health.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

The unit may also enable learners to gain some of the underpinning knowledge for the following Healthcare Science National Occupational Standards:

- HCS BC9:   Investigate nutrition, absorption and digestion
- HCS D2:   Provide a basic report on healthcare science investigations
- HCS E2:   Develop and maintain health, safety and security practices in the workplace.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations
- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others
- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the practical tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials
- access to laboratories for practical experimentation
- equipment for the practical tasks.

In addition, the following resources are considered to be highly valuable:

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Adds J, Larkcom E and Miller R — *Molecules and Cells* (Nelson Thornes, 2003) ISBN 074877484X

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach, Second Edition* (Hodder Arnold, 2002) ISBN 034076239X

Jones M and Jones G — *AS Biology: Molecules and Cells* (Collins, 2000) ISBN 0003277127

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Journals

Biological Science

New Scientist

Nursing Times

Website

www.bbc.co.uk/science/humanbody   BBC resource on human mind and body

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the structure and functions of organic molecules	C3.1a	Take part in a group discussion.
• describe the structure and functions of organic molecules	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe causes and effects of two different types of metabolic disorder	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe causes and effects of two different types of metabolic disorder.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the structure and functions of organic molecules	ICT3.1	Search for information using different sources, and multiple search criteria in at least one case.
• describe the structure and functions of organic molecules	ICT3.2	Enter and develop the information and derive new information.
• describe the structure and functions of organic molecules.	ICT3.3	Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe causes and effects of two different types of metabolic disorder	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe causes and effects of two different types of metabolic disorder	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe causes and effects of two different types of metabolic disorder.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• report on own practical analysis of three examples of food material	WO3.1 Plan work with others.
• report on own experimental work to demonstrate two factors affecting enzyme activity	
• report on own practical analysis of three examples of food material	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• report on own experimental work to demonstrate two factors affecting enzyme activity	
• report on own practical analysis of three examples of food material	WO3.3 Review work with others and agree ways of improving collaborative work in future.
• report on own experimental work to demonstrate two factors affecting enzyme activity.	

Unit 16: Science in Practice for Health

NQF Level 3:   BTEC Nationals

Guided learning hours: 60

Unit abstract

The aim of this unit is to enable learners to develop a range of laboratory skills and to learn about techniques in current use in health-related laboratories.

Learners will initially examine the functioning of a health laboratory, exploring the role, processes, organisation and management, as well as health and safety requirements. They will then be introduced to practical laboratory techniques, including analytical techniques, microscopic techniques and aseptic techniques. Learners will be required to carry out practical investigations, using a range of techniques.

The focus of this unit is practical, laboratory-based techniques and investigations, to enable learners to develop laboratory skills and become familiar with the work of a typical health laboratory in the support of patients/service users.

Throughout the unit, the scientific knowledge required to underpin the laboratory skills will be drawn from a number of other units in the programme, such as *Unit 5: Fundamentals of Anatomy and Physiology in Health and Social Care, Unit 12: Public Health, Unit 13: Physiology of Fluid Balance, Unit 21: Nutrition for Health and Social Care,* and *Unit 35: Introduction to Microbiology for Health and Social Care.*

This unit will be useful preparation for those learners planning to progress in the health sciences.

Learning outcomes

On completion of this unit a learner should:

1   Understand how a laboratory functions

2   Be able to use analytical techniques

3   Be able to use microscopic techniques

4   Be able to use aseptic techniques to culture microorganisms.

Unit content

1 **Understand how a laboratory functions**

Laboratory type: eg hospital, public health, research

Laboratory medicine: eg biochemistry, haematology, histology, microbiology, immunology, molecular biology, virology, audiology

Diagnostics: in vitro diagnostics, eg blood analyses, urine analyses; in vivo diagnostics, eg X-rays, CT scans, MRI scans; immunodiagnostics

Processes: chronological process of investigation, range of investigative procedures, quantitative and qualitative analysis; value of sampling, data recording and manipulation, data presentation, valid conclusions; quality assurance; health, safety and security

Health, safety and security: legislation as appropriate to laboratory function, COSHH regulations, policies and procedures, hazards, risk assessment, safety equipment/signs, personal protective equipment and procedures, action to be taken when incidents occur; disposal of waste materials, sustainable development

Equipment: identification, selection and use for a specified task, maintenance; instrument quality; laboratory management information systems

Laboratory workers: eg biomedical scientists; roles and responsibilities, requirements, eg qualifications, training, attributes

2 **Be able to use analytical techniques**

Molarity: calculations involving molar quantities, molarity; calculation of concentration including use of dilution factors necessary to produce a range of standard solutions from a given stock solution of known concentration

Standard solutions: preparation of solutions of fixed concentration, appropriate titrations to determine concentration or standardise given solutions; dilution of stock solutions to give a series of related standard solutions

Health and safety: application to laboratory conditions

Techniques: underlying principles; colorimetry; chromatography, eg thin layer, gas liquid, column, high performance liquid chromatography; spectroscopy, eg ultra violet, infra red, mass spectroscopy; electrophoresis

Practical investigation: eg lipid content of different types of milk, ascorbic acid content of different fruit juices, amino acid content of different proteins; health and safety as appropriate to tasks, eg use of safety equipment/protective items; scientific report

Scientific report: method; data presentation, eg tables, graphs, charts; analysis and evaluation; conclusions and recommendations

Evaluation: of methods and results: validity, eg fitness-for-purpose of methods, repeatability, sources and magnitude of errors

3 **Be able to use microscopic techniques**

Preparation of slides: fixing, staining techniques

Use of light microscope: in examination of prepared slides, different magnifications, interpretation

Microscopes: light, UV, electron, SEM, TEM; images, limitations, applications

4 **Be able to use aseptic techniques to culture microorganisms**

Microorganisms: eg from yoghurt

Techniques: laboratory aseptic techniques; sterile techniques for collection of swabs; principles of media cultures, preparation, inoculation, incubation and microbiological transfer; counting techniques, factors affecting growth of microorganisms; stain tests for diagnosis, eg gram stain; antibiotic sensitivity

Health and safety: codes of practice for microbiology laboratories — compliance with COSHH regulations

Investigation: eg effectiveness of different antiseptics/disinfectants, lowest effective concentration of antiseptics/disinfectants, growth requirements of particular bacteria, effect of length of exposure to UV light, changes in the bacterial count in stored yoghurt; use of aseptic technique, culture techniques, staining and observing microbial cultures; health and safety as appropriate to tasks

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the functioning of a typical health laboratory		
P2 correctly calculate amounts and use volumetric methods safely to prepare a range of solutions of known concentration	M1 confidently perform calculations and accurately use volumetric techniques to determine concentrations of solutions	D1 evaluate the reliability of the calculations and techniques used to determine the concentrations of solutions
P3 describe the underlying principles in relation to the application of three different analytical techniques		
P4 report on own investigation using an analytical technique	M2 use scientific language to accurately interpret and evaluate the results from own analytical investigation	D2 explain strategies and precautions that may be taken when using analytical laboratory techniques and equipment to improve the accuracy and reliability of data
P5 describe the safe and effective use of a microscope to view stained slides of cell preparations	M3 evaluate the use of microscopes for a range of applications	

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 report on own investigation/s using practical microbiology skills.	M4 use scientific language to accurately interpret and evaluate the findings of the microbial experiments.	D3 analyse the implications of the findings of the microbial experiments.

Essential guidance for tutors

Delivery

This unit should be delivered by appropriately qualified tutor/s. Access to laboratory facilities will be necessary for the delivery and assessment of the unit.

Planning of the delivery for this unit needs to be in partnership with tutors who are responsible for delivering other scientific units within the programme. This will enable learners to apply theoretical knowledge in their development of practical laboratory techniques. For example, analytical techniques could be related to enzymatic action, measurement of nutrient content of foods, movement of materials across cell membranes, or the composition of body fluids such as synthetic urine, all of which relate to other units in the programme.

The microscopy techniques could be related to any of the units that require an understanding of histology, such as *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care.*

Microbiological investigations could be related to, for example, the microbiological deterioration of food on storage, or the effects of antibiotics or household/hospital cleaning agents on microbial growth. Learners should only use materials and tissue specimens appropriate for use by learners at this level.

Ideally, visits to health-related laboratories should be organised. Learners would also benefit, if possible, from a period of work experience in such a laboratory. This could be included as part of the requirement of *Unit 6: Personal and Professional Development in Health and Social Care,* or *Unit 44: Vocational Experience for Health and Social Care.* It would introduce the learner to the functioning of a health laboratory, raising awareness of issues such as organisation and management, health and safety, and potential career pathways.

Visits or work experience could also facilitate observation of analytical, microscopic or microbiological techniques not available in the school or college laboratory, thus aiding understanding of these techniques. Alternatively or additionally, a presentation from a laboratory supervisor/manager could be beneficial for learners.

A series of laboratory investigations could be used, if necessary on a rotation basis, so learners can gain laboratory skills and become familiar with the use of the different equipment needed for some of the laboratory techniques. Where calculations are required in order prepare solutions or to interpret results, for example, learners should be given opportunities and support to practice the mathematical methods.

Learners need to maintain careful records of their practical activities through writing scientific reports for each, including the recording and analysis of raw data, evaluating and drawing conclusions. These reports should be monitored throughout by tutors, with the use of formative feedback, in order that learners can develop their understanding of the laboratory principles and the conventions associated with scientific practical work. The principles of experimental design should be developed as the programme of practical sessions progresses, in preparation for the requirements of assessment.

Assessment

Practical laboratory work, and accurate reports on the work, will form the basis of assessment for this unit.

Three assignments could be used as the vehicle for assessment of this unit. An initial assignment could be used for P1, preferably following a period of work experience in, or a visit to, a health-related laboratory. It could include pieces of writing, plans, diagrams or other visual images, and potentially also extracts from work experience diaries if these are relevant to the criteria.

Learners need to provide a description of the laboratory including, for example, the organisation and management, role and functions, daily activities, and career pathways for staff. Depending on the type of laboratory this could also include, for example, how specimens for analysis are received and processed.

A second assignment could be used to assess P2, P3, P4, M1, M2, D1 and D2, based on analytical techniques. P2 requires calculations and the use of volumetric methods, and evidence of these should consequently be provided in the form of a scientific report, which potentially also contains the evidence for M1 and D1.

P3 requires learners to describe the underlying principles in relation to the application of three different analytical techniques. Learners should ideally choose techniques they have become familiar with, either through practical use or observation. Evidence could include written descriptions, along with possibly diagrams, other visual images, printouts of results and a description and interpretation of any data obtained, either by primary or secondary methods.

P4 then requires learners to choose an analytical technique they have become familiar with and design and carry out their own investigation, reporting on it appropriately. This investigation does not have to be complex, and could involve, for example, investigation of changes in a dependent variable against independent variables or vice versa. The results should be interpreted and evaluated for M2, whilst D2 requires learners to explain strategies and precautions that may be taken when using laboratory techniques and equipment, in order to improve the accuracy and reliability of data. This can relate both to their own investigation, and others.

A final assignment could be used to assess P5, P6, M3, M4 and D3, again involving practical laboratory techniques.

For P5, learners need to provide a piece of writing that describes the safe and effective use of a microscope to view stained slides of cell preparations. An annotated diagram of a microscope could also be used to supplement this. This criterion links to *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care,* and learners could also provide drawings of different tissues viewed as supplementary evidence.

For M3, a piece of writing is needed that evaluates the use of microscopes for a range of applications. This requires learners to consider other microscopes they have learned about, or observed in a laboratory, such as an electron microscope.

P6 requires learners to design and implement their own investigation that demonstrates their ability to use practical microbiological techniques. They need to produce a scientific report on their investigation, and for M4 accurately interpret and evaluate the findings of their investigation.

D3 requires and analysis of the implications of the findings of the investigation, so learners need to examine the findings in detail and explain them.

Witness statements or testimonies could be used during the practical assessments, to confirm that the learner has worked in accordance with the health and safety requirements of the practical tasks. A standard cover sheet for the individual practical activities could include provision for this, and also include space for feedback where necessary.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 15: Biochemistry for Health, Unit 21: Nutrition for Health and Social Care, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

The unit may also enable learners to gain some of the underpinning knowledge for the following Healthcare Science National Occupational Standards:

- HCS C4:   Receive specimens for processing

- HCS C9:   Prepare slides and samples for microscopic investigation

- HCS D2:   Provide a basic report on healthcare science investigations

- HCS E2:   Develop and maintain health, safety and security practices in the workplace

- HCS MIC1:   Prepare samples or microorganisms suitable for culture.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

They should also gain some of the underpinning knowledge for the following Health and Wellbeing dimension of the NHS Knowledge and Skills Framework:

- Dimension HWB8: Plan, undertake, evaluate and report biomedical investigations and/or interventions.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and problem solving.

Health and safety issues can be introduced through the teaching of this unit, through the practical tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- relevant work experience placements and/or visits

- access to laboratory facilities

- equipment for the practical tasks.

In addition, the following resources are considered to be highly valuable:

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Adds J — *Microorganisms and Biotechnology* (Nelson Thornes, 2000) ISBN 0174482698

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Clugston M — *Advanced Chemistry (Advanced Science)* (Oxford University Press, 2000) ISBN 0199146330

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Journals

Biological Science

New Scientist

Nursing Times

Websites

www.ase.org.uk	Association for Science Education
www.bbc.co.uk/science	BBC resources for science
www.bio.org.uk	UK bioinformatics forum
www.gsk.com	GlaxoSmithKline
www.new-media.co.uk	Plato learning
www.sgm.ac.uk	Society for General Microbiology
www.teachernet.org.uk	Teaching resources

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• correctly calculate amounts and use volumetric methods safely to prepare a range of solutions of known concentration	N3.1 Plan an activity and get relevant information from relevant sources.
• correctly calculate amounts and use volumetric methods safely to prepare a range of solutions of known concentration	N3.2 Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• correctly calculate amounts and use volumetric methods safely to prepare a range of solutions of known concentration.	N3.3 Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the functioning of a typical health laboratory	C3.1a Take part in a group discussion.
• describe the functioning of a typical health laboratory	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the underlying principles in relation to the application of three different analytical techniques	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the underlying principles in relation to the application of three different analytical techniques	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
• report on own investigation using an analytical technique.	
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the underlying principles in relation to the application of three different analytical techniques	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the underlying principles in relation to the application of three different analytical techniques	ICT3.2 Enter and develop the information and derive new information.
• describe the underlying principles in relation to the application of three different analytical techniques.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• report on own investigation using an analytical technique	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• report on own investigation using an analytical technique	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• report on own investigation using an analytical technique.	LP3.3 Review progress and establish evidence of your achievements.
Problem solving Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• report on own investigation/s using practical microbiology skills	PS3.1 Explore a problem and identify different ways of tackling it.
• report on own investigation/s using practical microbiology skills	PS3.2 Plan and implement at least one way of solving the problem.
• report on own investigation/s using practical microbiology skills.	PS3.3 Check if the problem has been solved and review your approach to problem solving.

Unit 17: Working in the Social Care Sector

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

The aim of this unit is to provide learners with the opportunity to explore working in social care, including current social care organisation and administration. It will enable learners to examine and reflect on aspects of social care provision, in their potential preparation for a career in the sector.

Initially, learners will explore careers in social care, and the requirements of these in terms of both training/qualifications and personal attributes.

Learners will explore the structure of social care services provision, and then go on to consider roles and responsibilities, including leadership and management. They will gain understanding of measures introduced to encourage holistic approaches to social care provision that integrate service delivery. Policy and legislation will be examined with regard to this, as will the increasing requirement for, and role of, regulation in the sector. Finally, learners will explore examples of multi-disciplinary working.

It would be useful for learners undertaking this unit to have access to work experience placements in the social care sector, as part of their requirement for *Unit 6*: *Personal and Professional Development in Health and Social Care, Unit 44*: *Vocational Experience for Health and Social Care,* or *Unit 45*: *Competence-based Vocational Experience for Health and Social Care.*

This unit may not be combined in a learner's programme with *Unit 18: Working in the Health Sector.*

Learning outcomes

On completion of this unit a learner should:

1   Understand potential careers in the social care sector

2   Understand how organisations are structured in the social care sector

3   Understand roles and responsibilities in the social care sector

4   Understand multi-disciplinary working in the social care sector.

Unit content

1 **Understand potential careers in the social care sector**

Potential careers: eg social worker, manager, care worker, support worker

Requirements:

– education and training: competence; knowledge/skills; apprenticeship framework; qualifications, eg NVQs, BTECs, GCEs, Specialised diploma, Degrees; induction, registration, knowledge sets; Integrated Qualification Framework for the Children's Workforce

– practical skills, knowledge and understanding: eg communication, person-centred approach to care, basic anatomy/physiology, dietary understanding, safe food preparation, health and safety, first aid, moving and handling, personal hygiene requirements, use of aids/adaptations, duty of care, recording and reporting procedures, procedures for sharing of information, care planning processes; common core of skills and knowledge for the children's workforce

– personal attributes: eg ability to gain knowledge/skills, interpersonal skills, initiative, confidence, empathy with others, ability to develop an anti-discriminatory approach, ability to work with others; reliability, ability to take responsibility for self and others

2 **Understand how organisations are structured in the social care sector**

Key elements of health and social care provision: statutory, voluntary, private and informal provision; social services; NHS; strategic health authorities; primary care trusts; primary health care; NHS trusts; secondary health care; integrated care; mental health trusts; children's trusts

Social care settings and services: eg residential care, domiciliary care, meals on wheels, home helps, day care, child care, foster care; how different settings provide for different needs

Access to social care services: referral; assessment; barriers to access, eg specific needs, individual preferences, financial, geographical, social, cultural

Children and young people: Every Child Matters, integrated services, extended schooling, common assessment framework

Countries: eg England, Wales, Northern Ireland

3   **Understand roles and responsibilities in the social care sector**

Overarching organisations: roles and responsibilities, eg raising standards, improving experiences of service users, ensuring an adequately trained, qualified and competent workforce, registration, regulation, inspection, reporting, developing and promoting knowledge about good practice; eg General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council; Skills for Care and Development; the Commission for Social Care Inspection; Social Care Institute of Excellence

Regulation: General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council codes of practice, Care Standards Act 2000; Children Act 2004; role of Sector Skills Councils; Social Care Register

Legislation, standards and codes of practice: legislation/regulations; national minimum standards; national occupational standards; organisational policies and procedures; charters; codes of practice; terms and conditions

Accountabilities: eg to professional body, to line manager

Redress: procedures for complaints — internal, external; hearings/tribunals; trade unions/professional associations; regulatory bodies; whistle blowing

Leadership and management: recruitment, selection and retention of individuals; induction; leadership, building effective teams, allocation of tasks; empowerment; monitoring performance of individuals, appraisal, monitoring training and development needs, promoting continuing professional development

Role of workforce development: identification of training needs, staff meetings, informal/formal/non-formal training, internal and external resource implications, continuing professional development, continuing professional competence, succession planning, transition, funding streams and providers, partnership working, current requirements, ensuring training meets the needs of both staff and service users, reflective practice

Working in teams: needs of individuals within a team, methods of working, types of teams, roles of team members, sharing good practice, mentoring and supervision; holistic approach; multi-disciplinary teams

4   **Understand multi-disciplinary working in the social care sector**

Examples of working in partnership: eg multi-agency working, service users/carers as active participants, liaising with NHS trusts/education services/ probation service/police/local university departments/charitable organisations, extended schooling

Purpose of working in partnership: eg holistic approach, identify common aims and objectives, promote integration, reduce duplication, skill mixes, pool resources, maximise expertise, ensure a consistent approach

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the requirements for two careers in the social care sector	M1 explain how the requirements of social care workers can contribute to providing a positive experience for service users	D1 evaluate the requirements of social care workers in terms of providing a competent workforce in social care services
P2 describe the overall structure of social care service provision in home country		
P3 describe the roles and responsibilities of three overarching organisations in social care	M2 explain the roles of the three organisations in improving social care service provision	
P4 describe three examples of legislation, policies, standards or codes of practice that influence social care service provision	M3 explain the role of legislation, policies, standards or codes of practice in improving social care service provision	
P5 explain the role of workforce development in the social care sector		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe two examples of multi-disciplinary working in social care.	M4 explain how multi-disciplinary working can improve social care service provision.	D2 use examples to evaluate the effectiveness of multi-disciplinary working for service users.

Essential guidance for tutors

Delivery

This unit may not be combined in a learner's programme with *Unit 18: Working in the Health Sector.*

This unit should be delivered by an appropriately qualified tutor, with guest speakers, visits and learners' work experience placements being used to enhance the delivery. It should ideally be delivered in as practical and learner-centred way as possible.

Learning outcome 1 links closely to *Unit 6*: *Personal and Professional Development in Health and Social Care,* in that learners are required to consider potential career pathways. Delivery here should therefore enhance and develop learning that has already been undertaken, allowing opportunities for further exploration of potential careers and their requirements. Learners could, for example, talk to social care workers at their work experience placements and then share their findings in class, or guest speakers could be invited in to talk to the class.

Learning outcome 2 also links to *Unit 6*: *Personal and Professional Development in Health and Social Care,* in terms of the provision of services. Again, delivery here should significantly extend that previously undertaken. Learners need to gain a more in-depth understanding of overall social care service provision for children, young people, adults and older people. This should also include provision for individuals with additional needs. This could be achieved by small group research into different aspects of provision, followed by presentations or a class display.

The organisation of service provision needs to be considered from a national, regional and local perspective. Learners could possibly carry out a survey into services available locally, again dividing into groups to research different aspects. This should therefore significantly enhance the learning they undertook for *Unit 6*: *Personal and Professional Development in Health and Social Care.*

Learners then need to consider roles and responsibilities in the social care sector. Internet research could be used to gain information on the overarching organisations, as well as legislation, standards and codes of practice, though some of the latter could be explored through work experience placements.

Learners should also be encouraged to use their work experience placements in order to investigate both workforce development and the role of multi-disciplinary working in social care. Subsequent sharing of information within the class will broaden learners' experiences and understanding. Case studies could also be useful here to reinforce learning.

Assessment

The assessment of this unit requires learners to draw upon work experience placements as far as possible. There are links with *Unit 6*: *Personal and Professional Development in Health and Social Care,* but evidence for this unit should extend and complement that submitted for Unit 6*.* It could, however, be submitted as part of the overall portfolio for Unit 6, thus supporting the requirement to demonstrate links between different units in the programme.

Evidence should be largely in the form of written assignments, with diagrammatical representation also being used where appropriate, such as for the overall provision of social care services.

The unit could be assessed by means of two assignments, a short initial one covering P1, M1 and D1, and a longer final assignment to cover P2, P3, P4, P5, P6, M2, M3, M4 and D2.

For the first assignment learners need to research two careers in the social care sector, through a variety of means, including discussions at work experience placements, discussions with careers advisors and the use of connexions. The evidence presented should not duplicate that presented for the P7 criterion of *Unit 6*: *Personal and Professional Development in Health and Social Care,* but extend and supplement it. The requirements need to be examined in more detail, especially for M1 when reasons need to be given for the requirements, and D1, when the requirements should be evaluated in terms of providing a competent workforce. Consideration should also be given here to continuing professional development.

Initially, for P2 of the second assignment, learners need to provide evidence that demonstrates research into, and understanding of, the overall structure of social care service provision. This should be based on the learner's home country. This therefore extends the evidence needed for *Unit 6*: *Personal and Professional Development in Health and Social Care,* for which learners were required to describe one local health or social care service provider and identify its place in national provision.

More detail of the national provision is required, with the focus being on the overall provision as opposed to one service provider. It does, however, complement the evidence required for Unit 6, and the two pieces of evidence could be combined into a single piece of work, providing sufficient detail is included to fulfil the requirements of both units.

Evidence for P3 and M2 could be gained through the use of guest speakers, internet research, or possibly the use of relevant leaflets obtained from the organisations. Centres should ensure that all evidence presented is the learners' own work, especially if the internet has been used for research, in this case, into the three overarching organisations in social care.

For P4 and M3, in terms of the legislation, policies, standards or codes of practice that influence social care service provision, again internet research could be a useful source of evidence, though learners should also be encouraged to use their work experience placements as a resource. Legislation is included in several units in the programme, and learners will therefore need guidance to ensure they only deal with aspects of relevance to the assessment criteria in each case.

P5 requires learners to carry out individual research at their work experience placements into workforce development, though sharing of such information in small group or whole class sessions could broaden the experiences of the learners and thus the evidence provided. Guest speakers could also assist learners to gain evidence for this criterion.

For P6, M4 and D2 learners need to gain evidence of multi-disciplinary working in social care from their work experience placements, guest speakers and visits.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit links to several other units in the programme, including *Unit 1*: *Developing Effective Communication in Health and Social Care,* and *Unit 6*: *Personal and Professional Development in Health and Social Care.*

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals
- Unit HSC33:   Reflect on and develop your practice
- Unit HSC34:   Promote the wellbeing and protection of children and young people
- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals
- Unit HSC3100:   Participate in inter-disciplinary team working to support individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation
- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment
- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness
- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations
- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others
- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can also be introduced through the teaching of this unit by, for example, consideration of the diversity of needs of service users.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- work experience placements
- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- case study materials.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Hawkins R and Ashurst A — *How to Be a Great Care Assistant* (Hawker, 2006) ISBN 1874790795

McGee P — *Principles of Caring* (Nelson Thornes, 2005) ISBN 0748794093

Michie V — *Working in Care Settings* (Nelson Thornes, 2004) ISBN 0748774831

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Nolan Y — *S/NVQs in Health and Social Care: Candidate Handbook* (Heinemann, 2005) ISBN 0435453734

O'Hagan K — *Cultural Competence in the Caring Profession* (Jessica Kingsley, 2001) ISBN 1853027596

Spector A — *Making a Difference* (Hawker, 2006) ISBN 1874790787

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.community-care.co.uk	*Community Care*
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.everychildmatters.gov.uk	Every Child Matters
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.skillsforcareanddevelopment.org.uk	Skills for Care and Development
www.skillsforhealth.org.uk	Skills for Health
www.society.guardian.co.uk	*The Guardian* newspaper

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the overall structure of social care service provision in home country	C3.1a Take part in a group discussion.
• describe the overall structure of social care service provision in home country	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the roles and responsibilities of three overarching organisations in social care • describe three examples of legislation, policies, standards or codes of practice that influence social care service provision	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the roles and responsibilities of three overarching organisations in social care • describe three examples of legislation, policies, standards or codes of practice that influence social care service provision.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the overall structure of social care service provision in home country • describe three examples of legislation, policies, standards or codes of practice that influence social care service provision	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the overall structure of social care service provision in home country • describe three examples of legislation, policies, standards or codes of practice that influence social care service provision	ICT3.2 Enter and develop the information and derive new information.
• describe the overall structure of social care service provision in home country • describe three examples of legislation, policies, standards or codes of practice that influence social care service provision.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the roles and responsibilities of three overarching organisations in social care	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the roles and responsibilities of three overarching organisations in social care	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the roles and responsibilities of three overarching organisations in social care.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe two examples of multi-disciplinary working in social care	WO3.1 Plan work with others.
• describe two examples of multi-disciplinary working in social care	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe two examples of multi-disciplinary working in social care.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 18: Working in the Health Sector

NQF Level 3:   **BTEC Nationals**

Guided learning hours: 60

Unit abstract

The aim of this unit is to provide learners with the opportunity to explore working in the health sector, including the current organisation and administration of health care. It will enable learners to examine and reflect on aspects of health care provision, in their potential preparation for a career in the sector.

Initially, learners will explore careers in the health sector, and the requirements of these in terms of not only training/qualifications, but also personal attributes.

Learners will explore the structure of health services provision, including National Service Frameworks, and then go on to consider roles and responsibilities, including workforce development. The roles of a number of key overarching organisations will be examined, as will policy and legislation. Finally, learners will explore examples of multi-disciplinary working.

It would be useful for learners undertaking this unit to have access to work experience placements in the health sector, as part of their requirement for *Unit 6*: *Personal and Professional Development in Health and Social Care, Unit 44*: *Vocational Experience for Health and Social Care,* or *Unit 45*: *Competence-based Vocational Experience for Health and Social Care.*

This unit may not be combined in a learner's programme with *Unit 17: Working in the Social Care Sector.*

Learning outcomes

On completion of this unit a learner should:

1   Understand potential careers in the health sector

2   Understand how organisations are structured in the health sector

3   Understand roles and responsibilities in the health sector

4   Understand multi-disciplinary working in the health sector.

Unit content

1 **Understand potential careers in the health sector**

Career Framework for Health: Levels 1-9

Potential careers: eg dentistry, dietetics, domestic staff, health care assistant, hospital play worker, medical laboratory technician, medical receptionist, medicine, mental health nursing, midwifery, nursing, occupational therapy, paramedics, pharmacy, physiotherapy, speech therapy

Requirements: competence; knowledge/skills; apprenticeship framework; qualifications, eg NVQs, BTECs, A-Levels, specialised diploma, Degrees; registration

Personal attributes: eg ability to gain knowledge/skills, interpersonal skills, initiative, confidence, empathy with others, ability to develop an anti-discriminatory approach, ability to work with others; reliability, ability to take responsibility for self and others

2 **Understand how organisations are structured in the health sector**

Key elements of health and social care provision: statutory, voluntary, private and informal provision; social services; NHS; strategic health authorities; primary care trusts; primary health care; NHS trusts; secondary health care; integrated care; mental health trusts; children's trusts

Health settings: eg hospital wards, day care units; how different settings provide for different needs

Access to health services: barriers to access, eg specific needs, individual preferences, financial, geographical, social, cultural

National Service Frameworks: eg coronary heart disease, diabetes, cancer, mental health, children, older people; patient-centred practice

Children and young people: Every Child Matters, integrated services, common assessment framework

Countries: eg England, Wales, Northern Ireland

3   **Understand roles and responsibilities in the health sector**

Overarching organisations: roles and responsibilities, eg Department of Health; Regulatory Bodies, Professional Bodies; Sector Skills Council — Skills for Health; National Institute for Health and Clinical Excellence; Health Protection Agency, Public Health Observatories

Role of workforce development: to encourage approaches that help people to achieve their full potential; to optimise individual and team contributions to individually focused care; to facilitate flexibility in workforce planning; to support service redesign, the extension of existing roles and the development of new roles; to establish frameworks that increase transferability of competence and qualifications; to ensure that those responsible for managing and delivering healthcare receive education and training that equips them with the competences needed to safely undertake their work; continuing professional development; continuing professional competence; transition; succession planning; national occupational standards; Agenda for Change; NHS knowledge and skills framework; skills escalator; ways of monitoring performance

Legislation/guidance: care value base; legislation/regulations; national minimum standards; organisational policies and procedures; charters; codes of practice; terms and conditions

Accountabilities: eg to professional body, to line manager

Redress: procedures for complaints — internal, external; hearings/tribunals; trade unions/professional associations; regulatory bodies; whistle blowing

4   **Understand multi-disciplinary working in the health sector**

Examples of working in partnership: eg multi-agency working, service users/carers involved in planning/decision making, primary care trusts liaising with NHS trusts/social services/local university departments/charitable organisations

Purpose of working in partnership: eg holistic approach, identify common aims and objectives, promote integration, reduce duplication, skill mixes, pool resources, maximise expertise, ensure a consistent approach

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the requirements for two careers in the health sector	M1 explain how the requirements of health care workers can contribute to providing a positive experience for patients	D1 evaluate the requirements of health care workers in terms of providing a competent workforce for the health sector
P2 describe the overall structure of health services provision in home country		
P3 describe the roles and responsibilities of three overarching organisations in the health sector	M2 explain the roles of the three organisations in improving health services provision	
P4 describe three examples of legislation, policies, standards or codes of practice that influence provision of health services	M3 explain the role of legislation, policies, standards or codes of practice in improving provision of health services	
P5 explain the role of workforce development in the health sector		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe two examples of multi-disciplinary working in the health sector.	M4 explain how multi-disciplinary working can improve the provision of health services.	D2 use examples to evaluate the effectiveness of multi-disciplinary working for patients.

Essential guidance for tutors

Delivery

This unit may not be combined in a learner's programme with *Unit 17: Working in the Social Care Sector.*

This unit needs to be delivered by an appropriately qualified tutor, with guest speakers, visits and learners' work experience placements being used to enhance the delivery. It should ideally be delivered in as practical and learner-centred way as possible.

Learning outcome 1 links closely to *Unit 6*: *Personal and Professional Development in Health and Social Care,* in that learners are required to consider potential career pathways. Delivery here should therefore enhance and develop learning that has already been undertaken, allowing opportunities for further exploration of potential careers and their requirements. Learners could, for example, talk to health care workers at their work experience placements and then share their findings in class, or guest speakers could be invited in to talk to the class.

Learning outcome 2 also links to *Unit 6*: *Personal and Professional Development in Health and Social Care,* in terms of the provision of services. Again, delivery here should significantly extend that previously undertaken. Learners need to gain a more in-depth understanding of overall health service provision for children, young people, adults and older people. This could be achieved by small group research into different aspects of provision, followed by presentations or a class display.

The organisation of service provision needs to be considered from a national, regional and local perspective. National Service Frameworks need to be researched, and learners could possibly carry out a survey into services available locally, again dividing into groups to research different aspects. This should therefore significantly enhance the learning they undertook for *Unit 6*: *Personal and Professional Development in Health and Social Care.*

Learners then need to consider roles and responsibilities in the health sector. Internet research could be used to gain information on the overarching organisations, as well as legislation, standards and codes of practice, though some of the latter could be explored through their work experience placements. Learners should also be encouraged to use their work experience placements in order to investigate both workforce development and the role of multi-disciplinary working in the health sector. Subsequent sharing of information within the class will broaden learners' experiences and understanding. Case studies could also be useful here to reinforce learning.

Assessment

The assessment of this unit requires learners to draw upon work experience placements as far as possible. There are links with *Unit 6*: *Personal and Professional Development in Health and Social Care,* but evidence for this unit should extend and complement that submitted for Unit 6. It could, however, be submitted as part of the overall portfolio for Unit 6, thus supporting the requirement to demonstrate links between different units in the programme.

Evidence should largely be in the form of pieces of writing, though some diagrammatical representation may also be used, such as for the overall provision of health services.

The unit could be assessed by means of two assignments, a short initial one covering P1, M1 and D1, and a longer final assignment to cover P2, P3, P4, P5, P6, M2, M3, M4 and D2.

For the first assignment learners need to research two careers in the health sector, through a variety of means, including discussions at work experience placements, discussions with careers advisors and the use of connexions. The evidence presented should not duplicate that presented for the P7 criterion of *Unit 6*: *Personal and Professional Development in Health and Social Care,* but extend and supplement it. The requirements need to be examined in more detail, especially for M1 when reasons need to be given for the requirements, and D1, when the requirements should be evaluated in terms of providing a competent workforce. Consideration should also be given here to continuing professional development.

Initially, for P2 of the second assignment, learners need to provide evidence that demonstrates research into, and understanding of, the overall structure of health services provision. This should be based on the learner's home country. This therefore extends the evidence needed for *Unit 6*: *Personal and Professional Development in Health and Social Care,* for which learners were required to describe one local health or social care service provider and identify its place in national provision. More detail of the national provision is required, with the focus being on the overall provision as opposed to one service provider. It does, however, complement the evidence required for Unit 6, and the two pieces of evidence could be combined into a single piece of work, providing sufficient detail is included to fulfil the requirements of both units.

Evidence for P3 and M2 could be gained through the use of guest speakers, internet research, or possibly the use of relevant leaflets obtained from the organisations. Centres should ensure that all evidence presented is the learners' own work, especially if the internet has been used for research, in this case, into the three overarching organisations in the health sector.

For P4 and M3, in terms of the legislation, policies, standards or codes of practice that influence health services provision, again internet research could be a useful source of evidence, though learners should also be encouraged to use their work experience placements as a resource. Legislation is included in several units in the programme, and learners will therefore need guidance to ensure they only deal with aspects of relevance to the assessment criteria in each case.

P5 requires learners to carry out individual research at their work experience placements into workforce development, though sharing of such information in small group or whole class sessions could broaden the experiences of the learners and thus the evidence provided. Guest speakers could also assist learners to gain evidence for this criterion.

For P6, M4 and D2 learners need to gain evidence of multi-disciplinary working in health care from their work experience placements, guest speakers and visits.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit links to several other units in the programme, including *Unit 1*: *Developing Effective Communication in Health and Social Care,* and *Unit 6*: *Personal and Professional Development in Health and Social Care.*

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3100:   Participate in inter-disciplinary team working to support individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can also be introduced through the teaching of this unit by, for example, consideration of the diversity of needs of patients.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- work experience placements

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- case study materials.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Jasper M— *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

McGee P — *Principles of Caring* (Nelson Thornes, 2005) ISBN 0748794093

Miller J — *Care Practice for S/NVQ3* (Hodder Arnold, 2005) ISBN 0340889330

Nolan Y — *S/NVQs in Health and Social Care: Candidate Handbook* (Heinemann, 2005) ISBN 0435453734

O'Hagan K — *Cultural Competence in the Caring Profession* (Jessica Kingsley, 2001) ISBN 1853027596

Spector A — *Making a Difference* (Hawker, 2006) ISBN 1874790787

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.community-care.co.uk	*Community Care*
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.everychildmatters.gov.uk	Every Child Matters
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.skillsforcareanddevelopment.org.uk	Skills for Care and Development
www.skillsforhealth.org.uk	Skills for Health
www.society.guardian.co.uk	*The Guardian* newspaper

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the roles and responsibilities of three overarching organisations in the health sector	C3.1a Take part in a group discussion.
• describe the roles and responsibilities of three overarching organisations in the health sector	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the roles and responsibilities of three overarching organisations in the health sector	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the roles and responsibilities of three overarching organisations in the health sector.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe three examples of legislation, policies, standards or codes of practice that influence provision of health services	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe three examples of legislation, policies, standards or codes of practice that influence provision of health services	ICT3.2 Enter and develop the information and derive new information.
• describe three examples of legislation, policies, standards or codes of practice that influence provision of health services.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the requirements for two careers in the health sector	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the requirements for two careers in the health sector	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the requirements for two careers in the health sector.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe two examples of multi-disciplinary working in the health sector	WO3.1 Plan work with others.
• describe two examples of multi-disciplinary working in the health sector	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe two examples of multi-disciplinary working in the health sector.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 19: Applied Sociological Perspectives for Health and Social Care

NQF Level 3: **BTEC National**

Guided learning hours: 60

Unit abstract

Using the United Kingdom as an example of a wealthy country, increases in wealth over the last 25 years and interventions from the government have not been able to reverse severe inequalities in income, prosperity and life chances. Those on the margins live in a society characterised by accelerating rates of change and new forms of poverty and deprivation.

This unit will give learners invaluable knowledge and insight into issues relating to some of these vulnerable groups in society, and how and why their needs exist. Learners will examine topics such as social exclusion and inclusion, definitions of poverty, and the links between social inequalities and the health and wellbeing of the population. They will also develop an awareness of the impact of demographic change and consider its possible consequences.

The unit aims to build on and extend knowledge and understanding that learners will have developed through the study of previous units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care,* and *Unit 7: Sociological Perspectives for Health and Social Care*. It is therefore recommended that the study of both these units precedes that of Unit 19.

Learning outcomes

On completion of this unit a learner should be able to:

1 Understand the concept of an unequal society

2 Understand the nature of demographic change within the unequal society

3 Understand potential links between social inequalities and the health and wellbeing of the population.

Unit content

1 **Understand the concept of an unequal society**

Social inequalities: relating to eg social class, age, gender, culture, ethnicity, disability, sexuality

Associated concepts: eg stereotyping, prejudices, labelling, attitudes, discrimination, marginalisation, social exclusion/inclusion

2 **Understand the nature of demographic change within the unequal society**

Demographic change: birth and death rates, immigration, emigration, migration; multiculturalism; changes in life expectancy, implications of an ageing population; implications of demographic change

Demographic data: birth rates, death rates, the census, electoral registers

Use of demographic data: eg assessing the potential needs of the population, planning/targeting of services, assessing effectiveness of service provision, developing future policy objectives

3 **Understand potential links between social inequalities and the health and wellbeing of the population**

Social inequalities: in relation to income and wealth distribution, unemployment, poverty, the ageing society, disability and dysfunction, mental illness and suicide

Factors affecting life chances: eg family background, social class, culture, ethnicity, education, housing, economic/employment status, nutritional status, network of social support, peer group influences, media influences, geographical area, access to services/amenities

Potential effects: on the individual, groups, and society; on life chances, eg teenage pregnancies, drug use/misuse, alcohol, crime, mental health, eating disorders, physical health, abuse, truancy, bullying, increased motivation, developing skills and abilities, discovering/developing talents

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the concept of the unequal society	M1 explain the concept of the unequal society	
P2 describe recent demographic changes in home country	M2 explain recent demographic changes in home country	
P3 use examples to describe the application of demography to health and social care service provision	M3 explain the value of the application of demography to health and social care service provision	
P4 describe two examples of social inequalities in home country		
P5 use six examples to describe potential links between social inequalities and the health of the population.	M4 use six examples to explain potential links between social inequalities and the health of the population.	D1 evaluate potential links between social inequalities and the health of the population.

Essential guidance for tutors

Delivery

Learners should be encouraged to research the origins and the contemporary nature of social inequality in relation to, for example, age, gender, ethnicity, social class, religion, disability and sexuality.

It is important to emphasise, through discussion, social changes in terms of the prejudice, labelling, discrimination and social exclusion that particular groups potentially face. There are good opportunities here to integrate work placement experiences and relevant guest speakers, thus enhancing delivery of this topic.

The demographic profile of the United Kingdom has changed considerably over the past decades, and classroom activities and independent research tasks should aim to develop knowledge and understanding of the terms associated with demography. Signposting to relevant websites, magazines or journals and newspaper articles could be advantageous to the delivery of this part of the unit.

Learners should be encouraged to consider the potential effects of social inequalities on the health and wellbeing of the population through discussion, research and visits to relevant organisations.

Recent figures state that one in six adults experience neurotic disorders at any one time and one in seven has considered suicide at some point in their lives. Also, 16 percent of adults of working age have a mental illness, of whom up to a half (8 percent) are seriously ill.

A fifth of people over 55 go whole days without having anyone to speak to, while five million people provide unpaid care, often with little support and no breaks (The Young Foundation, 2006).

While it is not expected that learners cover all the issues identified, they should be aware that links can be made between them, for example poverty and unemployment.

Guest speakers from local voluntary/community organisations, Sure Start and Connexions may be able to help illustrate the multidimensional nature of social inequalities. Learning here should extend that already undertaken for *Unit 7: Sociological Perspectives for Health and Social Care,* when learners were looking at patterns and trends in health and illness among different social groupings.

Learning activities may be arranged to allow the cohort to explore a variety of research methods that might be of value for parts of the assessment task. These include interviews, questionnaire design, structured observation, and statistical and literature reviews. This aspect of the unit could be linked with work for *Unit 22: Research Methodology for Health and Social Care*. For example, small-scale group investigations could be carried out as part of classroom activities to enable learners to practice analysis of health and social care data. Research should always be conducted in an ethical manner.

Assessment

Evidence for this unit should be mainly in the form of written assignments, with records of presentations and/or class discussions, including audio and video tapes, being used to supplement these. Extracts from work experience diaries could also provide useful evidence, particularly in relation to the concepts relating to the unequal society. For example, learners could be on a work experience placement in which they are working alongside adults with learning disabilities. Following informal interviews with the service users, their families, and also professional carers, learners could interweave concepts such as marginalisation, discrimination, social exclusion and prejudice. In these circumstances it is crucial for learners to obtain consent from the individuals concerned, and to respect confidentiality.

Fictional case studies extracted from books, textbooks, television programmes or contemporary literature could be used to generate some of the evidence for this unit in relation to the potential impact of social inequality on health and wellbeing. This could be supported by independent research using relevant sources such as newspapers, journals and the internet. It is of paramount importance that these sources are appropriately referenced.

Whilst small group work may contribute to some of the research necessary for this unit, it is important that work submitted for assessment is entirely that of the learner. It is conceivable that learners may creatively concentrate on particular elements of inequality, and may link this to their potential consequences on health and wellbeing. This approach should be encouraged and rewarded.

It is recommended that this unit is supported by assignment brief/s that include clear instructions regarding guidance, dates, supporting and generating evidence. The unit could be assessed either through the vehicle of one large assignment, or through two smaller ones — the first assessing P1, P2, P3, M1, M2 and M3, and the second assessing P4, P5, M4 and D1.

There could also be links with the assessment for *Unit 22: Research Methodology for Health and Social Care*, giving learners opportunities to extend their research project in areas of interest to them in order to provide evidence for Unit 19.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit extend those gained in the study of previous units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care,* and *Unit 7: Sociological Perspectives for Health and Social Care*. They also link to all other units in the qualification. There are opportunities to cross-reference sections of the unit, for example to *Unit 20: Health Education* or *Unit 22: Research Methodology for Health and Social Care.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC350:   Recognise, respect and support the spiritual wellbeing of individuals

- Unit HSC3103:   Contribute to raising awareness of health issues.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced through the teaching of this unit by, for example, considering the concept of the unequal society.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials such as magazines and newspapers
- recent policy papers from the Social Exclusion Unit, The Young Foundation, the Joseph Rowntree Foundation, and the Economic and Social Research Council
- policy and statistical information from government departments and care providers
- the media for current welfare debates and issues.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- case study materials
- links with local voluntary and community services or groups
- guest speakers
- visits
- DVDs/videos.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Best S — *Understanding Social Divisions* (Sage, 2005) ISBN 0761942971

Clarke A — *The Sociology of Health Care* (Pearson, 2001) ISBN 0582369541

Gordon D — *Poverty and Social Exclusion in Britain: The Millennium Survey* (Policy Press, 2006) ISBN 1861343736

Hills J — *A More Equal Society? New Labour, Poverty, Inequality and Exclusion* (Policy Press, 2005) ISBN 1861345771

Hills J — *Understanding Social Exclusion* (Oxford University Press, 2002)
ISBN 0199251940

Lister R — *Poverty* (Polity Press, 2004) ISBN 0745625649

Nettleton S — *Sociology of Health and Illness* (Polity Press, 2006) ISBN 0745628281

Payne G — *Social Divisions* (Palgrave Macmillan, 2006) ISBN 1403944393

Pierson J — *Tackling Social Exclusion* (Routledge, 2001) ISBN 0415256836

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Walsh M — *Social Policy and Welfare* (Stanley Thornes, 2000) ISBN 0748745912

Walsh M — *Introduction to Sociology for Health Carers* (Nelson Thornes, 2004)
ISBN 0748794093

Wilkson R — *The Impact of Inequality: How to Make Sick Societies Healthier* (Routledge, 2005) ISBN 0415372690

Journals

Care and Health

Community Care

Nursing Times

Politics Review

Psychology Review

Sociology Review

Websites

www.ace.org.uk	Age Concern
www.bcodp.org.uk	British Council of Disabled People
www.cre.gov.uk	Commission for Racial Equality
www.communitycare.co.uk	*Community Care*
www.dh.gov.uk	Department of Health
www.drc-gb.org	Disability Rights Commission
www.eoc.org.uk	Equal Opportunities Commission
www.esrc.ac.uk	The Economic and Social Research Council
www.europa.eu.int	European Union
www.imagesofdisability.gov.uk	Images of Disability
www.kingsfund.org.uk	The King's Fund
www.nursingtimes.net	*Nursing Times*
www.oheschools.org	The Economics of Health Care
www.parliament.uk	UK Parliament
www.poverty.org.uk	Monitoring poverty and social exclusion
www2.rgu.ac.uk/publicpolicy/main	Public Policy and Social Policy (at the Robert Gordon University)
www.socialexclusion.gov.uk	Social Exclusion (Government)
www.society.guardian.co.uk/policy	Society Guardian — policy
www.sticerd.lse.ac.uk/case	ERSC Research Centre for Analysis of Social Exclusion (CASE)
www.youngfoundation.org.uk	The Young Foundation

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the concept of the unequal society	C3.1a Take part in a group discussion.
• describe the concept of the unequal society	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• use six examples to describe potential links between social inequalities and the health of the population	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• use six examples to describe potential links between social inequalities and the health of the population.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use six examples to describe potential links between social inequalities and the health of the population	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• use six examples to describe potential links between social inequalities and the health of the population	ICT3.2 Enter and develop the information and derive new information.
• use six examples to describe potential links between social inequalities and the health of the population.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the concept of the unequal society	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the concept of the unequal society	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the concept of the unequal society.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use examples to describe the application of demography to health and social care service provision	WO3.1 Plan work with others.
• use examples to describe the application of demography to health and social care service provision	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• use examples to describe the application of demography to health and social care service provision.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 20:   Health Education

NQF Level 3:   BTEC Nationals

Guided learning hours: 60

Unit abstract

The aim of this unit is to introduce learners to the principles of health education, the approaches used, and to health education campaigns. Health education is a central component of health promotion, which in turn is a major component of public health. This unit therefore links with *Unit 12: Public Health*, and aims to extend some of the concepts introduced there.

Health education could be described as any activity that promotes health-related learning and therefore brings about some relatively permanent change in the thinking or behaviour of individuals. Learners will initially consider a range of different approaches to health education, including the role of the mass media and social marketing. They will then examine different models of behaviour change, relating these to the social and economic context.

Finally, learners will gain understanding of health education campaigns, by actively planning, designing, implementing and evaluating a small scale campaign.

There are also links to *Unit 7: Sociological Perspectives for Health and Social Care, Unit 8: Psychological Perspectives for Health and Social Care, Unit 19: Applied Sociological Perspectives for Health and Social Care,* and *Unit 30: Health Psychology.*

Learning outcomes

On completion of this unit a learner should:

1   Understand different approaches to health education

2   Understand models of behaviour change

3   Know how health education campaigns are implemented.

Unit content

1 **Understand different approaches to health education**

Historical perspective: development of public health system; Health for All by the Year 2000 1977, Alma-Ata Declaration 1978, Ottawa Charter for Health Promotion 1986

Models: 'victim blaming' model; empowerment model

Approaches: social marketing; role of mass media; community development; two-way communication

Social marketing: marketing mix; benefits, eg audience analysis and segmentation, needs-led, targeted approach; limitations, eg cost, time

Role of mass media: different forms, eg television, radio, newspapers, magazines, posters, billboard displays, leaflets; benefits eg raising consciousness about health issues, reaching large audience, conveying simple information, placing health on the public agenda; limitations, eg inability to convey complex information or teach skills, less specific information, limited two-way communication

Community development: holistic concept; participation, empowerment; benefits, eg focuses on root causes of ill-health, helps to reduce inequalities; limitations, eg time–consuming, difficult to quantify and evaluate

Two-way communication: eg in health and social care settings (eg advice on pre-conceptual health, safe sex, immunisation), peer educators, use of theatre and drama, interactive video and computer packages

2 **Understand models of behaviour change**

Models: health belief model; theory of reasoned action; theory of planned behaviour; stages of change model; social learning theory

Importance of social and economic context: eg financial constraints, social constraints, peer pressure

3   **Know how health education campaigns are implemented**

Health educators: international, eg World Health Organization; national/local — appropriate to home country, eg Department of Health, Health Protection Agency, primary care trusts

Health strategies: Saving Lives: Our Healthier Nation 1999; Choosing Health Making healthy choices easier 2004; as appropriate for home country; the role of legislation; as relevant to all aspects of health

Aims and objectives: improving health of individuals and society, eg by providing health-related learning, exploring values and attitudes, providing knowledge and skills for change, promoting self-esteem and self-empowerment, changing beliefs, attitudes, behaviour, lifestyle

Context: one to one; groups

Design principles: importance of health policy; information gathering/statistics; target setting; clear, realistic and measurable objectives that acknowledge starting point of audience; choice of approach; clear and accurate information conveyed appropriately; misinformation and prejudice challenged and corrected; inter-agency working; links to national campaigns; ethical considerations, evaluation

Ethical considerations: eg rights of individuals, rights of others

Evaluation: referral to aims and objectives; referral to ethical issues; referral to targets and strategies; strengths, weaknesses, potential for improvement

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain three different approaches to health education	M1 compare three different approaches to health education	
P2 describe two different models of behaviour change, and the importance of the social and economic context		
P3 describe the design and implementation of own small scale health education campaign	M2 explain the approaches and methods used in own health education campaign, relating them to models of behaviour change	D1 evaluate the approaches and methods used in own health education campaign relating them to models of behaviour change
P4 explain how own health education campaign met the aims and objectives, and explain the ethical issues involved	M3 analyse how own health education campaign met the aims and objectives and addressed any ethical issues	
P5 explain how own small scale health education campaign links to local/national/international targets and strategies for health.	M4 analyse the role of own small scale health education campaign in terms of local/national/international targets and strategies for health.	D2 evaluate own health education campaign.

Essential guidance for tutors

Delivery

This unit provides opportunities for learners to participate in 'hands on' planning, designing, implementing and evaluating of health education campaigns. It is important that it is delivered through practical methods by an appropriately qualified and experienced tutor.

Initially the historical development could be dealt with briefly though internet research by individuals/small groups, and then learners could quickly progress to examination of current or recent health education campaigns, and the approaches used. Much of learning outcome 1 could be introduced through consideration of these campaigns, with tutor input and small group discussion to fill any gaps. For example, consideration of the healthy school lunch campaign could introduce models and approaches to health education, including the role of the mass media, and the methods used to place the campaign in the public arena.

When considering models of behaviour change, learners could work in small groups to research and prepare posters/presentations about these models. They should relate the models to the current or recent health education campaign/s already examined, and be encouraged to view them holistically, and consider their limitations in terms of predicting behaviour change. In general, a single model does not offer a full explanation for behaviour change, this being due to the importance of the context of the behaviour, and also the particular topic involved. With different topic areas, different behaviours may have more or less importance. An understanding of models of behaviour change, on the other hand, may help in the planning of campaigns as they highlight factors that influence behaviour decisions. Again, consideration of the healthy school lunch campaign could be used as a focal point for comparing the different models and considering the social and economic context.

Models of behaviour change are also introduced in *Unit 30: Health Psychology.* If learners have already completed Unit 30, the understanding gained can be reviewed and used as the basis for extension in this unit.

Having examined current or recent health education campaigns, learners then need guidance prior to planning, designing and implementing their own small scale health education campaign. They will need support and guidance with regard to aspects such as the importance of health policy, information gathering, target setting, and the aims and objectives of their campaigns. Such support could again be given through the vehicle of recent campaigns. For example, the healthy school lunch campaign could be used to introduce concepts such as health educators and strategies, the role of legislation, the importance of information gathering and statistics, and inter-agency working.

Assessment

An initial assignment could be used for P1, P2 and M1, with learners explaining and comparing three different approaches to health education for P1 and M1, and then two different models of behaviour change for P2.

Learners must include a description of the importance of social and economic factors in influencing behaviour change in their evidence for P2. They should be encouraged to relate their evidence to aspects of campaign/s they have examined.

Learners then need to plan, design and implement a small scale health education campaign, which will form the basis of the rest of the assessment of this unit. They need to consider recent or current health policy, the importance of information gathering, target setting, and the aims and objectives of the campaign, along with the target audience and the choice of approach.

Learners should be encouraged to choose a health education topic and audience that interests them, and an approach in keeping with these.

For M2, learners are required to explain the approaches and methods used in the health education campaign, and relate them to models of behaviour change, thus linking with both P2 and P3.

For D1 the approaches and methods used in the health education campaign should be evaluated, considering strengths and weaknesses as well as possible improvements.

P4, in which learners are required to explain how the health education campaign met the aims and objectives, and explain the ethical issues involved, links with M3, in which learners are required to analyse this and thus provide a more detailed account.

Finally, for P5, M4 and D2, learners need to consider local/national/international targets and strategies for health, and relate their campaign to these. M4 requires analysis of the links — therefore more detail than P5, and D2 requires an evaluation of the campaign, including links to local/national/international targets and strategies for health.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit link to *Unit 12: Public Health, Unit 30: Health Psychology* and *Unit 38: Environmental Health.* This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3103:   Contribute to raising awareness of health issues

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

Some of the underpinning knowledge should also be gained for the following Health and Wellbeing dimensions of the NHS Knowledge and Skills Framework:

- Dimension HWB1:   Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing

- Dimension HWB4:   Enablement to address health and wellbeing needs.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social, cultural, spiritual, moral and ethical issues can be introduced through the teaching of this unit, through the historical development of, and current issues in, health education.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- information sources such as environmental health officers, health authority departments, health care practitioners, health centres/GP practices, health promotion units

- local and national media reports.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Acheson D — *Independent Inquiry into Inequalities in Health: Report* (HMSO, 1998)
ISBN 0113221738

Benzeval M et al — *Tackling Inequalities in Health* (King's Fund, 1995)
ISBN 0852999682

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Davey et al — *Health and Disease: A Reader* (Open University Press, 2002)
ISBN 033520967X

Ewles L and Simnett I — *Promoting Health. A Practical Guide* (Bailliere Tindall, 2003)
ISBN 0702026638

Naidoo J and Wills J — *Health Studies An Introduction* (Palgrave, 2001)
ISBN 0333760085

Naidoo J and Wills J — *Health Promotion: Foundations for Practice* (Bailliere Tindall, 2000) ISBN 0702024481

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2*
(Heinemann, 2007) ISBN 9780435499167

Other resources

HM Government — *The New NHS; Modern Dependable* (1997)

HM Government — *Saving Lives. Our Healthier Nation* (1997)

HM Government — *Choosing Health* (2004)

Journals

Care and Health

Community Care

Nursing Times

Magazines

Many magazines carry articles about health issues. Magazines from the weekend
broadsheets are particularly valuable in discussing factors such as lifestyle and diet.
Several 'teen' magazines also carry articles about health issues. In these cases
learners must look at the validity and reliability of their sources.

Websites

www.dh.gov.uk	Department of Health
www.foodinschools.org	DoH and DfES resource for schools
www.healthyschoollunches.org	Physicians' Committee for Responsible Medicine resource
www.hesonline.nhs.uk	NHS statistics resource
www.hpa.org.uk	Health Protection Agency
www.schoolfoodtrust.org.uk	DfES resource
www.who.int	World Health Organization
www.wiredforhealth.gov.uk	DoH and DfES resource

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence**:	
• explain three different approaches to health education	C3.1a	Take part in a group discussion.
• explain three different approaches to health education	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe the design and implementation of own small scale health education campaign	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the design and implementation of own small scale health education campaign.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the design and implementation of own small scale health education campaign	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the design and implementation of own small scale health education campaign	ICT3.2 Enter and develop the information and derive new information.
• describe the design and implementation of own small scale health education campaign.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the design and implementation of own small scale health education campaign	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the design and implementation of own small scale health education campaign	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the design and implementation of own small scale health education campaign.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• explain three different approaches to health education	WO3.1 Plan work with others.
• explain three different approaches to health education	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain three different approaches to health education.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 21: Nutrition for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This unit builds on the understanding of the principles introduced in *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care* and also *Unit 15: Biochemistry for Health.*

Improvements in nutritional health are increasingly being recognised as important factors in effecting improvements in the health of the population. It is therefore important that those who work in the health and social care sectors, or those who are responsible for the wellbeing of others, have a good understanding of nutrition and diet. This unit provides an understanding of nutrients from a science-based perspective, but also develops understanding of the role that food plays in social contexts. It develops in more detail nutritional concepts introduced in the Level 2 BTEC Award in Nutrition Awareness. The unit also will provide useful underpinning knowledge for the study of food hygiene and of practical culinary skills.

Learners will be introduced to the concept of nutritional health through exploring a number of definitions and different ways of describing diet and food intake. The characteristics of macronutrients and micronutrients in terms of their chemical composition and behaviour in cooking, digestion and in human metabolism will be explored, and related to the nutritional requirements for different individuals. The effects of non-food substances that may be ingested and that influence health will also be considered.

Learners will then investigate the importance of nutrition for different population groups, and relate this to risks to health as well as to socio-economic factors that influence food intakes. Other influences such as practices in the food industry, institutional catering, health education, and labelling of foods will also be examined.

Finally, learners will carry out a quantitative study of the food intake of a chosen individual, analyse it in relation to the health and lifestyle choices of the individual chosen, and prepare a plan to improve the nutritional intake of the individual.

This unit will provide learners with a good understanding of the practical application of nutritional concepts based on scientific principles, as well as an understanding of the role food plays in social contexts. The knowledge gained will be valuable to those working in a caring capacity, or catering for vulnerable groups.

Learning outcomes

On completion of this unit a learner should:

1 Understand concepts of nutritional health

2 Know the characteristics of nutrients

3 Understand influences on food intake and nutritional health

4 Be able to use dietary information from an individual to make recommendations to improve nutritional health.

Unit content

1 **Understand concepts of nutritional health**

Nutrition: food, diet, nutrients, additives, nutritional supplements, fortification of food; malnutrition, undernutrition, deficiency, overnutrition, overweight, obesity, energy balance, body mass index; Dietary Reference Values, Reference Nutrient Intakes

Dietary intake: Balance of Good Health, food groups, food pyramid, five a day; effect of food preparation/processing methods, hidden ingredients

2 **Know the characteristics of nutrients**

Characteristics: sources, function in body, requirements (Reference Nutrient Intakes for different groups), effect of processing, eg heat, storage, freezing, shelf-life

Availability to body: through digestion, sunlight

Carbohydrates: monosaccharides, disaccharides, polysaccharides: starch, non-starch polysaccharides; sugar substitutes (eg artificial sweeteners, sorbitol)

Proteins: amino acids, peptides, polypeptides

Lipids: triglycerides, fatty acids: saturated, unsaturated; trans, cis; lipoproteins, cholesterol

Vitamins: fat-soluble: vitamins A, D, E and K; water-soluble: B group, C

Minerals: iron, calcium, magnesium, sodium, potassium, selenium, zinc

Other diet-related consumption: contribution of water, dietary fibre, alcohol, nutritional supplements and substitutes (eg slimming foods, nutrient pills)

Physiological principles: eg relevant aspects of digestion; carbohydrate, protein and fat metabolism; physiology of the circulation, endocrine function (eg insulin, thyroxine), renal function

3 **Understand influences on food intake and nutritional health**

Population groups: developed world, less developed world; families/households, children and young people, adults, older people, pregnant and breast feeding mothers

Nutritional health: body mass index, specific nutrient needs (Reference Nutrient Intakes, specific requirements, eg metabolic disorder, loss of normal gastro-intestinal function, gluten or lactose free), other factors affecting food intake, eg restricted movement for feeding, diet reflecting balance of good health, presence of diet-related disease

Influences:

–   dietary habits: eg meal patterns, snacking, personal tastes, food availability

–   lifestyle: eg eating at home, social eating and drinking, exercise/activity levels, occupation (active, sedentary), leisure pursuits

–   economic: eg food production, food industry (eg manufacturing, food processing and retail), food outlets, cost of food

–   socio-cultural: eg beliefs, socialisation, food rituals, role of food in families and communities

–   education: eg food hygiene, healthy eating, public health, health education, campaigns, marketing and labelling; role of health professionals (eg dieticians, public health nutritionists, doctors, nurses, carers, sports nutritionists, health and fitness instructors)

–   legislation, regulations and policies: eg Children Act 2004, Every Child Matters, Nutrition Standards for School Lunches and Other School Food 2006

Risks to health: non-insulin dependent diabetes, cardiovascular disease; food allergy, sensitivity, intolerance; undernutrition, nutrient deficiency, mental health (eg anorexia, bulimia); accident risk, alcohol-related disease

4 **Be able to use dietary information from an individual to make recommendations to improve nutritional health**

Record of food intake: record (to include details of food relevant to the analysis, eg cooked, raw, with/without skin, fried, steamed), over one three-day period including meals, snacks, drinks (including alcoholic drinks and mixers), confectionery, supplements

Sources of nutritional information: food analysis database or printed tables

Quantitative analysis: to include: energy, protein, fat, iron, vitamin C, fibre, proportion of energy from fat

Lifestyle needs: record of activity levels (eg sleep, sitting, walking (fast/slow), exercise) with simple analysis for energy expenditure, body mass index, eating pattern (eg meals, snacking, fasting periods), food preparation details (eg raw, fried, steamed)

Other needs: eg personal preferences, economic, social, cultural, availability of time

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 explain concepts of nutritional health	M1 explain the potential risks to health of inappropriate nutrition	
P2 describe the characteristics of nutrients and their benefits to the body		
P3 identify the different factors that influence dietary intake for different population groups	M2 explain the factors affecting the nutritional health and wellbeing of different groups of individuals	D1 evaluate the relative importance of different factors affecting the nutritional health and wellbeing of two different groups of individuals
P4 carry out a quantitative nutrient analysis of the diet of one individual	M3 explain how the nutritional plan will meet the needs of the chosen individual.	D2 evaluate how the nutritional plan will improve the health of the chosen individual.
P5 prepare a nutritional plan for the chosen individual.		

Essential guidance for tutors

Delivery

A scientific approach is expected for the delivery of this unit. The unit could be introduced by encouraging learners to focus on patterns in their own eating habits, such as meal patterns, eating at home/away from the home, and consumption of different types of foods.

The knowledge and understanding gained in *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care*, in relation to nutrition and digestion, should be reviewed at an early stage in the delivery of the unit. There are also strong links to *Unit 15: Biochemistry for Health*.

If appropriate resources are available, practical activities could involve exploration of portion sizes, for example weighing different foods to demonstrate portions that contain the same amount of energy/protein/fat. Use of nutrient analysis data to explore the composition of standard portions, such as a biscuit, a slice, or a cup, would provide useful preparation for the quantitative study and raise awareness of the food sources of different nutrients.

If laboratory facilities are available, this could be supplemented by carrying out standard chemical tests for the presence of different nutrients, such as starch, reducing sugar or fat. Again, there are links to *Unit 15: Biochemistry for Health*. If appropriate, simple titrations to analyse the quantity of ascorbic acid present in different foods/drinks, or tests to investigate the aesthetic characteristics of foods, could also be included.

Group work could involve research into unfamiliar foods, followed by short presentations to other learners, to explain nutritional merits and traditional methods of preparation. It would be valuable for learners to have opportunities to examine nutritional information provided from different sources, such as public health departments, manufacturers, or food retailers, so that learners can understand differences in the way such information is presented.

Interpretation of information on food labels should also be included in order that learners can understand the advantages and limitations of such information. Comparison of nutrition information on labels can be informative, such as for skimmed, semi-skimmed and full cream milk. Video footage from news broadcasts and information from relief agencies could be used to support understanding of nutritional issues and priorities in different parts of the world.

Learners should be introduced to the concept of dietary reference values and their application, for example, for individuals, and for menu planning for groups. Different nutrient needs and the reasons for variations could form the basis of class discussion, emphasising the role of exercise and activity in determining energy requirements. This could be linked to sample activities in a gym using an ergometer.

Simple surveys amongst other learners could provide useful data to explore the social factors that influence food intake, and provide material for discussion and suggestion of ways to change dietary habits. This could be linked to *Unit 20: Health Education* and *Unit 22: Research Methodology for Health and Social Care.* Some learners might wish to extend this and use it as research for their own small scale health education campaign for the assessment of Unit 20, or as part of a larger research project for the assessment of Unit 22.

Use of specialist contributions from, for example, health visitors, dieticians, or public health nutritionists, could be useful for specific aspects of the unit.

Representatives from companies specialising in, for example, nutritional support for the older infirm adult could also usefully contribute. Learners could be introduced to different methods of measuring food intake, the use of food analysis tables or databases, and the principles of menu planning, before commencing the diet analysis and menu planning activities required for the assessment of these aspects of the unit.

Assessment

Evidence for this unit is likely to be generated through assignment tasks structured around the pass criteria, with evidence for the higher grades requiring learners to bring together knowledge and understanding from across the unit as appropriate. Two assignments could be used for the assessment of this unit.

The first could be based on nutritional concepts, nutrients and factors that influence dietary intake, thus assessing P1, P2, P3, M1, M2 and D1.

For M1, learners are not required to describe in detail health conditions arising from poor diet, but should be able to explain the nutritional issues surrounding different conditions, such as nutritional causes or consequences, dietary changes involved in managing the disorder, and reasons for these changes. Learners should be able to relate the changes to both nutrients and foods eaten.

The second assignment could be used as the basis of evidence for P4, P5, M3 and D2. For the quantitative analysis, learners may choose to use themselves as the individual, or somebody known to them. The chosen person would not normally be a patient or service user from a placement.

Consent should be obtained, and the individual should maintain an accurate food diary for the specified period, to include portion sizes and appropriate detail of the food, such as cooking method, or with/without skin. Records of activity (such as minutes walking, sitting, cycling) could be kept over the same period to add detail to lifestyle data on the individual, but full information about, for example, eating, drinking habits, or use of nutritional supplements could be obtained through an informal interview.

Learners should be expected to present the quantitative data systematically using accepted formats such as tables or charts. Sources of food analysis data used should be acknowledged. The nutritional plan should be for a similar period to the one analysed, and indicate foods to be consumed as meals, snacks and drinks, portion sizes, preparation methods and other relevant details. Information on nutrition-related lifestyle changes should also be indicated.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit link to many other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 14: Physiological Disorders, Unit 15: Biochemistry for Health, Unit 16: Science in Practice for Health, Unit 20: Health Education,* and *Unit 22: Research Methodology for Health and Social Care.*

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

* Unit HSC31:   Promote effective communication for and about individuals

* Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

* Unit HSC33:   Reflect on and develop your practice

* Unit HSC34:   Promote the wellbeing and protection of children and young people

* Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

* Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

* Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

* Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

* Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

* Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should also gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

* Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

* Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

* Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

* Core dimension 6:   Equality and diversity — Promote equality and value diversity.

Some of the underpinning knowledge should also be gained for the following Health and Wellbeing dimensions of the NHS Knowledge and Skills Framework:

- Dimension HWB1: Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing

- Dimension HWB4: Enablement to address health and wellbeing needs.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, and improving own learning and performance.

Social, cultural, moral and ethical issues can be introduced through the consideration of different dietary factors.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- National Diet and Nutrition Survey Adults 19–64 years — available from http://statistics.gov.uk/ssd/surveys

- National Diet and Nutrition Survey 4–18 years — available from http://statistics.gov.uk/ssd/surveys

- The Nutrient Databank Data Files — available from Her Majesty's Stationery Office, St Clements House, 2-16 Colegate, Norwich NR3 1BQ.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Arnold A and Bender D — *Food Tables and Labelling* (Oxford University Press, 1999)
ISBN 0198328141

Barasi M — *Human Nutrition: A Health Perspective* (Hodder Arnold, 2003)
ISBN 0340810254

Bender D — *An Introduction to Nutrition and Metabolism* (Taylor and Francis, 2002)
ISBN 0415257999

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2*
(Nelson Thornes, 2007) ISBN 0748781722

Byrom S — *Pocket Guide to Nutrition and Dietetics* (Churchill Livingstone, 2002)
ISBN 0443071365

Crawley H (editor) — *Food Portion Sizes (Maff Handbook)* (HMSO, 1994)
ISBN 0112429610

Gibney M J, Voster H H and Kok F J — *Introduction to Human Nutrition* (Blackwell
Publishing, 2002) ISBN 063205624X

Lean M — *Fox and Cameron's Food Science, Nutrition and Health* (Hodder Arnold,
2006) ISBN 0340809485

Mann J and Truswell S (editors) — *Essentials of Human Nutrition* (Oxford University
Press, 2007) ISBN 0199290970

Truswell S A — *ABC of Nutrition* (BMJ Books, 2002) ISBN 0727916645

Thomas B (editor) — *Manual of Dietetic Practice* (Blackwell Science, 2001)
ISBN 0632055243

Webb G — *Nutrition: A Health Promotion Approach* (Hodder Arnold, 2002)
ISBN 0340760699

Journals

Care and Health

Health Service Journal

Human Nutrition and Dietetics

Public Health Nutrition

Websites

There are numerous websites for nutrition and health. They should be used with caution as many are commercial sites selling nutrition products.

Sites limited to the United Kingdom would be recommended.

There are several commercially available food analysis databases; these should be UK based as they may be linked automatically to the DRVs used in the UK.

American sites will relate to American recommended intakes not used in the UK.

www.dfes.gov.uk	Department for Education and Skills
www.dh.gov.uk	Department of Health
www.fdf.org.uk	Food and Drink Federation
www.food.gov.uk	Food Standards Agency
www.foodinschools.org	Food in Schools
www.hda.nhs.uk	Health Development Agency
www.healthyschoollunches.org	Healthy School Lunches
www.hesonline.nhs.uk	Hospital Episode Statistics
www.hpa.org.uk	Health Protection Agency
www.nutrition.org.uk	British Nutrition Foundation
www.schoolfoodtrust.org.uk	School Food Trust
www.statistics.gov.uk	National Statistics Online — Government

Statistics Resource

www.surestart.gov.uk	Surestart
www.teachernet.gov.uk	Teachernet
www.vegsoc.org.uk	Vegetarian Society
www.wiredforhealth.gov.uk	Website for Healthy Schools programme

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• carry out a quantitative nutrient analysis of the diet of one individual	N3.1 Plan an activity and get relevant information from relevant sources.
• carry out a quantitative nutrient analysis of the diet of one individual	N3.2 Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• carry out a quantitative nutrient analysis of the diet of one individual.	N3.3 Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain concepts of nutritional health	C3.1a Take part in a group discussion.
• describe the characteristics of nutrients and their benefits to the body	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the characteristics of nutrients and their benefits to the body	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the characteristics of nutrients and their benefits to the body.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain concepts of nutritional health	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the characteristics of nutrients and their benefits to the body	ICT3.2 Enter and develop the information and derive new information.
• prepare a nutritional plan for the chosen individual.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe the characteristics of nutrients and their benefits to the body	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the characteristics of nutrients and their benefits to the body	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the characteristics of nutrients and their benefits to the body.	LP3.3 Review progress and establish evidence of your achievements.

Unit 22: Research Methodology for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 90

Unit abstract

Much of the work in health and social care is grounded in evidence-based practice and practitioners need to ensure that they can show that the work they do is effective. Potential practitioners therefore need to have a clear understanding of research methodology in order to carry out their own research in a potential variety of settings. For those learners who wish to progress further in their learning this unit will provide a good basis for future work at a higher level.

This unit will enable learners to extend knowledge gained in *Unit 6: Personal and Professional Development in Health and Social Care*, and develop further their understanding of the methodology necessary to carry out basic research. They will then be able to conduct and complete a research project in a relevant topic of interest to them. In addition, the unit enables learners to develop an understanding of the ethical issues and implications of research in the field.

The unit links to and supports many others in the programme, such as *Unit 21: Nutrition for Health and Social Care*, or *Unit 46: Independent Learning in Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1 Understand the purpose and role of research within health and social care

2 Understand the research methodologies relevant to health and social care

3 Be able to identify a suitable topic and produce a plan for a research proposal

4 Be able to conduct the research and present the findings

5 Be able to evaluate the research project

6 Understand the implications of and ethical issues related to using research in health and social care.

Unit content

1 **Understand the purpose and role of research within health and social care**

Purpose: identify need, provide further knowledge, highlight gaps in provision, plan provision

Role: inform policy or practice, extend knowledge and understanding, improve practice, aid reflection, allow progress to be monitored, examine topics of contemporary importance

2 **Understand the research methodologies relevant to health and social care**

Types of research: quantitative, qualitative, primary, secondary

Primary sources: questionnaires, interviews, scientific experiment, formal and informal observation

Secondary sources/literature research: internet, journals, media, books

3 **Be able to identify a suitable topic and produce a plan for a research proposal**

Topic and hypothesis: identification of a suitable health and social care related topic, literature search, suitability of topic with reference to ethical issues, formulation of a relevant, realistic and identifiable hypothesis/research question, achievable aims

Produce an outline of the planned research: methodology, target group and sample, rationale, time scales, action plan, monitoring and modification

Resources: primary and secondary resources, use of a range of resources

4   **Be able to conduct the research and present the findings**

Undertaking the research: primary and secondary research, statistics, monitor and review

Introduction: summary of current research in the field with relation to chosen topic

Method: hypothesis, primary research methods, secondary research, recording of data, triangulation

Results: compiling data, presentation of data, triangulation, graphical representation, use of computer software

Statistical: percentages, mean, median, mode

Methods of presentation: eg bar charts, histograms, graph, pie charts, tables; electronic, drawn

Methods of analysis: use of IT software for processing statistical information; drawing conclusions; bias, error

Ethical considerations: eg use and misuse of results

5   **Be able to evaluate the research project**

Evaluation and conclusion: compare findings with hypothesis, discussion of findings, relationships of results to current research, identification of limitations of research project, potential areas for further development of research, consideration of implications, eg human rights, bias and error, ethical issues, eg confidentiality, data protection; use and misuse of research

Recommendations: for practitioners in their work or policy makers determining health and social care research

6   **Understand the implications of and ethical issues related to using research in health and social care**

Implications: who commissions research, human rights, validity, reliability, consequences/benefits of findings, effects of publications, access to information, vulnerability of client groups

Ethical issues: confidentiality, data protection legislation, policy procedures, authenticity, inclusion of codes of practice, role of the media; use and misuse of data, eg statistics which inform practice, office of population and census, social trends

Effects on policy and practice: eg impact of key reports, role of Social Care Institute for Excellence (SCIE), impact of SCIE research on policy

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain the purpose and role of research for the health and social care sectors		
P2 describe the key elements of research methodologies		
P3 identify a research topic and carry out a literature search	M1 justify the choice of topic and hypothesis	
P4 carry out the primary research and collect and record appropriate data		
P5 present and report findings in a relevant format, identifying sources of bias or error	M2 review the research methods chosen in relation to the results obtained, any sources of bias or error and ethical considerations	D1 discuss how the methodology of the research project could be altered to reduce bias and error
P6 discuss the findings of the research in relation to the original hypothesis	M3 analyse the findings of the research in relation to the original hypothesis	D2 analyse the purpose and role of research in the sectors, drawing on the piece of research undertaken.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P7 outline any possible improvements to the research, referring to any relevant implications and ethical issues.	M4 discuss the possible implications that the research results may have on current practice.	

Essential guidance for tutors

Delivery

Initially, knowledge and understanding gained in *Unit 6: Personal and Professional Development in Health and Social Care* needs to be discussed and reviewed. Learners could also be asked to consider how and when they have used the knowledge and skills gained in order to research for other units in the programme.

Whole class teaching could then be used in order to ensure that learners fully understand the terminology and issues involved in conducting research. Guest speakers could be invited in to talk about their research to the group. They could, for example, present a piece of research and discuss the methodology, findings and implications, enabling learners to gain insight into the research process and place it in context.

Learners need to understand the different types of research, and will need time to practice both primary and secondary research methods. They could, for example, work in small groups to design a questionnaire, and then pilot its use with other members of the group. They could also practice interviewing each other, or practice their observation skills in small group scenarios.

Learners will need to use secondary sources such as books, periodicals, magazines or the internet to research specific topics for other units in the programme, therefore this unit provides opportunities to improve learners' skills in this area and links with many other units in the programme.

Learners may need guidance in their choice of topic for their research project, but initially there could be a whole class session to collate a range of ideas that learners can choose from if they wish. Learners may have specific interests around issues that they would like to research, but they need to be aware that their choice of topic should enable them to fulfil the requirements of the assessment criteria.

Ethical issues should be discussed in class, and learners made aware of the importance, for example, of respecting confidentiality.

Tutor input will be needed to support learners with the presentation and analysis of research findings. Learners should have opportunities to practice handling research results prior to embarking on their own projects. A short 'mini-project' would allow them to practice primary research methods, present and analyse their results, and consider any ethical issues in relation to their research.

Assessment

Initially, for P1 and P2, a written assignment will provide the learner with the opportunity to demonstrate understanding of the key elements of research methodologies and to discuss the purpose and role of research in the sectors.

Learners then need to undertake a research project to meet the remaining requirements of this unit. In order to do this the learner should follow the basic plan laid out in the content of the unit:

- identify purpose and role of proposed research and produce a plan

- carry out a literature search

- select primary methods of data collection and collect data

- select methods of data analysis and analyse data

- review the research considering ethical issues and the outcomes of the task.

Learners should be guided to choose a topic area that will have scope for discussion of ethical issues and any possible impact that research of this type could have. The topic could be linked to other units in the programme, such as *Unit 21: Nutrition for Health and Social Care*, *Unit 23: Complementary Therapies for Health and Social Care,* or *Unit 28: Caring for Older People.*

For merit/distinction grades, learners need to review and analyse their piece of research, for example justifying their choice of topic and reviewing their methodology. The ability to demonstrate understanding of the link between research and practice will be key to achievement of the higher grades.

Learners who are registered on the Health Sciences endorsed pathway could, if they choose, use the 'scientific experiment' as a primary research method. They need to ensure, however, that their choice of topic allows them to fulfil the requirements of the assessment criteria.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit will underpin many others in the programme. Depending on the choice of project, this unit may enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and working with others.

Social, cultural, spiritual, moral and ethical issues can be introduced through the teaching of this unit, through the research tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials

- a range of appropriate journals from the fields of health and social care.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Alderson P and Morrow V — *Ethics, Social Research and Consulting with Children and Young People* (Barnardo's, 2004) ISBN 1904659071

Bell J — *Doing your research project — a guide for first time researchers in health, social care and early years* (Open University Press, 2005) ISBN 0335215041

Bowling A — *Research Methods in Health: Investigating Health and Health Services* (Open University Press, 2002) ISBN 0335206433

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Green S — *Research Methods in Health, Social and Early Years Care* (Nelson Thornes, 2000) ISBN 0748754628

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Walsh M — *Research Made Real: A Guide for Students* (Nelson Thornes, 2001) ISBN 0748758410

Journals

Care and Health

Community Care

Nursing Times

Websites

www.barnardos.org.uk	Barnado's website
www.bmj.bmjjournals.com	British Medical Journal
www.dfes.gov.uk/research	DfES research resource
www.dh.gov.uk	Department of Health
www.ncb.org.uk	National Children's Bureau
www.scie.org.uk	Social Care Institute for Excellence
www.tactyc.org.uk	Training, Advancement and Co-operation in Teaching Young Children

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• present and report findings in a relevant format, identifying sources of bias or error	N3.1	Plan an activity and get relevant information from relevant sources.
• present and report findings in a relevant format, identifying sources of bias or error	N3.2	Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• present and report findings in a relevant format, identifying sources of bias or error.	N3.3	Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the purpose and role of research for the health and social care sectors	C3.1a Take part in a group discussion.
• explain the purpose and role of research for the health and social care sectors	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• explain the purpose and role of research for the health and social care sectors	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• present and report findings in a relevant format, identifying sources of bias or error.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• carry out the primary research and collect and record appropriate data • present and report findings in a relevant format, identifying sources of bias or error	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• carry out the primary research and collect and record appropriate data • present and report findings in a relevant format, identifying sources of bias or error	ICT3.2 Enter and develop the information and derive new information.
• carry out the primary research and collect and record appropriate data • present and report findings in a relevant format, identifying sources of bias or error.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• carry out the primary research and collect and record appropriate data • discuss the findings of the research in relation to the original hypothesis	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• carry out the primary research and collect and record appropriate data • discuss the findings of the research in relation to the original hypothesis	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• carry out the primary research and collect and record appropriate data • discuss the findings of the research in relation to the original hypothesis.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• carry out the primary research and collect and record appropriate data	WO3.1 Plan work with others.
• carry out the primary research and collect and record appropriate data	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• carry out the primary research and collect and record appropriate data.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 23: Complementary Therapies for Health and Social Care

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

In order to be able to take a holistic view towards medicine and health care, health and social care professionals need to understand the potential range of complementary therapies available and how they may be used in the support of conventional medicine.

Complementary therapies are becoming more popular in Britain today, some treatments being widely available under the National Health Service. The aim of this unit is to provide an understanding of a range of complementary therapies, and in particular their role in relation to conventional medicine.

Learners will consider the benefits of complementary therapies to health and wellbeing, as well as identifying any contraindications and health and safety issues in relation to their use. The effectiveness of regulation of different therapies and their practitioners will be examined.

This unit will be useful to learners who either plan to progress into the health and social care workforce on completion of their programme, or those who aim to progress to further or higher study. It will broaden the experiences of learners as they progress through the programme.

The unit involves consideration of the holistic nature of health and social care and therefore links to many other units in the programme.

Learning outcomes

On completion of this unit a learner should:

1   Understand complementary therapies that can be used with patients/service users

2   Understand the role of complementary therapies in relation to orthodox treatments

3   Understand the role of complementary therapies in maintaining health and wellbeing

4   Understand systems for the regulation of different complementary therapies.

Unit content

1 **Understand complementary therapies that can be used with patients/service users**

Locality: private provision; services utilised by health and social care services

Factors influencing access: eg physical/geographic, socio-economic, cultural, education, referral systems

Outline of the principles and practices: common uses of therapies, contraindications

Range of complementary therapies: eg acupuncture, Alexander Technique, aromatherapy, art therapy, Ayerveda, Bach flower remedies, biochemic tissue salts, biorhythms, Bowen technique, chiropractic, colour therapy, cranio-sacral therapy, Feng Shui architecture, herbal medicine, homeopathy, hydrotherapy, hypnotherapy, kinesiology, nutritional therapy, massage, naturopathy, osteopathy, reflexology, Reiki healing, relaxation

Treatment: signs and symptoms, principles of administration, frequency/dosage of administration.

Advantages/disadvantages: benefits claimed, eg enhancing health, amelioration of symptoms; contraindications, intrinsic harm

2 **Understand the role of complementary therapies in relation to orthodox treatments**

Role: diagnostic, therapeutic; for different disorders; linking to orthodox treatments, stand alone treatment

Disorders: musculo-skeletal, eg bones, joints, muscles, mobility, pain

Metabolic: eg digestive and eliminatory processes, endocrine functioning, immune function, reproductive function

Cardio-respiratory: eg pulmonary functioning, cardiovascular functioning

Psychological: mental health, eg stress, depression; those with learning difficulties, eg autism, ADH

3 **Understand the role of complementary therapies in maintaining health and wellbeing**

Advantages/disadvantages: problems or conditions where there is evidence that therapies improve/do not improve conditions

Evidence: clinical studies undertaken, complementary therapy working in conjunction with orthodox medicine

Sources of information: eg therapy practitioners, health professionals, commercial sources, science, systematic research

4   **Understand systems for the regulation of different complementary therapies**

Regulation systems: eg legislation, codes of ethics, codes of practice, self-regulation, enforcement

Effectiveness: eg minimising risk, benefits, developing public understanding

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 identify complementary therapies available in local area		
P2 describe factors that may influence access to complementary therapies	M1 explain factors that may influence access to complementary therapies	
P3 describe the treatment process for four different complementary therapies	M2 explain advantages and disadvantages of the four therapies described	
P4 describe the role of four different complementary therapies in relation to orthodox treatments	M3 explain the role of four different complementary therapies in relation to orthodox treatments	
P5 describe the role of four different complementary therapies in relation to health and wellbeing		D1 evaluate the evidence relating to the use of complementary therapies in contemporary society
P6 identify current regulation systems for complementary therapists.	M4 discuss the effectiveness of regulatory systems for complementary therapists.	D2 evaluate the effectiveness of the regulatory systems in relation to both practitioners and patients/service users.

Essential guidance for tutors

Delivery

The emphasis throughout this unit should be on the use of complementary therapies in the support of orthodox medical treatments and health care.

An appropriately qualified and experienced practitioner is required for the delivery of the unit. It should ideally be delivered in as practical a way as possible, and learners will benefit by work experience placements that use some form of complementary therapies, if possible. The use in class of guest speakers, and visits to complementary therapy centres, will also allow learners to gain essential experience and encourage them to apply theory to practice. Local health and social care services that use some form of complementary therapies could also be useful resources.

The unit could be introduced in a practical manner by, for example, some form of breathing, relaxation or other self-help exercises, or head massage. Other suitable activities, if appropriately qualified practitioners are available, could include pilates exercises, yoga or dowsing. Feng Shui architecture could also be introduced, as could nutritional therapy and art therapy. Learners could also experiment, for example, by tasting a range of herbal teas and researching their potential uses.

Following a practical and varied introduction to the unit, learners would benefit from a visit to a complementary therapy centre, or a local health and social care service that uses some form of complementary therapy. Guest speakers could be invited in to increase the range of exposure of the learners to different therapies. For example, a talk and demonstration from a homeopathist, a relaxation session with a Reiki practitioner, an aromatherapy session, a Shiatsu session, or insight into crystal healing would greatly advantage the learners. Local, specialist practitioners may provide further variation.

Learners could divide into small groups to fully investigate the range of complementary therapies available within their locality, this potentially being followed up by a class display or small group presentations. This research should include complementary therapies available privately, and those that may be utilised by local health and social care services, such as GP practices or hospitals.

The holistic approach to illnesses such as cancer could be used as a focus here. For example, there could be some tutor input to introduce ideas about the role of complementary therapies in the treatment and management of cancer, this being followed up by individual or small group research by learners using both the internet and the services available locally/regionally. If available, a local homeopathic hospital, for example, would be an interesting place to visit. Learners should be encouraged to broaden the local knowledge they have gained to a regional or national level.

A group visit could also potentially be organised to a local hospital or hospice, to learn about the range of uses of different complementary therapies alongside orthodox medical practices and treatments. Learners need to consider the role of complementary therapies, in terms of either supporting conventional medicine, or as a stand-alone treatment.

When considering the role of complementary therapies in maintaining health and wellbeing, learners could firstly consider one or two pieces of evidence provided for them in class, and then be encouraged to carry out their own literature search, bringing evidence back into class for further discussion and examination. They should be encouraged to investigate a variety of resources, including media such as the BBC, Telegraph and Guardian, in order to gain a balanced view.

Systems for the regulation of different complementary therapies can be discussed during progression through the unit. Guest speakers, for example, will give an insight into the systems in relation to their own specialism.

Learners could also benefit from activities such as the use of videos or case studies. Towards the end of the programme it could be interesting to repeat some of the activities that were used to introduce the unit. For example, if some learners are in the run up to examinations, or preparing portfolios for final assessment, relaxation techniques or massage could be re-introduced.

Assessment

One holistic assignment could be used for the assessment of this unit, though it could also be divided into constituent parts.

Having carried out small group research into the services available locally, in terms of complementary therapies available privately, and those that may be utilised by local health and social care services, learners need to provide their own evidence for P1. An annotated map of the area would be sufficient for this, with supporting descriptive work as appropriate to provide evidence for P2 and M1.

Having been introduced to a wide variety of different complementary therapies, for assessment purposes learners need to choose four of interest to them and describe the treatment processes for them. In terms of ease of gaining evidence, learners could be encouraged to choose from those therapies available locally. For P3, they should demonstrate a good understanding of the complementary therapies chosen, and extend this for M2, including an explanation of the advantages and disadvantages of them.

For P4, learners need to consider the role of four different complementary therapies in relation to orthodox treatments. A piece of written work is required here, with learners drawing on experiences gained during delivery of the unit, such as work placement experiences, guest speakers, visits, tutor input and internet research. The therapies could be the same as those chosen for P3, but not necessarily.

More detail is required for M3, with reasons being provided for the use of the therapies and their value in supporting orthodox treatments. Learners should explain the role of the complementary therapies in relation to orthodox treatments, and how the different methods can complement each other. They could draw on examples of therapies that have been incorporated into mainstream health care, whilst others are still considered to be 'alternative'.

For P5, learners need to describe the role of four different complementary therapies in relation to health and wellbeing. Again, the therapies could be the same as those chosen for P3, but not necessarily. Learners need to consider the value of these complementary therapies, potential advantages and disadvantages of their use, and sources of evidence of their potential value and effectiveness.

D1 draws on all previous criteria by requiring learners to evaluate the evidence relating to the use of complementary therapies in contemporary society. To achieve this, learners will need to demonstrate analytical skills in the way in which they assess the evidence relating to the use of complementary therapies in present day society. In doing this, they will use a variety of information to reinforce their work and produce clear, considered evaluations. They will also show an appreciation of the need to question the validity of data.

P6 requires learners to identify current regulation systems for complementary therapists. Evidence for this should have been obtained during delivery of the unit, through the use of guest speakers, visits and internet research.

M4 requires discussion of the effectiveness of these regulatory systems, whilst D2 requires an evaluation of their effectiveness in relation to both the practitioner and the patient/service user. In order to achieve this, learners need to use personal initiative to gather information and not just provide a survey of current literature. For example, reference to discussions with practitioners/patients/service users within learner's written evidence will help to support learner's evaluations.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit links in particular to *Unit 1: Developing Effective Communication in Health and Social Care*, *Unit 6: Personal and Professional Development in Health and Social Care, and Unit 22: Research Methodology for Health and Social Care.*

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Social, cultural, moral and ethical issues, and health and safety issues, can be introduced through the teaching of this unit by, for example, consideration of the benefits and uses of different complementary therapies.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- input from a range of therapists

- input from health or social care professionals with experience of the use of complementary therapies.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- audio and visual records eg television interviews, magazines or newspapers.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Davis P — *Aromatherapy an A-Z* (Vermilion, 2005) ISBN 009190661X

Kelner M — *Complementary and Alternative Medicine: Challenge and Change* (Taylor and Francis, 2000) ISBN 9058230996

Lockie A — *Encyclopaedia of Homeopathy* (Dorling Kindersley, 2000) ISBN 9780751307207

Lockie A and Geddes N — *Complete Guide to Homeopathy: The Principles and Practice of Treatment* (Dorling Kindersley, 2000) ISBN 9780789459534

Price S — *Aromatherapy Workbook* (Harper Collins, 2000) ISBN 0722526458

Rankin-Box D — *Nurses Handbook of Complementary Therapies* (Bailliere Tindall, 2001) ISBN 0702026514

Swayne J — *International Dictionary of Homeopathy* (Churchill Livingstone, 2000) ISBN 0443060096

Ullman D — *Essential Homeopathy: What It Is and What It Can Do for You* (New World Library, 2002) ISBN 1577312066

Journals

Community Care

Complementary Therapies in Medicine (Churchill Livingstone)

Complementary Therapies in Nursing and Midwifery (Churchill Livingstone)

Nursing Standard

Nursing Times

Which? Health

Websites

www.acupuncture.org.uk	British Acupuncture Council
www.banl.org.uk	British Association for Nutritional Therapy
www.exeter.ac.uk/sshs/compmed	Exeter University's academic department of complementary medicine
www.gcc-uk.org	General Chiropractic Council
www.nimh.org.uk	National Institute of Medical Herbalists
www.nursingtimes.net	*The Nursing Times*
www.osteopathy.org.uk	General Osteopathic Council
www.the-cma.org.uk	The Complementary Medical Association

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe factors that may influence access to complementary therapies	C3.1a	Take part in a group discussion.
• describe the treatment process for four different complementary therapies	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe factors that may influence access to complementary therapies		
• describe the role of four different complementary therapies in relation to health and wellbeing	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the role of four different complementary therapies in relation to health and wellbeing.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of four different complementary therapies in relation to health and wellbeing	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the role of four different complementary therapies in relation to health and wellbeing	ICT3.2 Enter and develop the information and derive new information.
• describe the role of four different complementary therapies in relation to health and wellbeing.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of four different complementary therapies in relation to orthodox treatments	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the role of four different complementary therapies in relation to orthodox treatments	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the role of four different complementary therapies in relation to orthodox treatments.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• identify complementary therapies available in local area	WO3.1 Plan work with others.
• identify complementary therapies available in local area	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• identify complementary therapies available in local area.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 24: Introduction to Counselling Skills for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

Health and social care practitioners regularly need to use skills similar to those required of professional counsellors. This unit is therefore useful because it aims to develop awareness of these skills and provides opportunities for learners to begin to develop them.

Learners who have completed this unit could develop their skills further in the BTEC Level 3 Diploma in Developing Counselling Skills. Completion of this unit will introduce learners to the use of counselling skills; further study will be necessary for learners to become counselling skills practitioners.

This unit focuses on the identification, practice and development of a range of interpersonal and counselling skills. On completion of the unit, learners will have the inter-related skills required to initiate, maintain and conclude a counselling interaction.

The structure of the unit is based on, although it does not adhere rigidly to, Gerard Egan's *The Skilled Helper,* which learners will evaluate and relate to their own counselling skills practice. It will enable participants to develop these skills and relate them to their working situation, drawing on their own experiences in their work or personal settings. Learners will use role plays and scenarios to practise their skills, but are not required to practise on patients/service users.

Learners achieving this unit should realise that skills need to be continually developed.

Learning outcomes

On completion of this unit a learner should:

1 Be able to initiate and establish a relationship using counselling skills

2 Be able to maintain, develop and conclude a relationship using counselling skills

3 Be able to evaluate own development of counselling skills

4 Know referral procedures and boundary issues.

Unit content

1 **Be able to initiate and establish a relationship using counselling skills**

Initiating a relationship: codes of practice and ethical concerns, equal opportunities, setting up first contact, contracting, confidentiality, developing an empathic relationship, referrals

Demonstrate skills: Rogers' concept of core conditions as a base to all counselling skills work, giving attention, use of appropriate encouragers, responding warmly and genuinely, suspending personal value judgements, paraphrasing and summarising client material, reflecting content and meaning, reflecting feelings, appropriate use of questions (use of stage 1 skills)

2 **Be able to maintain, develop and conclude a relationship using counselling skills**

Strategies: challenging skills, communicating deeper empathic understanding, manage silences, time responses, manage personal feelings and agendas, utilise the here and now, facilitate client self-understanding

Integrating: in a structured and coherent way

Problem solving and decision making: creative thinking, brain storming, strategies for action, sources of help, referrals

Endings: offering unbiased information, enabling clients to choose appropriate strategies and formulate a plan

Benefits to client: influences of interaction

3 **Be able to evaluate own development of counselling skills**

Strengths and weaknesses: summarising key elements, self-evaluation of skills; improving outcomes, improving counselling skills, improving knowledge to support practice, group factors, confidentiality

Supervision of skills: observation and feedback with course group; on counselling skills work; offer and receive constructive criticism and feedback

Supervision of self: awareness of own limits, growth of personal development, self awareness, insights, personally moving forward

4 **Know referral procedures and boundary issues**

Referral: reasons for referral, availability of organisations to which clients may be referred, accessibility of organisations to which clients may be referred, cost to clients

Boundary issues: confidentiality, limits of own skills, client resistance, practitioner resistance

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe processes for initiating, maintaining, developing and concluding a counselling relationship	M1 integrate processes for initiating, maintaining, developing and concluding a counselling skills relationship	D1 analyse own strengths and weaknesses in use of counselling skills
P2 demonstrate counselling skills in a simulated environment		D2 evaluate the impact on own practice of counselling skills development and self-development.
P3 describe the strengths and weaknesses of own counselling skills development	M2 explain how counselling skills development affects own self-development	
P4 describe the importance of supervision in evaluating a counselling skills interaction	M3 explain how supervision can improve use of skills and self-development	
P5 explain the importance of referral procedures	M4 examine potential boundary issues in a counselling skills interaction in a health and social care setting.	
P6 describe the organisations to which referrals may be made.		

Essential guidance for tutors

Delivery

This unit should provide learners with opportunities to practise counselling skills using the Egan model. Delivery should start with stage 1 skills and progress onto the skills of stage 2, in which a potential client is helped to see themselves and their situation from a new perspective and to focus on what changes can be made to be more effective.

At stage 3, the potential client is helped to consider possible ways to act, to look at costs and consequences, to plan action, implement it and evaluate.

Learners should have an awareness of the application of the skills required by modern technology, such as online, phone lines, mini-com, type talk.

Learners must have a commitment to and demonstrate equal opportunities, non-discriminatory practice and cross-cultural counselling.

Assessment

Evidence may be in the form of role plays, video and audio tapes, with transcripts and process notes of the sessions. When video and audio evidence is provided, learners need to be easily identifiable. Role play and simulations need to be focused, to enable learners to acquire appropriate skills and demonstrate the Three-Stage Model. Tutors and learners should keep a record of the skills demonstrated as the programme progresses.

Learners should be encouraged to develop their reflective skills and should use a reflective practice log or diary. This log could be used to provide evidence in order to meet the grading criteria. Learners will need guidance to support them in this. They will also need support in meeting the assessment criteria concerned with reflection, as reflecting on self-development and development of skills, and how these impact on practice, may be new skills in themselves.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link to *Unit 1: Developing Effective Communication in Health and Social Care* and *Unit 6: Personal and Professional Development in Health and Social Care*.

This unit covers some of the underpinning knowledge and understanding for the following NVQ units in Counselling and Mediation at Level 3:

- CMA5:   Evaluate and Develop Own Work

- CMA7:   Operate Referral Procedures

- CMB6:   Ensure a Structured Counselling Setting

- CMB7:   Develop the Counselling Relationship.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC354:   Counsel individuals about their substance use using recognised theoretical models.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication and improving own learning and performance.

Social and cultural issues can also be introduced through the teaching of this unit by, for example, consideration of the diversity of individuals.

Essential resources

At this level learners should not be practising counselling with service users.

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified person, such as an experienced counselling skills trainer who has undertaken counselling skills training beyond the level required for this unit

- an appropriately furnished room ensuring privacy must be available — it should also be large enough to allow for practical assessment (smaller rooms would be useful for triadic groups (practice client/counsellor/observer)

- access to video/audio equipment.

Library resources should provide the key texts, journals and videos.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Aldridge S and Rigby S — *Counselling Skills in Context* (Hodder Arnold, 2001) ISBN 0340799641

Burnard P — *Counselling Skills for Health Professionals* (Nelson Thornes, 2005) ISBN 0748793844

Egan G — *The Skilled Helper (A Problem-management and Opportunity Development Approach to Helping)* (Wadsworth, 2006) ISBN 0495127957

Hough M — *Counselling Skills and Theory* (Hodder Arnold, 2006) ISBN 034092701

Hough M —*Groupwork Skills and Theory* (Hodder Arnold, 2002) ISBN 0340799579

Saunders P — *Next Steps in Counselling* (PCCS Books, 1995) ISBN 1898059063

Scrutton S — *Counselling Older People* (Hodder Arnold, 1999) ISBN 0340719486

Video

The Skilled Helper — Three Stage Model (videos available from University of York)

Website

The following website can be useful in providing information and case study materials:

www.bacp.co.uk   British Association for Counselling and Psychotherapy

Web pages provide access to a further range of internet information sources. Learners must use this resource with care, justifying the use of information gathered. This is particularly significant in counselling as there is a wide range of information available.

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe processes for initiating, maintaining, developing and concluding a counselling relationship	C3.1a	Take part in a group discussion.
• describe the importance of supervision in evaluating a counselling skills interaction	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• explain the importance of referral procedures	C3.2	Read and synthesise information from at least **two** documents about the same subject.
		Each document must be a minimum of 1000 words long.
• describe the organisations to which referrals may be made.	C3.3	Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.

Improving own learning and performance Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe processes for initiating, maintaining, developing and concluding a counselling relationship • demonstrate counselling skills in a simulated environment	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe processes for initiating, maintaining, developing and concluding a counselling relationship • demonstrate counselling skills in a simulated environment	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe processes for initiating, maintaining, developing and concluding a counselling relationship • demonstrate counselling skills in a simulated environment.	LP3.3 Review progress and establish evidence of your achievements.

Unit 25: Coping with Change in a Health and Social Care Context

NQF Level 3:   **BTEC National**

Guided learning hours: 30

Unit abstract

This unit explores the nature of self-concept and the way change can impact on self-concept and self-esteem. Understanding self-concept is seen as being central to understanding individual reactions to grief and dying, and the stress which individuals may experience in coping with loss. The unit also aims to develop an understanding of the care needs of people experiencing major change and the supportive skills and services that they may require.

Learners will initially consider the nature and development of self-concept and the potential impact of major life changes. They will then gain understanding of ways in which individuals react and adapt to such changes. They will explore the grieving process, including theories that explain the process and theories that explain how individuals encounter death. Finally, learners will investigate sources and methods of support for individuals who are experiencing major life changes.

This unit links to several others in the programme, such as *Unit 4: Development Through the Life Stages, Unit 28: Caring for Older People* and *Unit 30: Health Psychology.* Learners who successfully complete the unit will have a good understanding of issues related to major changes in the lives of individuals that will help to prepare them for work in the health and social care sectors.

Learning outcomes

On completion of this unit a learner should:

1 Understand the nature and development of self-concept and the potential consequences of change and transition on self-concept

2 Understand ways in which individuals react and adapt to major changes in life

3 Know ways of offering support to people who are adjusting to major life change.

Unit content

1   **Understand the nature and development of self-concept and the potential consequences of change and transition on self-concept**

Nature and development of self-concept: theories that explain the development and role of self-concept, social role, self-actualisation, ego identity, social identity, construction of self

Theories of transition and coping with change: the impact of life event transition on self-concept; awareness, denial, struggle, resolution

2   **Understand ways in which individuals react and adapt to major changes in life**

Life events that may threaten self-esteem or sense of self: eg rejection, loss of employment, bullying, the break up of relationships, loss of partner or receiving care, loss of dignity and independence

Grief and loss: theories that explain the grieving process — potential stages in the process of reacting to grief and how to enable progress through these stages

Dying: theories that explain how people encounter death — potential stages in the process of reaching death; role of culture, beliefs and religion on the wishes of individuals

Stress management: physical and emotional consequences of stress, eg illness, tiredness, impaired ability, depression, withdrawal; recognition of signs and symptoms; understanding of the triggers; support networks, counselling, befriending, peer support, supervision, lifestyle management, relaxation techniques, and cognitive management of emotion

3   **Know ways of offering support to people who are adjusting to major life change**

Types of support provided by: social networks, friends, family, community

Practical and emotional support: eg care needs of terminally ill people and of significant others, needs of individuals following bereavement, respecting beliefs and preferences, practical issues

Agencies and services that provide support: statutory services, networks, support groups, religious advice and support, counselling, advice services, befriending

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe potential major changes throughout the lifespan	M1 explain potential effects of major changes throughout the lifespan	D1 evaluate the importance of understanding the impact of change to providing effective support
P2 explain the relationship between change and self-concept		
P3 use four examples to describe how change can result in physical and emotional stress	M2 explain the process of recognising and managing stress	
P4 explain the physical and emotional impact and effects of grief and loss		
P5 describe sources and methods of support for those experiencing change.	M3 analyse sources and methods of support for those experiencing change.	D2 evaluate the role of multi-disciplinary working in supporting individuals experiencing change.

Essential guidance for tutors

Delivery

Sensitivity will be needed in the delivery of this unit and it is essential that the tutor responsible for delivery is appropriately qualified and experienced.

The unit could be introduced either through the use of case studies, or through discussion related to the experiences of the learners or their friends and relatives. Individual or small group activities could be used to explore the development of self-esteem and self-concept. Learners could be encouraged, for example, to consider how they feel about themselves, considering both positive and negative aspects. They could draw a timeline of their lives to date, identifying events that have influenced them and considering the development of their own self-concept.

Learners will then need to be guided through a range of theories that have relevance to their own lives as well as practical application to health and social care. Links should be made between theory and its application to practice, with the use of case studies again as an effective tool.

Some stress management techniques might be explained in the context of a practical demonstration. Small group research could be used with regard to sources and methods of support available for those coping with change. Learners could begin by considering sources of support in their own school or college, and then extend this to the wider community, and beyond. Learners need to be encouraged to develop an awareness of the diversity of people and their rights and responsibilities. Knowledge and understanding of the Care Value Base is important in order to demonstrate a full understanding of the issues involved in coping with change, and links should be made with other units as appropriate during the delivery of this unit.

Assessment

The nature of this unit is such that it could be assessed holistically by means of one assignment. Evidence for much of the unit could be in the written form and should explain a range of theory and skills relevant to caring for people who are coping with change. Learners may be able to provide evidence for some criteria through observation, role play or the use of case studies.

Evidence for P1 could be in the form of an annotated timeline for an individual, possibly supplemented by a piece of writing. The timeline could relate to the learners themselves, a friend or relative, a fictitious character, or be taken from a case study. Where actual people are involved, permission should be sought and confidentiality respected.

M1 requires explanation of the potential effects of major changes, as identified in the timeline, on the individual concerned.

P2 then requires a piece of writing that explains the relationship between major life changes and the self-concept of individuals, explaining the impact of the changes on the individuals.

D1 then draws on P1, P2 and M1, with learners needing to evaluate the importance of understanding the impact of these changes on individuals to the provision of effective support. Examples, possibly from case studies, could be used to help illustrate this — with learners considering scenarios when support is effective, and when it is less effective, and why.

P3 then requires learners to use four examples and describe how major changes can result in physical and emotional stress. Again, a case study approach could be used, this being developed for M2 when a piece of writing is needed to explain the process of recognising and managing stress.

For P4 learners need to consider grief and loss, and explain the physical and emotional impact on individuals, for which the same case study approach could be extended.

Finally, for P5, M3 and D2, learners need to research sources and methods of support for those experiencing change. They need to consider their local area, and regional and national sources of support. Evidence should be presented in written format, with the quality extended through the merit and distinction criteria. For D2 the role of multi-disciplinary working in supporting individuals experiencing change needs to be evaluated. Examples could be cited, with strengths and weaknesses and possible suggestions for improvements.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit links to several others in the programme, such as *Unit 1: Developing Effective Communication in Health and Social Care, Unit 4: Development Through the Life Stages, Unit 28: Caring for Older People* and *Unit 30: Health Psychology*.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals
- Unit HSC33:   Reflect on and develop your practice
- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals
- Unit HSC392:   Work with families, carers and individuals during times of crisis
- Unit HSC3100:   Participate in inter-disciplinary team working to support individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation
- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness
- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

This unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, and working with others.

Social and cultural issues can also be introduced through the teaching of this unit by, for example, consideration of the diversity of needs of individuals.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials

- access to a range of counselling, psychology and sociology texts as well as the specific recommended reading.

In addition, the following resources are considered to be highly valuable:

- work experience placements in which learners are able to observe or work alongside social care staff who are demonstrating supportive care of stressed or distressed people

- case study materials

- audio and visual records eg television interviews, soap operas, chat shows, magazines or newspapers

- video material that demonstrates supportive work with grieving individuals may provide a useful basis for analysing practical skills — sources of useful video material may include the Open University and the University of Leicester Counselling Centre

- relevant videos on coping with stress may also be useful.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Aldridge S and Rigby S — *Counselling Skills in Context* (Hodder Arnold, 2001)
ISBN 0340799641

Burnard P — *Counselling Skills for Health Professionals* (Nelson Thornes, 2005)
ISBN 0748793844

Forshaw M — *Essential Health Psychology* (Hodder Arnold, 2002) ISBN 0340759712

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Scrutton S — *Counselling Older People* (Hodder Arnold, 1999) ISBN 0340719486

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.community-care.co.uk	*Community Care*
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.society.guardian.co.uk	*The Guardian* newspaper

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe potential major changes throughout the lifespan	C3.1a Take part in a group discussion.
• explain the relationship between change and self-concept	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• use four examples to describe how change can result in physical and emotional stress	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• explain the physical and emotional impact and effects of grief and loss	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
• describe sources and methods of support for those experiencing change.	

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe sources and methods of support for those experiencing change	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe sources and methods of support for those experiencing change	ICT3.2 Enter and develop the information and derive new information.
• describe sources and methods of support for those experiencing change.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe sources and methods of support for those experiencing change	WO3.1 Plan work with others.
• describe sources and methods of support for those experiencing change	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe sources and methods of support for those experiencing change.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 26: Caring for Individuals with Additional Needs

NQF Level 3: **BTEC National**

Guided learning hours: 30

Unit abstract

The aim of this unit is to encourage learners to consider the range of additional needs that may be experienced by individuals and how these might impact not only on the life opportunities of these individuals, but also on their interaction with health and social care services.

Different models of disability will be examined, as will some of the potential effects that disabilities may bring to the lives of individuals.

Learners will also be required to investigate and consider the effects of good working practices by health and social care workers on the experiences of individuals with additional needs, as well as some of the legislation intended to support such individuals.

This unit links closely to *Unit 2: Equality, Diversity and Rights in Health and Social Care*, which considers how equality, diversity and rights are central to the effective operation of health and social care services. This unit aims to extend the knowledge gained in the core unit, and specifically consider individuals with additional needs. It provides a useful preparation for work in the health and social care sectors and for learners intending to progress on to, for example, degrees in social work, nursing or other related disciplines.

Learning outcomes

On completion of this unit a learner should:

1 Understand why individuals may have additional needs

2 Understand models of disability

3 Understand current practice with respect to provision for additional needs

4 Understand current legislation with respect to individuals with additional needs.

Unit content

1 **Understand why individuals may have additional needs**

Additional needs: physical; mental; learning

Genetic: eg down's syndrome, cystic fibrosis, sickle cell disorders

Developmental: eg autistic spectrum disorder

Environmental: eg result of working practices, linked to infectious diseases

Accidents: eg paraplegia, quadriplegia

Other: eg stroke, sensory impairment, Attention Deficit Disorder, Attention Deficit/Hyperactivity Disorder, mental illness

2 **Understand models of disability**

Disability and dependency as a social constructs; impairment, disability, handicap

Models: medical; social; normalisation; holistic approach; impact on services provided

Effects of disability: barriers to access and opportunities, eg discrimination, environmental, language, employment, cultural, societal attitude, financial

3 **Understand current practice with respect to provision for additional needs**

Guidance: codes of practice, charters and policies, role of General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council

Positive working practice: eg needs-led assessment, person-centred planning, integrated practice, anti-discriminatory practice, empowering, enabling, positive reinforcement, communication methods (eg use of human and technological aids), assisting in development of coping strategies; effect on self-esteem and self-image

4 **Understand current legislation with respect to individuals with additional needs**

Legislation and regulations: relevant sections from: eg Mental Health Act 1983, Mental Health (Northern Ireland) Order 1986, The Children Act 1989, Disability Discrimination Act 1995, Human Rights Act 1998, Data Protection Act 1998, Nursing and Residential Care Homes Regulations 1984 (amended 2002), Care Standards Act 2000, Carers and Disabled Children Act, 2000, White Paper — Valuing People: A New Strategy for Learning Disabilities for the 21st Century, 2001, The Children Act 2004

Conventions: relevant sections from: eg European Convention on Human Rights and Fundamental Freedoms 1950, The Convention on the Rights of the Child 1989

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 describe reasons why individuals may experience additional needs		
P2 describe models of disability and how these may impact upon individuals	M1 compare two models of disability in terms of how these may impact upon individuals	D1 evaluate two models of disability in terms of explaining the concept of disability
P3 describe three barriers that individuals with disabilities may experience		
P4 describe four examples of positive working practice with respect to individuals with additional needs	M2 explain the role of positive working practices in the promotion of the rights of individuals with additional needs	
P5 describe three pieces of current legislation that impact upon patients/service users with additional needs.	M3 explain three pieces of current legislation that impact upon patients/service users with additional needs.	D2 evaluate the impact that three pieces of current legislation may have in promoting the rights of individuals with additional needs.

Essential guidance for tutors

Delivery

This unit should be delivered in as practical a way as possible, and ideally learners should have some experience of working with individuals with additional needs, possibly through work experience, voluntary work, or family members.

Initially the unit could be introduced through class or small group discussion, with learners sharing their own experiences and discussing issues related to these experiences. Learners could then carry out individual research into potential causes of additional needs, followed by small group presentations and sharing of information. Visits to appropriate services could be arranged, or an outside speaker invited in.

Following this preparatory work, models of disability need to be introduced and explored, with class discussion to share thoughts and ideas. The meanings of the terms impairment, disability, and handicap should also be discussed, and potential effects of different disabilities considered. Learners should be encouraged to draw upon their work experiences and other experiences when considering these issues, reflecting, for example, on workplace observations, and linking theory to practice. The rights of individuals need to be revisited and reinforced.

Learners also need to draw on their work experiences when they consider positive working practices and their potential effects on patients/service users with additional needs. Examples should be discussed in class, with emphasis on learners reflecting on their observations whilst on work experience, and also on their own thoughts and feelings.

Understanding of legislation could be delivered through internet research and also through placement experiences, but this links to several other units in the programme, including *Unit 2: Equality, Diversity and Rights in Health and Social Care*. Detailed knowledge is not required, learners only need to understand the basic principles of relevant legislation and how it protects the individual. This should already have been gained when providing evidence for Unit 2, but needs to be focused in this unit specifically on disabilities/additional needs.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement these. This can include audio and video tapes. Extracts from work experience diaries could also provide useful evidence, as could descriptions of visits.

Case studies may be used to generate some of the evidence for this unit, for example for P4 and M2, but learners should use their work experience placements to supplement this evidence — for instance by providing examples of how those working in health and social care settings promote positive practice.

An initial assignment could be used to cover P1, with learners including evidence of their contributions to presentations along with further written evidence. If internet research is used to provide evidence for P1, learners need to understand that printouts from the internet are not acceptable forms of evidence.

A second assignment could then cover P2, P3, M1 and D1, in which learners consider models of disability and the barriers that individuals with disabilities may experience. For P2 a description of the models is required, along with the impact that these might have on individuals. For M1, this description needs to be extended, for two models, to an explanation, with reasons being given. For D1 the two models of disability need to be evaluated in terms of explaining the concept of disability, In other words strengths and weaknesses need to be considered.

A third assignment could cover P4 and M2, with learners drawing on their experiences for P4 to describe four examples of positive working practice with respect to individuals with additional needs, and explain them for M2. This explanation should provide reasons for the effectiveness of the practices. Case studies could also be used as a basis for evidence.

A final assignment could be used for P5, M3 and D2, with learners extending evidence provided for *Unit 2: Equality, Diversity and Rights in Health and Social Care* to focus specifically on disabilities/additional needs.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 2: Equality, Diversity and Rights in Health and Social Care* and *Unit 6: Personal and Professional Development in Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology and improving own learning and performance.

Social issues can be introduced through the teaching of this unit by, for example, consideration of different models of disability.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- guest speakers

- visits

- recent policy papers from The King's Fund, various specialist independent (voluntary) organisations, professional associations and trade unions

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Gilbert P — *A-Z of Syndromes and Inherited Disorders* (Nelson Thornes, 2000) ISBN 0748745297

McGee P — *Principles of Caring* (Nelson Thornes, 2005) ISBN 0748794093

Miller J — *Care Practice for S/NVQ3* (Hodder Arnold, 2005) ISBN 0340889330

Tait T and Genders N — *Caring for People with Learning Disabilities* (Hodder Arnold, 2002) ISBN 0340807091

Woolham J — *Assistive Technology in Dementia Care* (Hawker Publications, 2006) ISBN 1874790833

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bcodp.org.uk	British Council for Disabled People
www.careknowledge.com	Care Knowledge
www.community-care.co.uk	*Community Care*
www.dh.gov.uk	Department of Health
www.eoc.org.uk	Equal Opportunities Commission
www.guardian.co.uk	*The Guardian* newspaper
www.imagesofdisability.gov.uk	Images of Disability
www.kingsfund.org.uk	The King's Fund
www.parliament.uk	UK Parliament
www.rnib.org.uk	Royal National Institute of the Blind
www.rnid.org.uk	Royal National Institute for Deaf People
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.who.int	The World Health Organization

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe reasons why individuals may experience additional needs	C3.1a Take part in a group discussion.
• describe reasons why individuals may experience additional needs	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe reasons why individuals may experience additional needs	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe reasons why individuals may experience additional needs.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe reasons why individuals may experience additional needs	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe reasons why individuals may experience additional needs	ICT3.2 Enter and develop the information and derive new information.
• describe reasons why individuals may experience additional needs.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	They should be able to develop the following key skills evidence:
• describe four examples of positive working practice with respect to individuals with additional needs	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe four examples of positive working practice with respect to individuals with additional needs	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe four examples of positive working practice with respect to individuals with additional needs.	LP3.3 Review progress and establish evidence of your achievements.

Unit 27: Dealing with Challenging Behaviour

NQF Level 3:   BTEC National

Guided learning hours: 30

Unit abstract

The aim of this unit is to provide learners with an overview of the concept of challenging behaviour. This will include understanding the potential causes and effects of challenging behaviour, strategies to prevent and deal with challenging behaviour and the relevant legislative framework.

Challenging behaviour may occur within a health or social care context, and the awareness and understanding gained through this unit will provide learners with opportunities for reflection and development, and help to prepare them for the health and social care workforce.

There are links with *Unit 29: Applied Psychological Perspectives for Health and Social Care,* in which learners consider the contribution of psychological perspectives to health and social care understanding and practices.

Learning outcomes

On completion of this unit a learner should:

1   Understand potential causes and effects of challenging behaviour

2   Understand ways to prevent challenging behaviour in health and social care settings

3   Understand methods of handling episodes of challenging behaviour

4   Understand legislation and guidance with respect to challenging behaviour.

Unit content

1 **Understand potential causes and effects of challenging behaviour**

Challenging behaviour: eg verbal abuse (eg racist comments, threats, bullying others); non-verbal abuse; physical abuse (eg assault of others); self-destructive behaviour; behaviour destructive to other people; behaviour destructive to items in the environment; behaviour destructive to property; illegal behaviour; the impact of cultural variations

Triggers: intrinsic, extrinsic; temporary personal factors, eg discomfort, influence of alcohol/drugs; persistent personal factors, eg existence of a difficulty or disability that prevents normal communication, movement or behaviour; temporary environmental factors, eg hot, crowded, noisy room; persistent environmental factor, eg poor quality of service

Cycle of arousal

Effects: eg physical, emotional, social

2 **Understand ways to prevent challenging behaviour in health and social care settings**

Values and ethics of behaviour changes

Preventing challenging behaviour

Workforce: eg positive behaviour management, person-centred planning, effective communication, body language, promoting self-esteem, anti-discriminatory practice, respecting individuals, minimising boredom and frustration, equitable application of rules and boundaries, understanding individuals, integrated practice, understanding circumstances that may provoke individuals, recognising potential effects of own behaviour on that of others, using strategies to empower and involve individuals who present challenging behaviour, awareness of ABC charts, risk assessment, use and abuse of power, training of workforce

Individuals who present challenging behaviour: eg provide active support, partnership working, psychotherapy, cognitive behaviour therapy, medication, behaviour modification programmes

3 **Understand methods of handling episodes of challenging behaviour**

Methods of intervention: diversion, defusing, de-escalating and dealing with situations, seeking help, timing and method appropriate to situation and event, eg communication/consultation with individuals, rewards/sanctions, medication, physical intervention in line with organisation's environment and culture, appropriate physical restraint as a last resort, eg child, 2 person, 3 person; importance of remaining calm and controlled

Procedures: importance of following policies and procedures; reporting and recording, reviewing, sharing information; dealing with aftermath; risk assessments

Safety: importance of following policies and procedures, safety of all individuals

4 **Understand legislation and guidance with respect to challenging behaviour**

Conventions, legislation and regulations: relevant sections from: eg European Convention on Human Rights and Fundamental Freedoms 1950, Mental Health Act 1983, Mental Health (Northern Ireland) Order 1986, The Convention on the Rights of the Child 1989, The Children Act 1989, Human Rights Act 1998, Care Standards Act 2000, White Paper — Valuing People: A New Strategy for Learning Disabilities for the 21st Century, 2001, The Children Act 2004

Codes of practice: codes of conduct established by professional bodies; General Social Care Council/Care Council for Wales/Northern Ireland Social Care Council codes of practice and rules of conduct for social care workers and employers

Organisational policies and procedures: eg work practices, staff development and training, quality issues, complaint procedures, affirmative action, anti-harassment, human rights

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 use four examples to describe what is meant by challenging behaviour		
P2 describe the cycle of arousal and four potential triggers of challenging behaviour		
P3 describe methods to prevent challenging behaviour in health and social care settings	M1 explain methods to prevent challenging behaviour in health and social care settings	D1 evaluate methods to prevent challenging behaviour in health and social care settings
P4 describe methods of intervention and procedures to be taken in episodes of challenging behaviour	M2 explain methods of intervention and procedures to be taken in episodes of challenging behaviour	D2 describe how the ethics and values that surround behaviour intervention work may impact on the choice of intervention.
P5 describe legislation and guidance with respect to challenging behaviour.	M3 explain four pieces of legislation/guidance with respect to challenging behaviour.	

Essential guidance for tutors

Delivery

This unit aims to provide an overview of issues surrounding challenging behaviour, whether this is aimed at staff or patients/service users. Group discussion could be useful to examine the complexities and ethical issues surrounding behaviour management. Delivery may require some tutor explanation of key terms and issues, especially if learners are unfamiliar with this context.

The unit could be introduced through small group discussions to explore and share learners' previous experiences of challenging behaviour. This should be handled sensitively, with learners not feeling that they have to share anything against their wishes. These discussions could also progress naturally into discussions around ways in which challenging behaviour can be prevented, and how any episodes can be handled.

These initial discussions may well focus around the everyday lives of learners, at school/college, in their private lives and any employment they may be undertaking. Learners will then need guidance towards consideration of how the topics they have been discussing may be applied to Health and Social Care settings. Links to work experience placement can be made, with learners being encouraged to share any observations of challenging behaviour, or potentially challenging behaviour, and how it was dealt with. Learners should also be encouraged to reflect on practices at their placements in terms of reducing the likelihood of individuals presenting challenging behaviour.

Guest speakers could be brought in to talk to learners, for example about how to deal with challenging behaviour when it arises, or about different learning disabilities and their causes and how some individuals with learning disabilities might be predisposed to behaviour that may be challenging to others. It should be emphasised that learners should not be actively involved in dealing with episodes of challenging behaviour, but their own roles and responsibilities could be discussed in terms of, for example, the use of communication skills, body language and respect for individuals. Role plays and case studies would be very useful to encourage learners to think about the issues, and practise how to handle difficult situations. Popular television programmes could also be used to initiate discussion.

Legislation and guidance have been introduced in a number of other units. For this unit, learners could, for example, do some individual internet research to look at the legislation with the particular focus on challenging behaviour, its prevention, and the legal context that surrounds it.

Assessment

The nature of this unit is such that it could be assessed holistically by means of one assignment. Evidence for much of the unit could be in the written form, with the use of case studies as a basis for evidence of understanding. Learners may be able to evidence some criteria through observation at their work experience placements, or through role play, with supporting descriptions and witness testimonies.

Evidence for P1 is likely to be in the written form, with learners drawing upon examples such as from their own lives, class discussions, case studies, work experience placements or popular television programmes. Where real people are involved confidentiality should be respected. For P2 the cycle of arousal should be described, with learners then drawing upon examples as for P1.

P3, M1 and D1 are all concerned with methods to prevent challenging behaviour in health and social care settings. Again, evidence is likely to be in the written form, learners using placement experiences, class discussions, tutor input and guest speaker input as the basis of their evidence. Case studies would be very useful here. For M1 learners are required to explain the methods, giving reasons, and for D1 evaluate them, looking at strengths and weaknesses and considering how effective the methods might be.

For P4, M2 and D2, role plays could be used, supported by written work that describes the role plays, and the contribution of the learner. A witness testimony would also be useful. The written work should include an explanation of the methods used for M2. In other words, why were the particular methods chosen for the particular circumstances, and how effective were they. How might this translate into a real-life situation? Learners should be encouraged to be reflective here. Ethics and values need to be included for D2. For example, learners need to refer back to initial work on ethics and values and consider issues such as the rights and responsibilities of all the individuals involved in an episode of challenging behaviour, any conflicting rights and tensions, and any issues of confidentiality.

Finally, for P5, relevant legislation and guidance with respect to challenging behaviour needs to be described, and explained for M3. Its role could be considered in terms of both prevention and the handling of episodes.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 1: Developing Effective Communication in Health and Social Care, Unit 6: Personal and Professional Development in Health and Social Care* and *Unit 29: Applied Psychological Perspectives for Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC33: Reflect on and develop your practice

- Unit HSC34: Promote the wellbeing and protection of children and young people

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals

- Unit HSC336: Contribute to the prevention and management of abusive and aggressive behaviour

- Unit HSC337: Provide frameworks to help individuals to manage challenging behaviour.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation
- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness
- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations
- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, and improving own learning and performance.

Social issues can be introduced through the teaching of this unit by, for example, consideration of the potential causes of challenging behaviour.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers
- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- guest speakers
- case study materials
- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Riddal-Leech S — *Managing Children's Behaviour* (Heinemann, 2003) ISBN 043545532X

Michie V — *Working in Care Settings* (Nelson Thornes, 2004) ISBN 0748774831

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Handbook* (Heinemann, 2005) ISBN 9780435453732

Nolan Y — *S/NVQ Level 3 Health and Social Care Candidate Book Options Plus* (Heinemann, 2006) ISBN 9780435464653

Tait T and Genders N — *Caring for People with Learning Disabilities* (Hodder Arnold, 2002) ISBN 0340807091

Willis B and Gillett J — *Maintaining Control* (Hodder Arnold, 2003) ISBN 034081036X

Journal

Community Care

Websites

www.bild.org.uk	British Institute of Learning Disabilities
www.csci.org.uk	Commission for Social Care Inspection
www.learningdisabilities.org.uk	Foundation for People with Learning Disabilities
www.thecbf.org.uk	The Challenging Behaviour Foundation

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe methods to prevent challenging behaviour in health and social care settings	C3.1a Take part in a group discussion.
• describe methods to prevent challenging behaviour in health and social care settings.	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the cycle of arousal and four potential triggers of challenging behaviour	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the cycle of arousal and four potential triggers of challenging behaviour	ICT3.2 Enter and develop the information and derive new information.
• describe the cycle of arousal and four potential triggers of challenging behaviour.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe methods of intervention and procedures to be taken in episodes of challenging behaviour	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe methods of intervention and procedures to be taken in episodes of challenging behaviour	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe methods of intervention and procedures to be taken in episodes of challenging behaviour.	LP3.3 Review progress and establish evidence of your achievements.

Unit 28: Caring for Older People

NQF Level 3: BTEC National

Guided learning hours: 30

Unit abstract

This unit introduces the idea of ageing as a stage of life, rather than a fixed age. It is intended to challenge stereotypical thinking that all older people are in need of personal care. Learners will explore ideas of ageing, and develop an understanding of the impact of social change and financial independence in determining choices for older people. They will consider the role of the carer in supporting older people to develop a positive view of ageing, to exercise informed choice, and to maintain independence. Learners will also consider the quality of the end of life, and potential choices associated with it.

Completion of this unit will help to prepare learners for work in the health and social care sectors, or for further or higher studies.

There are links with *Unit 2: Equality, Diversity and Rights in Health and Social Care, Unit 4: Development Through the Life Stages* and *Unit 25: Coping with Change in a Health and Social Care Context.*

Learning outcomes

On completion of this unit a learner should:

1   Understand the ageing process

2   Understand the role of the care worker in supporting older people.

Unit content

1 **Understand the ageing process**

Attitudes: positive and negative attitudes to ageing, stereotypical images of older people, cultural differences to ageing/attitudes to older people, ageism

Theories of ageing: sociological/psychological, eg disengagement theory, activity theory, social creation of dependency; biological, eg disposable soma theory, genetically programmed theory; gender differences

Changes in demography: increase in average life expectancy; smaller families, differences in life expectancy between males and females; changing family patterns and social isolation of the older person; poverty and old age; the older worker

Increase in average life expectancy: potential explanations for, eg improvements in living conditions, improvements in health care, reduction in harmful working practices, improvement in lifestyle

Age-related degenerative diseases: eg Alzheimer's disease, osteoporosis, macular degeneration, hearing loss, prostate cancer

2 **Understand the role of the care worker in supporting older people**

Role of the carer in supporting quality of life: eg choice, respect, motivation, self-esteem, independence, planning for change

Role of the carer in supporting older people's choice and independence: eg promoting a diet to incorporate trace elements and vitamins, develop an exercise programme to reduce the risk of osteoporosis, develop an activity programme designed to promote and maintain mental abilities and a positive mental attitude, promote social activities; balance between loss of confidence/self-esteem and safety

Quality and choice at the end of life: medicalisation of death, informed choice, living wills, legality and ethics of assisted suicide and euthanasia, Erikson's life stages — the final stage

Legislation and regulations: relevant sections from: eg Human Rights Act 1998, Data Protection Act 1998, Nursing and Residential Care Homes Regulations 1984 (amended 2002), Care Standards Act 2000, Age Discrimination Act 2006

Conventions: relevant sections from: eg European Convention on Human Rights and Fundamental Freedoms 1950

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the meaning of the term 'older people'	M1 explain why there are difficulties in defining the term 'older people'	
P2 describe one sociological/psychological and one biological theory of ageing	M2 compare two theories of ageing	D1 use examples to evaluate the two theories of ageing
P3 explain potential effects of changes in demography on the older person		
P4 describe potential influences on ageing	M3 explain potential influences on ageing	
P5 describe the role of the care worker in supporting older people	M4 explain potential dilemmas for the care worker in supporting of older people	D2 use examples to evaluate the role of the care worker in supporting older people.
P6 describe two aspects of quality and choice at the end of life.	M5 analyse two aspects of quality and choice at the end of life.	

Essential guidance for tutors

Delivery

This unit should be delivered in as practical a way as possible, and ideally learners should have some experience of working with older people, possibly through work experience, voluntary work, or family members.

Delivery of this unit should be learner-centred, with tutor guidance. It should involve activities such as case studies, discussions and learner research. Learners should be encouraged to apply the ideas in this unit to their life experiences and experiences in work placements.

Initially the unit could be introduced through class or small group discussion, with learners sharing their own experiences and discussing issues relating to these experiences. Theories of ageing could be discussed, as could changes in demography and potential explanations for increases in life expectancy. There are links here with *Unit 4: Development Through the Life Stages*, and previous learning should be reviewed and used as a basis for further exploration. Learners could also be encouraged to talk to older people known to them, such as relatives, and consider their views. They should be encouraged to develop an awareness of the equality and diversity of people and their rights and responsibilities. Video and multimedia presentations can be useful in demonstrating social and cultural differences in attitudes to ageing.

Individual or small group research into age-related degenerative diseases, followed by class presentations, could be used in order to introduce learners to a wide range of diseases.

Learners need to consider the role of the carer in supporting older people to develop a positive view of ageing, to exercise informed choice, and to maintain independence. Guest speakers could be useful here, as could the discussion of case studies, or learners' experiences on work experience placements. Learners should be encouraged to develop empathy and an understanding that ageing is a relative concept, and happens to everyone. The idea that to young children the learners themselves are 'older people' could provoke some thought and discussion. Considering learners' own choices as they age will encourage an understanding and empathy for older patients/service users.

Delivery of issues related to quality of the end of life, and potential choices associated with it, will need sensitive handling. There could be a brief exploration of how death often occurs in hospitals or hospices rather than at home, the medicalisation of death, and the extent to which patients and service users have informed choice on this. The role of living wills could be considered, and the legality and ethics of assisted suicide and euthanasia in terms of the carer's role and duty of care.

Learners need to be aware of the impact of cultural differences on attitudes to older people, and be prepared to support good practice from other cultures and other lifestyle choices where appropriate. Above all, learners should be encouraged to understand the role of the carer in the support of patients and service users towards a realistic but positive view of ageing.

Legislation and guidance have been introduced in a number of other units. For this unit, learners could do some individual internet research to look at the legislation with the particular focus on older people.

Assessment

The nature of this unit is such that it could be assessed holistically by means of one assignment. Evidence for much of the unit could be in the written form, with the use of case studies as a basis for evidence of understanding. Learners may be able to evidence some criteria through observation at their work experience placements, or through role play, with supporting descriptions and witness testimonies.

For P1 a piece of writing that describes the difficulties in defining 'older people' will be suitable evidence. For M1 this needs to be expanded to explain why there are difficulties in defining the term 'older people'. This could include consideration of positive and negative attitudes to ageing, cultural differences to ageing, ageism, changes in pensionable retirement age, and the impact of improvements in health care.

For P2, learners need to describe one sociological/psychological and one biological theory of ageing, which need to be compared for M2. For D1, learners need to be able to apply the knowledge, understanding and skills developed in class to health and social care settings, and use examples to evaluate the two theories of ageing. They could draw upon reflective accounts from their work experience placements for this, ensuring that confidentiality is respected. Evidence for these criteria should link to, extend or supplement that provided for *Unit 4: Development Through the Life Stages*.

For P3, a piece of writing is needed to explain potential effects of changes in demography on the older person, though this could be based on case studies.

For P4 and M3, learners could draw upon specific interactions with respect to the factors that may influence ageing. The impact of lifestyle on ageing should cover factors such as nutrition, exercise and mental activity as well as the value of a positive attitude to ageing. When considering degenerative diseases, the physical, social and emotional impact of the diseases on the individual should be included. At least two diseases should be included here.

Evidence is then needed for the role of the care worker. For P5 and M4, learners could use case studies as the basis of a piece of writing on the role of the care worker in supporting older people. For D2, learners need to use examples to evaluate the role of the care worker in supporting older people, including choice and independence in lifestyle, and in the support of patients and service users to manage change. Learners should also consider the problems of over protection by carers and the impact on older people's confidence and self-esteem, balanced against the need for safety. The carer's role in supporting the quality of life should cover choice, respect, motivation, self-esteem and planning for change, as well as choices at the end of life.

For P6 a piece of writing is needed to describe two aspects of quality and choice at the end of life, these being examined in more detail for M5.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are links with *Unit 1: Developing Effective Communication in Health and Social Care, Unit 2: Equality, Diversity and Rights in Health and Social Care* and *Unit 6: Personal and Professional Development in Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals

- Unit HSC3111:   Promote the equality, diversity, rights and responsibilities of individuals

- Unit HSC3116:   Contribute to promoting a culture that values and respects the diversity of individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, and improving own learning and performance.

Social and cultural issues can be introduced through the teaching of this unit by consideration of different attitudes to older people in different cultures.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- guest speakers

- *Elixir of Life* — Bernard M (Community Care, Dec. 16th 2004 — Jan. 5th 2005, p.36-37). Results of a three-year participatory action research study of life in the Berryhill Retirement Village in Stoke-on-Trent. (www.communitycare.co.uk/Articles/2004/12/16/47438/Elixir+of+life.html?key= BERRYHILL)

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Bernard M — *New Lifestyles in Old Age: health, identity and wellbeing in Berryhill Retirement Village Bristol* (Policy Press, 2004) ISBN 1861346204

Bernard M — *Promoting Health in Old Age* (Open University Press, 2000) ISBN 0335192475

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Kirkwood T — *Time of Our Lives* (Phoenix Paperbacks, 2000) ISBN 0753809206

Woolham J — *Assistive Technology in Dementia Care* (Hawker Publications, 2006) ISBN 1874790833

Journals

Care and Health

Community Care

Nursing Times

Websites

www.bbc.co.uk/health/health_over_50/gettingolder_genes.shtml	BBC health resource
www.bbc.co.uk/lifestyle/timeofyourlife	BBC health resource
www.bbc.co.uk/radio4/reith2001	The End of Age — Reith lecture 2001
www.communities.gov.uk	Department for Communities and Local Government
www.corethics.org	Comment on reproductive ethics
www.dwp.gov.uk/opportunity_age	Department for Work and Pensions resource
www.news.bbc.co.uk	BBC news resource
www.saga.co.uk/corporate/magazine/award.asp	SAGA magazine
www.socialexclusion.gov.uk	Resource on the social exclusion taskforce

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the meaning of the term 'older people'	C3.1a	Take part in a group discussion.
• describe the meaning of the term 'older people'	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe one sociological/psychological and one biological theory of ageing	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe one sociological/psychological and one biological theory of ageing.	C3.3	Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe one sociological/psychological and one biological theory of ageing	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe one sociological/psychological and one biological theory of ageing	ICT3.2 Enter and develop the information and derive new information.
• describe one sociological/psychological and one biological theory of ageing.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of the care worker in supporting older people	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the role of the care worker in supporting older people	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the role of the care worker in supporting older people.	LP3.3 Review progress and establish evidence of your achievements.

Unit 29: Applied Psychological Perspectives for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

The aim of this unit is to extend learners' knowledge and understanding of the principal psychological perspectives and their application to the health and social care sectors. This was initially gained through study of *Unit 8: Psychological Perspectives for Health and Social Care.*

Learners will examine the principal psychological perspectives in more detail than in *Unit 8: Psychological Perspectives for Health and Social Care.* They will extend their knowledge, for example, of different theorists, and then apply these to the health and social care sectors in order to gain a more in-depth understanding of the potential value of psychology in these sectors. They will explore the contribution of psychological perspectives to the understanding of the development of individuals, including the development of behaviour. The role of attachment in behaviour acquisition will also be examined, including some of the research that has been conducted to explore this.

Learners will also gain understanding of specific behaviours such as might be encountered in health and social care settings, and the contribution of psychological perspectives to the management and treatment of these. Finally, learners will explore residential care provision and the contribution of psychological perspectives to such provision.

On successful completion of this unit learners will have a very good understanding of the application of the psychological approach to health and social care. The unit will be valuable to those learners intending to work with people in a caring capacity. It will also be useful to learners who intend to progress to study at a higher level. The psychological approach is embedded in several other units in the programme and is further extended in *Unit 30: Health Psychology.*

Learning outcomes

On completion of this unit a learner should:

1 Understand the contribution of psychological perspectives to the understanding of the development of individuals

2 Understand the contribution of psychological perspectives to the understanding of specific behaviours

3 Understand the contribution of psychological perspectives to the management and treatment of specific behaviours

4 Understand the contribution of psychological perspectives to residential care provision.

Unit content

1   **Understand the contribution of psychological perspectives to the understanding of the development of individuals**

Debates in developmental psychology: nature v nurture; continuity v discontinuity; nomothetic v idiographic

Principal psychological perspectives: behaviourist, social learning, psychodynamic, humanistic, cognitive, developmental; as applied to the understanding of the development of behaviour

Application of theories to development:

– cognitive development: Piagetian approach, criticism of Piaget, eg Donaldson; Vygotsky; Bruner; information processing approach, Beck, Ellis, encoding, eg Attention Deficit Hyperactivity Disorder

– language development: behaviourist perspective (Skinner); nativist perspective (Chomsky); prelinguistic, phonological, semantic

– development of self: Rogers, Maslow; cognitive-developmental approach, eg Selman; environmental/learning theory, eg Bandura; interpersonal theory, eg Cooley and Mead

– acquisition of behaviour: behaviourist — classical and operant conditioning; social learning (Bandura); psychodynamic (Freud); personality development (Freud, Erikson)

– theories of attachment: stages of attachment; multiple attachments; separation and deprivation, eg Ainsworth, Bowlby, Schaffer, Emerson, Robertson and Robertson, Rutter; isolation, eg Koluchova

– development of attachment: feeding; physical contact; time and care-giving; sensitivity; responsiveness; individual differences, continuity hypothesis

2   **Understand the 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, eg anxiety and depression, separation and loss, stress and coping, self harm, prejudice and discrimination, child abuse, addiction, violence and aggression

3 **Understand the contribution of psychological perspectives to the management and treatment of specific behaviours**

Contribution of psychological perspectives: eg cognitive behavioural therapy, (eg treatment of phobias, mental illnesses, post traumatic stress disorder, approaches to challenging behaviour, monitoring and improving behaviour); social learning theory, (eg use of positive role models, treatment of addictions, treatment of eating disorders); psychodynamic perspective (role in, eg psychoanalysis, dream interpretation, exploration of factors influencing behaviour), humanistic perspective, (eg person-centred counselling); biological perspective, (eg drugs, biofeedback)

Interventions: use of perspectives to inform development of therapeutic practices

Therapeutic practices: eg group therapy, family therapy, bereavement therapy, addiction therapy, behaviour modification programmes, counselling; ethical issues; how the therapies work, reasons for attending therapy sessions

4 **Understand the contribution of psychological perspectives to residential care provision**

Behaviour of individuals in residential care settings: concept of role; conformity to minority/majority influence (Asch, Moscovichi), conformity to social roles (Zimbardo); obedience (Milgram, Hofling); attitude change (Festinger); factors influencing hostility and aggression

Effects of residential care on individuals: effects of institutionalisation, eg loss of identity, learned helplessness, stress

Practices in residential care settings: promoting independence and empowerment, eg by respecting individual rights, value base of care

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe three debates in developmental psychology	M1 analyse one debate in developmental psychology	
P2 explain the principal psychological perspectives as applied to the understanding of the development of individuals		
P3 describe four key pieces of research into the role of attachment in behaviour acquisition	M2 analyse the contribution made by the four pieces of research to the understanding of the role of attachment in behaviour acquisition	D1 evaluate the contribution made by the four pieces of research to the understanding of the role of attachment in behaviour acquisition
P4 explain two specific behaviours using psychological perspectives	M3 analyse the role of psychological perspectives in understanding the two specific behaviours.	
P5 use examples to explain the contribution of psychological perspectives to the management and treatment of two specific behaviours		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe the contribution of psychological perspectives to the promotion of good practice in residential care services.		D2 evaluate the contribution of psychological perspectives in terms of informing and influencing the health and social care sectors.

Essential guidance for tutors

Delivery

Having an understanding of the psychological approach will be of great benefit both to learners who wish to enter the health and social care workforce on completion of their programme, and to those planning to progress to further or higher levels of study. Learners need to understand the role of psychology in offering explanations for challenging behaviours and situations, and how these explanations may be used to inform and influence practices.

The unit should be introduced by initially reviewing learners' knowledge of psychological perspectives and their role in the health and social care sectors, as gained through the study of *Unit 8: Psychological Perspectives for Health and Social Care.* The principal psychological perspectives then need to be extended, probably through tutor input, with class or small group discussion and/or presentations being used for the sharing of opinions and ideas. This extended knowledge and understanding of psychological perspectives then needs to be applied to the health and social care sectors, in order that learners further increase their understanding of the potential value of psychology in health and social care work.

Learners need to understand the contribution of psychological perspectives to the understanding of the development of individuals, including the development of behaviour. Learners have already gained some knowledge and understanding of this through their learning for *Unit 8: Psychological Perspectives for Health and Social Care.* This needs extension, as outlined in the contents section of the unit, to broaden and deepen learners' understanding of each of the perspectives. Detailed knowledge of each stage of development is not required. The role of attachment in behaviour acquisition also needs to be understood, including some of the research that has been conducted to explore this. This can be achieved through a combination of tutor input, discussions, individual research and presentations/posters.

Having extended their knowledge and understanding of the development of individuals, including behaviour acquisition, learners then need to apply this to the understanding of specific behaviours such as might be encountered in health and social care settings, and how psychological principles can inform their management and treatment. Small group research, in which learners gather information from a range of resources in relation to a specific behaviour of interest to them, followed by class presentations, could be used in order to facilitate understanding of a range of specific behaviours.

Finally, learners need to gain understanding of the contribution of psychological perspectives to residential care provision. This could be introduced through visits to a residential care home, a children's hospital, the use of guest speakers, by referring to learners' work placement experiences, or a combination of all approaches. Learners need to develop understanding of the potential negative effects of institutionalisation on individuals, and how good practices in residential care can help to overcome these. Learners will gain valuable insight into social psychology, in terms of concepts such as obedience and conformity, and they should be encouraged to consider how different psychological approaches could be used in particular settings and how these might help to improve services. They should also be encouraged to consider the limitations of the various approaches, as well as how they could be adapted for particular settings. Some tutor input, or individual/small group research will be needed in order for learners to gain knowledge and understanding of the research that has contributed here.

Case studies and discussions may help to increase learners' awareness of, for example, the roles of different perspectives in relation to health and social care practices, or how positive and negative behaviour patterns develop. Learners should be encouraged to link theory to practice, relating their studies in psychology to observations they may have made whilst on work experience placements. Small group or whole class discussions could facilitate sharing and exploration of these observations, with due respect for confidentiality.

This unit needs to be delivered by an appropriately qualified tutor, with the use of appropriate guest speakers, visits, links with local voluntary and community groups, and DVDs/videos to enhance delivery.

Assessment

Evidence for this unit should be mainly in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement these. Learners need to demonstrate understanding of different psychological approaches to study by applying these approaches to aspects of health and social care.

Evidence for this unit could be provided through the vehicle of one holistic assignment, though this could be divided into constituent parts. P1 and M1 could, for example, be assessed through an initial brief assignment.

In order to achieve P1, learners need to describe three debates in developmental psychology. Different aspects of the debates need to be presented. For M1, learners need to choose one of the debates and examine it in more detail, explaining the different aspects and suggesting strengths and weaknesses.

For P2, learners are required to explain the principal psychological perspectives as applied to the understanding of the development of individuals. More detail is required in comparison with *Unit 8: Psychological Perspectives for Health and Social Care,* as indicated in the contents section of the unit. Learners need to explain each of the perspectives in detail, including the role of the various psychologists.

For P3, learners need to provide evidence that they understand four pieces of key research into the role of attachment in behaviour acquisition. Case studies could be used as the basis of evidence for this, with learners extending their evidence for M2, for which they have to explain the role of the four pieces of key research. D1 requires learners to evaluate the contributions of the pieces of research, suggesting strengths and weaknesses, and their overall contribution to current understanding.

For P4, learners need to choose two specific behaviours and describe the role of the principal psychological perspectives in understanding these behaviours. Evidence here may well link to that provided for other units within the programme, such as *Unit 25: Coping with Change in a Health and Social Care Context* or *Unit 27: Dealing with Challenging Behaviour,* but learners need to be encouraged to present the evidence from a more psychological viewpoint, and extend it. The two behaviours may well be linked, and learners should be encouraged to choose behaviours that allow them to apply all the principal psychological perspectives. More detail is required for M3, with learners suggesting possible reasons or explanations for the chosen behaviours and explaining the roles of the principal psychological perspectives in understanding them.

For P5, learners need to extend this and use examples to explain the contribution of psychological perspectives to the management and treatment of the two chosen specific behaviours. Learners should draw upon as many perspectives as possible, within the constraints of their choice of behaviours.

For P6, a piece of writing is needed in which learners describe the contribution of psychological perspectives to the promotion of good practice in residential care services. If appropriate, learners should be encouraged to draw upon their work placement experiences for examples here, relating these examples to their classroom studies, including the work of theorists. Case studies could be used to supplement such evidence.

For D2, a significant piece of work is required. Learners need to evaluate the contribution of psychological perspectives to the health and social care sectors, looking at strengths and weaknesses and linking theory to practice. This encompasses all the perspectives and the relative roles of each in terms of their contribution to health and social care. It will include the understanding of behaviour — in particular in relation to examples of specific behaviours and how they may be managed/ treated. It could include consideration of the strengths and limitations of different treatments or therapies and discussion about the type of setting and specific behaviour they could best help resolve. It will also include the provision of health and social care services, in particular residential care. Learners will need to relate theory to practice and provide examples of the application of different psychological approaches to care work. These examples should preferably be from learners' own work placement experiences, though these could be supplemented by the use of case studies. For example, learners could explain how the introduction of a humanistic approach could improve the experiences of service users in a particular setting, or the role of cognitive behaviour therapy in the treatment of mental illness. Learners also need to show that they understand the limitations of the different psychological approaches. If successfully completed, this piece of work should also include the required evidence for P2, P4, P5, P6 and M3, as well as potentially P3, M2 and D1.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit extends that gained in *Unit 8: Psychological Perspectives for Health and Social Care* and links to all other units in the qualification, in particular *Unit 25: Coping with Change in a Health and Social Care Context, Unit 27: Dealing with Challenging Behaviour* and *Unit 30: Health Psychology.*

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology and improving own learning and performance.

Social and cultural issues can be introduced through the teaching of this unit by, for example, considering different psychological perspectives.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- audio and visual records eg television interviews, soap operas, chat shows, magazines or newspapers.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Brain C — *Advanced Subsidiary Psychology Approaches and Methods* (Nelson Thornes, 2000) ISBN 0174900570

Forshaw M — *Essential Health Psychology* (Hodder Arnold, 2002) ISBN 0340759712

Lindon J — *Understanding Child Development* (Hodder Arnold, 2005) ISBN 0340886692

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Russell J — *Introduction to Psychology for Health Carers* (Nelson Thornes, 2005) ISBN 0748780742

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Walsh M, Stephens P, Billingham M, Crittenden M, Thomson A and Thomson D — *Health and Social Care A2* (Collins, 2006) ISBN 0007200404

Journals

Care and Health

Community Care

Nursing Times

Politics Review

Psychology Review

Sociology Review

Websites

www.bps.org.uk	British Psychological Society
www.communitycare.co.uk	*Community Care* journal
www.dh.gov.uk	Department of Health
www.ncb.org.uk	National Children's Bureau
www.nursingtimes.net	*Nursing Times* journal
www.psych-web.co.uk	Psychology resource
www.qeliz.ac.uk/psychology	Psychology resource
www.s-cool.co.uk	Revision website
www.scie.org.uk	Social Care Institute for Excellence

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe three debates in developmental psychology	C3.1a	Take part in a group discussion.
• describe three debates in developmental psychology	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe three debates in developmental psychology • explain the principal psychological perspectives as applied to the understanding of the development of individuals	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe three debates in developmental psychology • explain the principal psychological perspectives as applied to the understanding of the development of individuals.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the principal psychological perspectives as applied to the understanding of the development of individuals	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• explain the principal psychological perspectives as applied to the understanding of the development of individuals	ICT3.2 Enter and develop the information and derive new information.
• explain the principal psychological perspectives as applied to the understanding of the development of individuals.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the contribution of psychological perspectives to the promotion of good practice in residential care services	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the contribution of psychological perspectives to the promotion of good practice in residential care services	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the contribution of psychological perspectives to the promotion of good practice in residential care services.	LP3.3 Review progress and establish evidence of your achievements.

Unit 30: Health Psychology

NQF Level 3:   **BTEC Nationals**

Guided learning hours: 60

Unit abstract

The aim of this unit is to extend understanding of the application of the principles of psychology to the health and social care sectors. This was introduced in *Unit 8: Psychological Perspectives for Health and Social Care,* and extended in *Unit 29: Applied Psychological Perspectives for Health and Social Care. C*ompletion of the latter is not a prerequisite for this unit however, as the focus here is specifically health psychology.

The unit explores the role that health psychology has in understanding health and illness behaviours. Learners will investigate psychological theories that aim to explain health-related behaviours. They will then extend the knowledge and understanding thus gained to consideration of the concept of stress, and to contemporary issues within health behaviour. Finally, learners will explore psychological factors in relation to chronic/terminal illness.

On successful completion of this unit learners will have a good understanding of the psychological aspects of health and illness. The unit will be valuable to those learners intending to work with people in a caring capacity. It will also be useful to learners who intend to progress to study at a higher level. The psychological approach is embedded in several other units in the programme.

Learning outcomes

On completion of this unit a learner should:

1   Understand health and illness

2   Understand models of stress and stress management strategies

3   Understand specific issues in health psychology

4   Understand chronic and terminal illness.

Unit content

1 **Understand health and illness**

Health and illness: definitions and concepts of health and illness, medical model, biopsychosocial model; use of holistic concept of health in underpinning treatments such as acupuncture or ayurvedic medicine; the perception of illness; coping within illness

Influences on health-related beliefs and behaviours: cultural, eg differing attitudes amongst different ethnic groups; individual, eg age, gender; education, eg religious/ethnic/professional subcultures; socio-economic, eg social class, economic status; environmental, eg population density, available infrastructure

Health behaviours: theories of behaviour change — health-belief model, theory of reasoned action, theory of planned behaviour; compliance and non-compliance; the 'sick role', placebo effects, psychosomatic and somatopsychic effects of illness; responses to common illnesses

2 **Understand models of stress and stress management strategies**

Development of stress models: the fight or flight model, general adaptation syndrome; life events theory

Coping strategies and responses: problem focused, emotion focused, defence mechanisms, denial

Role of psychological factors: transactional model of stress, self-control, locus of control, personality type; the cash-rich time-poor lifestyle; status anxiety; effects of the media on expectations, results of not achieving expectations

Stress-illness link: 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, eg relaxation, yoga; negative coping mechanisms, eg alcohol or other substance abuse

Stress management strategies: behavioural techniques, cognitive techniques; relaxation, eg yoga

3 **Understand specific issues in health psychology**

Examples of issues that could be studied include the following:

Smoking/alcohol and other substance dependency: health implications of smoking, consumption of alcohol and other substance dependencies; social learning perspective, addictive behaviour (including gambling and sex) — from a psychological viewpoint

Eating behaviour: psychological theories of causes of obesity, anorexia and bulimia; the ethics of the treatment of these disorders

Exercise: exercise behaviour, who exercises, why exercise, physical and psychological benefits and the problems associated with exercise, particularly when taken to excess

Childbirth: the medicalisation of childbirth, cultural and religious issues, the growth of Caesarean sections, home births, water births and the rationale behind them

4   **Understand chronic and terminal illness**

Chronic illness: definitions, trends in prevalence, local, national and worldwide statistics; behavioural processes, cognitive states, anxiety; the availability of intervention/treatment

Pain: organic pain, psychogenic pain; acute and chronic pain, referred pain; injury without pain, pain without injury; theories of pain, the role of psychological factors in pain perception; measuring pain; controlling pain, application of psychological approaches to alleviation of pain

Examples of illnesses that could be studied include:

Heart disease: role and extent of psychology in heart disease, predicting and changing behavioural/lifestyle risk factors; the role of psychology in rehabilitation

Cancer: role of psychology in cancer, psychological factors in onset and progression of cancer, psychological consequences of cancer, role of psychology in alleviation of symptoms

HIV/AIDS: role of psychology in the study of HIV; attitudes to AIDS; attitudes and behaviour change, psychology and progression to AIDS

Back pain: the incidence of back pain and its effects on individual behaviour

Asthma: psychological theories of causation; the effects on families; the effects on education

Diabetes: the effects on mental health and lifestyle; coping mechanisms of those affected

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe two theories of behaviour change		
P2 describe three factors that may contribute to the prediction of health behaviour		
P3 use examples to describe different health behaviours	M1 analyse the role of theories in explaining health behaviours	D1 evaluate the contribution of theories to the understanding of health behaviours
P4 describe models of stress and possible coping strategies and responses	M2 explain how stress and stress management techniques can influence illness	D2 evaluate the effectiveness of various stress management techniques linked to the different models of stress.
P5 explain two specific health psychology issues	M3 compare the two specific health psychology issues for common themes and differences	
P6 describe the role of psychology in relation to understanding one chronic or terminal illness.	M4 evaluate the role of psychology in the management of chronic/terminal illness.	

Essential guidance for tutors

Delivery

Having an understanding of health psychology will be of benefit both to learners who wish to enter the health and social care workforce on completion of their programme, and to those planning to progress to further or higher levels of study. An understanding of the psychological aspects of health and illness will help learners to deal with situations they may experience in health and social care settings.

The unit should be introduced by initially reviewing learners' knowledge of psychological perspectives and their role in the health and social care sectors, as gained through the study of *Unit 8: Psychological Perspectives for Health and Social Care*, and possibly *Unit 29: Applied Psychological Perspectives for Health and Social Care*. The latter is not a prerequisite for this unit, as the focus here is specifically health psychology.

Different concepts of health and illness, and different health behaviours, could be introduced through a combination of class and small group discussions, case studies and tutor input. There are links here with a number of other units in the programme, including *Unit 7: Sociological Perspectives for Health and Social Care, Unit 20: Health Education* and *Unit 23: Complementary Therapies for Health and Social Care*. If appropriate, these can be referred to, with learners being encouraged now to take a more psychological viewpoint and extend their knowledge and understanding.

Tutor input will be needed in order to introduce models of stress and stress management strategies, with the possible use of guest speakers. Class discussions could facilitate the sharing of experiences and ideas. The unit could be made more practical by the use in class of relaxation techniques, as previously suggested for *Unit 23: Complementary Therapies for Health and Social Care.*

A range of specific health psychology issues could be introduced through the use of case studies, discussions and small group research, in which learners gather information from a range of resources in relation to a specific issue of interest to them, followed by class presentations.

Finally, chronic and terminal illness could be delivered with the use of case studies, sensitively managed discussions based on learners' experiences, and the use of guest speakers. A visit to a hospice could also be arranged if possible. Again, links could be made here with *Unit 23: Complementary Therapies for Health and Social Care.*

Learners should be encouraged to relate their studies in psychology to observations they may have made whilst on work experience placements. Small group or whole class discussions could facilitate sharing and exploration of these observations, with due respect for confidentiality.

This unit needs to be delivered by an appropriately qualified tutor, with the use of appropriate guest speakers, visits, links with local voluntary and community groups, and DVDs/videos to enhance delivery.

Assessment

Evidence for this unit should mainly be in the form of pieces of writing/essays, though records from presentations or class discussions could be used to supplement these. Learners need to demonstrate understanding of different psychological approaches to study by applying these approaches to aspects of health and social care.

Evidence for this unit could be provided through the vehicle of four assignments.

An initial assignment could be used as the basis of assessment for P1, P2, P3, M1 and D1. In order to achieve P1, P2 and P3, learners need to produce a piece of writing that firstly describes two theories of behaviour change. Learners who have already produced evidence for *Unit 20: Health Education* should be encouraged to choose models other than those previously presented. This piece of writing then needs to be extended to include a description of three factors that may contribute to the prediction of health behaviour. This allows learners the opportunity to present evidence about factors of particular interest to them, such as cultural, individual and socio-economic. Finally, the piece of writing needs to include a description of different health-related behaviours, using examples to illustrate these. This allows learners the scope to cover issues such as perceptions of illness, the 'sick role', compliance and responses to common illnesses. For M1 learners need to link P1, P2 and P3 in order to analyse the role of theories in explaining health behaviours, especially the 'sick role' and the placebo effect. They need to examine the theories in detail and explain their roles. D1 requires learners to evaluate the contribution of theories to the understanding of health behaviours, suggesting strengths and weaknesses of the theories in terms of how well they assist understanding.

A second assignment is then needed for P4, M2 and D2, concerning the psychology of stress. A piece of writing for P4, that describes models of stress and possible coping strategies and responses, needs to be extended for M2 in terms of explaining how stress and stress management techniques can influence illness. D2 then requires learners to draw P4 and M2 together and evaluate the effectiveness of various stress management techniques linked to the different models of stress. Learners should be encouraged to link theory to practice and draw upon their work placement experiences for examples here.

A third assignment covers P5 and M3, learners needing to choose and research two health psychology issues of interest to them. Likewise, for the final assignment, covering P6 and M4, learners should be encouraged to choose a chronic or terminal illness of interest to them, research it and present written evidence. Again, learners should draw upon their own experiences if possible in order to link theory with practice. Case studies could also be used as the basis of evidence. Evidence here may well link to that provided for other units within the programme, such as *Unit 23: Complementary Therapies for Health and Social Care,* or *Unit 25: Coping with Change in a Health and Social Care Context,* but learners need to be encouraged to present the evidence from a more psychological viewpoint, and extend it.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through the study of this unit extends that gained in *Unit 8: Psychological Perspectives for Health and Social Care* and *Unit 29: Applied Psychological Perspectives for Health and Social Care* and links to several other units in the qualification, in particular *Unit 20: Health Education* and *Unit 25: Coping with Change in a Health and Social Care Context*.

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology and improving own learning and performance.

Social and cultural issues can be introduced through the teaching of this unit by, for example, in the consideration of different health psychology issues.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- people/day-to-day interactions eg school/college or local counsellors, special need tutors, project workers, speech therapists, psychologists, social workers

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- case study materials

- audio and visual records eg television interviews, soap operas, chat shows, magazines or newspapers.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Brain C — *Advanced Subsidiary Psychology Approaches and Methods* (Nelson Thornes, 2000) ISBN 0174900570

Forshaw M — *Essential Health Psychology* (Hodder Arnold, 2002) ISBN 0340759712

Harari P and Legge K — *Psychology and Health* (Heinemann, 2001) ISBN 0435806599

Lindon J — *Understanding Child Development* (Hodder Arnold, 2005) ISBN 0340886692

Myers B and Shaw L — *The Social Sciences* (Nelson Thornes, 2004) ISBN 074878585X

Russell J — *Introduction to Psychology for Health Carers* (Nelson Thornes, 2005) ISBN 0748780742

Stretch B — *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Walsh M, Stephens P, Billingham M, Crittenden M, Thomson A and Thomson D — *Health and Social Care A2* (Collins, 2006) ISBN 0007200404

Websites

www.communitycare.co.uk	*Community Care* journal
www.dh.gov.uk	Department of Health
www.ncb.org.uk	National Children's Bureau
www.nursingtimes.net	*Nursing Times* journal
www.qeliz.ac.uk/psychology	Psychology resource
www.s-cool.co.uk	Revision website
www.scie.org.uk	Social Care Institute for Excellence

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe two theories of behaviour change	C3.1a	Take part in a group discussion.
• describe two theories of behaviour change	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe two theories of behaviour change • describe models of stress and possible coping strategies and responses	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe two theories of behaviour change • describe models of stress and possible coping strategies and responses.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe models of stress and possible coping strategies and responses • explain two specific health psychology issues	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe models of stress and possible coping strategies and responses • explain two specific health psychology issues	ICT3.2 Enter and develop the information and derive new information.
• describe models of stress and possible coping strategies and responses • explain two specific health psychology issues.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain two specific health psychology issues	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain two specific health psychology issues	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• explain two specific health psychology issues.	LP3.3 Review progress and establish evidence of your achievements.

Unit 31: Physiology of Co-ordination

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to build upon and further develop physiological knowledge gained in other units in the programme, in particular *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care* and *Unit 13: Physiology of Fluid Balance*. It also relates to *Unit 14: Physiological Disorders* and *Unit 32: Mobility and Exercise for Health and Social Care*. Completion of all these units within the programme will equip learners with a good understanding of the physiology of the major body systems to support progression to professional training in nursing and several of the professions allied to medicine.

The unit explores the co-ordination of the human body. Initially learners will take an overview of the processes and systems involved in co-ordination and how they are integrated. Learners will then go on to investigate in detail the anatomy and physiology of the sense organs, and the nature of the information they receive. The structure of the central and autonomic nervous systems and the characteristics of nervous tissue will then be examined, including the transmission of nerve impulses along neurones and across synapses. Finally, the complementary actions of the endocrine system and specific hormones will be considered.

Learning outcomes

On completion of this unit a learner should:

1   Understand how the body is co-ordinated

2   Understand the structure and functioning of the sense organs

3   Understand the physiology of the nervous system

4   Understand the physiology of the endocrine system.

Unit content

1 **Understand how the body is co-ordinated**

Environment: internal, external; reception of stimuli from environment, eg raised carbon dioxide level in blood, light, sound

Nervous co-ordination: receptors — sense organs, electrical impulses along neural pathways; effectors — muscles (contraction); glands (secretion); specific target, fast and brief response

Endocrine co-ordination: endocrine glands, action of hormones, change in metabolic activities of body tissues; diffuse, slower and longer lasting response; feedback mechanisms

Integration of nervous and endocrine co-ordination: eg role of hypothalamus and pituitary gland, role of adrenal medulla/actions of adrenaline

2 **Understand the structure and functioning of the sense organs**

Sensations: eg touch, pressure, pain, temperature, taste, sight, hearing

Skin: sensory receptors: Meissner's corpuscles, Pacinian corpuscles, free nerve endings around hair follicles, distribution of cutaneous sensation

Olfactory and gustatory sense organs: taste buds, links between the two

Eye: structure and function of parts, retina (rods and cones), mechanism for adaptation to light intensity, focal length, colour vision, movements of eyes, visual cerebral cortex

Ear: structure and function of outer, middle and inner ear, organ of Corti, auditory cerebral cortex

3 **Understand the physiology of the nervous system**

Central nervous system: brain, spinal cord

Peripheral nervous system: cranial nerves, spinal nerves

Nervous tissue: neurone structure (sensory/afferent, motor/efferent, accessory); nerve fibres, myelin sheath, nodes of Ranvier; white matter, grey matter; major parts of the brain (medulla oblongata, cerebellum, thalamus, hypothalamus, cerebral cortex); spinal cord; meninges

Nerve pathways: reflex arc; afferent nerve fibres, efferent nerve fibres; transmission of a nerve impulse: resting potential, action potential, saltatory conduction, synapses, neurotransmitters

Autonomic nervous system: sympathetic, parasympathetic; roles of each in regulating internal body functions, feedback mechanisms and homeostasis

4   **Understand the physiology of the endocrine system**

Endocrine glands: location in body, structure, secretions and actions at cellular level: pituitary gland (anterior and posterior), thyroid and parathyroid glands, adrenal gland (cortex and medulla), islets of Langerhans

Selected variables: diurnal variation (circadian rhythm), chronic emotional stress, shock, pain

Care strategies: neurophysiology of: medication, eg for pain relief, hormonal imbalance; behaviour change for stress management; first aid for shock response, eg from haemorrhage or anaphylaxis

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the roles of the nervous system and endocrine system in the co-ordination of the human body	M1 use an example to explain how nervous and endocrine co-ordination are integrated	
P2 explain the structure of the sense organs in relation to their functioning		
P3 describe the structure and functioning of the central, peripheral and autonomic nervous systems		
P4 describe how the endocrine system contributes to the regulation of the body's internal activities	M2 explain the effects on the body of abnormal functioning of the pituitary, thyroid and adrenal glands	D1 analyse the roles of the sensory, nervous and endocrine systems in the maintenance of normal functioning of internal organs and structures.
P5 describe physiological responses made by the body to two selected variables and two care strategies.	M3 explain the advantages for survival of the body's physiological responses to injury and shock.	

Essential guidance for tutors

Delivery

This unit needs to be delivered by an appropriately qualified tutor. The unit could be introduced by reviewing scientific and physiological knowledge already acquired within the programme. Previous knowledge will include the characteristics of animal cells, the concept of receptor sites on cell membranes, growth, homeostasis and the concept of negative feedback. Knowledge of the structure of molecules and particularly the characteristics of ions, behaviour of light and sound waves will also be useful here.

The need for internal co-ordination of the complex activities of the different parts of the body needs to be initially explored during the introduction to this unit. This can then be built on as the delivery progresses to exploration of the nervous and endocrine systems. Tutor input will be needed to introduce complex topics not previously encountered, for example those associated with understanding of the passage of nerve impulses. This input could be supported by practical demonstrations or with the use of videos/DVDs.

Tutor input will also be helpful in relation to ensuring a clear understanding of the integration of nervous and endocrine co-ordination, the interrelationships between the hypothalamus and the anterior pituitary gland, and the role of the autonomic nervous system. Other learning activities that might be included in the delivery of the unit are small group work and informal presentations on key topics, with small groups exploring different topics, such as different sense organs or endocrine glands. Anatomical models could be used to aid understanding, for example, of the anatomy of the eye and ear. There are strong links here with *Unit 33: Physical Science for Health*, in which the functioning of the eye and ear are considered from a physical science viewpoint. That is, in terms of the focusing of light rays on the retina of the eye, and concepts such as pitch and loudness of sound and the range of human hearing.

Simple tests to map the distribution of cutaneous nerve endings on, for example, fingertips against the anterior and posterior aspects of the forearm, could also be included.

Understanding of the body's response to shock could be linked with first aid scenarios, and the rationale behind the application of first aid procedures.

Assessment

It is expected that assessment evidence will be presented as written work in which there is extensive use of annotated visual images. It would be expected that, if a diagram is required as the main focus of the evidence, then the completed image presented by each learner should be an assimilation of data from several sources such that the evidence is unique to each learner.

Learners should receive guidance on strategies to do this, for example adding supplementary images to explore a structural detail, additional labelling or written annotation, and preferably all of these for more competent learners. Data presented should be individual even when relying on visual images, for example presentation by the tutors of a diagram of the eye to be labelled is not acceptable. In designing assessment activities for inclusion in the assignment brief, tutors should consider carefully what format is appropriate in order to enable learners to include the detail required to demonstrate higher levels of achievement. Where analysis or evaluation is required, written evidence in the form of continuous prose, possibly using a report format, would be more appropriate to enable learners to develop coherent arguments and ideas.

Assessment evidence for this unit could be based on one holistic assignment, or three smaller ones, the first based on P1 and M1, the second based on P2, and the third based on P3, P4, P5, M2, M3 and D1.

P1 requires an overview of the functions of the sensory, nervous and endocrine systems in the co-ordination of the human body, this being extended for M1 to include how the two systems are integrated and the importance of the hypothalamus and anterior pituitary gland.

Evidence for P2, P3, P4 and P5 will include annotated diagrams supported by written evidence. M2 requires learners to explain what happens when the functioning of pituitary, thyroid and adrenal glands becomes impaired, and the impact of this on the human body. A piece of written work will be required for this, possibly supported by diagrams or other visual images. M3 requires learners to consider the physiological responses of the body to injury and shock, and the benefits of these in terms of human survival. Finally, D1 draws together many aspects of the unit, requiring learners to examine in detail the roles of the sensory, nervous and endocrine systems working in an integrated manner in the maintenance of normal functioning of internal organs and structures. In other words, how the three systems of the body work together in terms of receiving information about changes in the external/internal environments, and co-ordinating responses to these in order to protect the body and maintain the environment of the cells of the body within the ranges necessary for life.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link to *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders, Unit 32: Mobility and Exercise for Health and Social Care* and *Unit 33: Physical Science for Health.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the practical tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- models/charts

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Tortora G — *Principles of Anatomy and Physiology* (John Wiley and Sons, 2005) ISBN 0471718718

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Journals

Biological Science

New Scientist

Nursing Times

Website

www.bbc.co.uk/science/humanbody   BBC resource on the human mind and body

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the structure and functioning of the central, peripheral and autonomic nervous systems	C3.1a	Take part in a group discussion.
• describe the structure and functioning of the central, peripheral and autonomic nervous systems	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe how the endocrine system contributes to the regulation of the body's internal activities	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the structure and functioning of the central, peripheral and autonomic nervous systems.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the structure and functioning of the central, peripheral and autonomic nervous systems	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the structure and functioning of the central, peripheral and autonomic nervous systems	ICT3.2 Enter and develop the information and derive new information.
• describe the structure and functioning of the central, peripheral and autonomic nervous systems.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe physiological responses made by the body to two selected variables and two care strategies	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe physiological responses made by the body to two selected variables and two care strategies	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe physiological responses made by the body to two selected variables and two care strategies.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• explain the structure of the sense organs in relation to their functioning	WO3.1 Plan work with others.
• explain the structure of the sense organs in relation to their functioning	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain the structure of the sense organs in relation to their functioning.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 32: Mobility and Exercise for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This unit focuses on the anatomy and physiology of the musculo-skeletal system, including the mechanisms involved in movement and locomotion. The structure of the skeleton will be explored in some detail, including the names of all major bones. Learners will explore how bone develops through membranous or epiphyseal ossification and link this to an understanding of the internal tissue structure of different types of bone.

The structure of different types of joint and an understanding of the relationship between joints, muscles and range of movement will be investigated. The concept of suppleness and mobility around joints will be discussed. The unit also examines the physiology of muscle contraction at the cellular level under both aerobic and anaerobic conditions, and the difference between isometric and isotonic contraction will be related to muscle tone, fitness and stamina.

The gross anatomy of the major muscle groups in the body will be explored, and their actions in producing movement around joints will also be investigated. The action of muscle groups in maintaining an upright posture during locomotion will be described, and the role of the eyes, semi-circular canals, and proprioceptors in joints and muscles in contributing to the maintenance of balance will be explored. Learners will be introduced to anatomical and physiological explanations of common disorders and injuries associated with musculo-skeletal functioning.

This unit aims to build upon and further develop physiological knowledge gained in other units in the programme, in particular *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders* and *Unit 31: Physiology of Co-ordination.* Completion of these units within the programme will equip learners with a good understanding of the physiology of the major body systems to support progression to professional training in nursing and several of the professions allied to medicine.

Learning outcomes

On completion of this unit a learner should:

1 Understand the anatomy of the musculo-skeletal system

2 Understand mechanisms of muscle contraction

3 Be able to relate balance, posture and body movement to the co-ordinated action of muscles around joints

4 Understand how common injuries and disorders of the musculo-skeletal system relate to structure and function.

Unit content

1 **Understand the anatomy of the musculo-skeletal system**

Ossification: intramembranous, endochondrial

Development of skeleton: skeletal growth — lengthening of bones, closure of epiphyses, development of normal spinal curvatures (cervical, thoracic, lumbar); mineral storage, the dynamic state of bone

Types of bone: histology of skeletal tissues — ligaments, tendons, cartilage, bone (compact, cancellous); structure of long bones, flat bones, bone marrow

Influencing factors: genetics, age, diet, effect of weight-bearing exercise, disease

Names of bones: relationship between structure, shape and function; main identifying features of — mandible and maxillae, bones of cranium, spine, girdles, limbs, chest; function of ligaments

Types of joints:

- moveable, eg ball and socket, hinge, gliding; synovial capsule, range of movement

- immoveable, eg sutures of cranium, face, pelvis

- slightly moveable — public symphysis

2 **Understand mechanisms of muscle contraction**

Types of muscle: voluntary (skeletal); involuntary (smooth); cardiac

Histological aspects: cell shape and alignment; myofibril ultrastructure — sarcomeres, actin, myosin; neuromuscular junction in voluntary muscle tissue

Biochemical aspects: actin, myosin; sliding filament theory — actomyosin, calcium ions, myoglobin; aerobic and anaerobic muscle contraction, fatigue, oxygen debt and recovery

Mechanical aspects: movement brought about by contraction of antagonistic muscle groups; isotonic and isometric muscle contraction; stamina, suppleness, musculo-skeletal adaptations to regular exercise

3   **Be able to relate balance, posture and body movement to the co-ordinated action of muscles around joints**

Named example: one of knee, hip, shoulder, elbow

Movements: all those relevant to joint chosen, eg flexion, extension, adduction, abduction, circumduction, principles of antagonistic and synergistic action

Muscle groups: eg quadriceps, hamstrings, calf, spinal muscles, gluteals, pectorals, abdominals, shoulder, arm

Principles of levers: parts of a lever — effort, fulcrum, load; classes of lever — first class, second class, third class; examples of levers in the body, eg nodding of head, straightening of bent arm, standing on tiptoe

Proprioception: spindle receptors in tendons, joints and muscles, proprioception reflexes, balance, visual input

4   **Understand how common injuries and disorders of the musculo-skeletal system relate to structure and function**

Injuries: sprain, muscle strain, fracture, dislocation, osteoarthritis, back pain, paralysis

Disorders: kyphosis, scoliosis, lordosis; osteoporosis

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 describe the structure and development of bone and the skeleton and the factors that influence it	M1 explain the effect of different influencing factors on skeletal development	
P2 explain the structure and functioning of different types of joints		
P3 describe the structure and contraction of different types of muscle tissue	M2 compare the characteristics of two types of muscle in relation to their structure and functions in the body	D1 analyse how musculo-skeletal functioning is affected by exercise and how exercise helps maintain healthy functioning of the musculo-skeletal system
P4 explain the role of muscle groups and the principles of levers in bringing about movement around a named moveable joint		
P5 explain the concept of proprioception in relation to maintaining balance, posture and locomotion	M3 explain interactions of muscle groups in maintaining posture and in locomotion of the whole body.	

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 explain common injuries and disorders in relation to musculo-skeletal structure.		D2 use knowledge of the structure and functioning of the musculo-skeletal system to analyse the impact of common musculo-skeletal disorders on mobility and locomotion.

Essential guidance for tutors

Delivery

Learners could be introduced to this unit by familiarising themselves with the names and unique characteristics of all the bones of the body. Opportunities to examine a model skeleton, including a skull, and to relate bone shape and size to function within the skeleton would be useful. If possible, the opportunity to look at fresh specimens of bone from a butcher would help to support understanding of the structure of moveable joints and the characteristics of the different tissues, eg hyaline cartilage, long bones, flat bones.

Examination of prepared histology slides and electron micrograph images to show sarcomeres are useful to enhance understanding of muscle physiology. Simple tests with lever systems could be used to gain an understanding of relationships between structure of joints, the relative positions of muscle groups lying around the joint, and the efficiency of the work carried out.

Before exploring the actions of muscles around joints, it would be worth raising learners' awareness of their own fitness, suppleness and stamina by participation in a keep fit type activity led by a suitably qualified expert. The effects of regular exercise and training on musculo-skeletal performance could involve exploration of different training strategies for different sports and activities.

The use of guest speakers such as physiotherapists or sports therapists could be valuable to enhance understanding of different approaches to maintaining and maximising musculo-skeletal mobility health, as well as exploring the effects of different disorders and injuries on this.

Assessment

Assessment is likely to be based on documentary evidence that could take the form of informative and detailed wall charts. Reports and oral presentations, possibly with practical demonstrations, would also be acceptable. It would be expected that diagrammatic and other visual formats, together with detailed annotation, will form the basis of evidence submitted for assessment.

In order to achieve a merit or distinction, learners will need to have a good understanding of the interrelationship between posture, mobility and exercise, and the structural features of the musculo-skeletal system, in supporting movement of the body as a whole, rather than just focusing on movement about a single joint.

Three assignments could form the basis of assessment of this unit. The first could enable learners to provide evidence for P1, P2 and M1, concerning the development of the skeletal system and the structure and functioning of different types of joints. A second assignment could then focus on muscles, and be used to assess P3, P4, P5 and M2, but also to include D1, which draws together the muscular and skeletal systems. The third assignment could be used to assess P6, based on injuries, and also D2, which again draws on both the muscular and skeletal systems.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link to *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 14: Physiological Disorders, Unit 31: Physiology of Co-ordination* and *Unit 33: Physical Science for Health.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should also gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the investigative tasks.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- life-size model skeleton, skull and vertebral column.

In addition, the following resources are considered to be highly valuable:

- wallcharts

- models of joints

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Kingston B — *Understanding Joints — A Practical Guide to Their Structure and Function* (Nelson Thornes, 1997) ISBN 0748753990

Kingston B — *Understanding Muscles — A Practical Guide to Muscle Function* (Nelson Thornes, 2000) ISBN 0748794409

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Toole A and S — *Understanding Biology for Advanced Level* (Nelson Thornes, 1999) ISBN 0748739572

Tortora G — *Principles of Anatomy and Physiology* (John Wiley and Sons, 2005) ISBN 0471718718

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain common injuries and disorders in relation to musculo-skeletal structure	C3.1a Take part in a group discussion.
• describe the structure and contraction of different types of muscle tissue	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• explain the concept of proprioception in relation to maintaining balance, posture and locomotion	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the structure and contraction of different types of muscle tissue.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the structure and contraction of different types of muscle tissue	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the structure and contraction of different types of muscle tissue	ICT3.2 Enter and develop the information and derive new information.
• describe the structure and contraction of different types of muscle tissue.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the concept of proprioception in relation to maintaining balance, posture and locomotion	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• explain the concept of proprioception in relation to maintaining balance, posture and locomotion	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• explain the concept of proprioception in relation to maintaining balance, posture and locomotion.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain common injuries and disorders in relation to musculo-skeletal structure	WO3.1 Plan work with others.
• explain common injuries and disorders in relation to musculo-skeletal structure	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain common injuries and disorders in relation to musculo-skeletal structure.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 33:   Physical Science for Health

NQF Level 3:   **BTEC National**

Guided learning hours: 60

Unit abstract

The aim of this unit is to provide learners with a good understanding of the basic principles of physical science and how these principles may be applied within the health sector — both in terms of diagnostics and treatment/care.

The unit provides opportunities for learners to explore various aspects of physical science in order to facilitate their knowledge of the application of techniques. Initially learners will gain understanding of the electromagnetic spectrum and its applications in the health sector. They will then examine the principles of atomic structure and radioactivity, again considering the applications within the health sector. Sound waves will also be explored, followed finally by electricity and magnetism, again including their applications in health.

This unit will benefit those learners who are considering a career in any aspect of the health sector, particularly in nursing or the allied health professions such as radiotherapy, physiotherapy or a laboratory based profession. It will also be useful for learners who are considering roles such as those of health care assistants or clinical support workers.

Learning outcomes

On completion of this unit a learner should:

1   Understand the electromagnetic spectrum

2   Understand atomic structure and radioactivity

3   Understand sound waves

4   Understand electricity and magnetism.

Unit content

1   **Understand the electromagnetic spectrum**

Electromagnetic spectrum: radiowaves, microwaves, infrared waves, visible light rays, ultraviolet waves, X-rays, gamma rays; ionising radiation, non-ionising radiation

Applications in health: diagnostic, eg X-rays, computed tomography (CT) scanners, contrast X-rays, magnetic resonance imaging (MRI), endoscopy, thermography; treatment, eg radiotherapy, uses of lasers; sterilisation

Light waves: speed, reflection, refraction, fibre optics; the focusing of light on the retina of the eye, the use of convex and concave lenses in correcting vision; colour vision, colour blindness

2   **Understand atomic structure and radioactivity**

Atomic structure: nucleus: neutrons, protons; electrons, electron shells; the periodic table; atomic number, mass number, isotopes

Radioactivity: radioactive isotopes, radioactive decay, half-life of radioactive materials, biological half-life; ionising radiation — alpha particles, beta particles, gamma rays, X-rays

Applications in health: tracers, radionuclide scanning, sterilising agents, use in cancer treatments

Health and safety: eg effects of ionising radiation on the body, dangers of mutations and increase in the occurrence of cancers, Health and Safety Executive, Environment Agency, legislative requirements and dose limits, use of film badges, protective equipment/clothing (eg lead aprons), procedures for reducing radiation hazards, remote handling equipment, issues surrounding the long term storage of waste

3   **Understand sound waves**

Sound waves: how sound waves are produced, the speed of sound, echoes, frequencies, pitch, loudness; the function of the ear, range of human hearing, audiometers, hearing aids, induction loops and speech synthesisers

Applications in health: use of ultrasound for monitoring, eg blood flow rates, developing foetus; use of ultrasound for diagnostic purposes, eg narrowing of blood vessels

4 **Understand electricity and magnetism**

Electricity: current, voltage, resistance, power, electric circuits, conductors, insulators; fuses, transformers; electrical safety in care settings

Magnetism: magnetic fields, properties of magnets, theory of magnetism, magnetic induction, electromagnets

Applications in health: eg defibrillation, electrocardiograph (ECG), electroencephalograph (EEG), instrumentation, (eg measurement of blood pressure, mass spectrometry)

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the electromagnetic spectrum	M1 explain two examples of applications of the electromagnetic spectrum to the health sector	
P2 describe the properties of light	M2 explain how knowledge of the properties of light can be used to correct defects in vision	
P3 describe four different types of ionising radiation and their application in the health sector		
P4 describe health and safety measures with respect to ionising radiation	M3 explain the health and safety issues of the use of ionising radiation in the health sector	D1 analyse issues arising from the use of ionising radiation in the health sector
P5 describe the properties of sound	M4 explain how knowledge of the properties of sound can be used to correct defects in hearing.	

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe the properties of electricity and magnetism as applied to their application in the health sector.		D2 evaluate the role of physical science techniques in the health sector.

Essential guidance for tutors

Delivery

This unit needs to be delivered by appropriately qualified tutor/s. Access to laboratory facilities will be necessary for the delivery of the unit.

It would be helpful if the planning of the delivery of this unit could be in partnership with tutors who are responsible for delivering other scientific units within the programme. This will enable learners to apply theoretical knowledge of the physical sciences, and their application, to the understanding of other units.

This unit involves a significant amount of underpinning knowledge, and tutors need to be aware that learners will have different degrees of prior learning of the physical sciences. Delivery needs to be as learner-centred as possible, and include practical work, preferably in a laboratory, in order to bring the more theoretical aspects of the unit to life.

Some learners may have limited previous knowledge and understanding of the physical sciences, and activities will initially need to be undertaken to address this for those learners. For example, the use of worksheets along with guidance on appropriate Level 2 textbooks, together with class discussions and clarification of basic principles, could be helpful here to lay the foundation for this unit.

Following this introduction, consideration of the electromagnetic spectrum could be used as a means of further building on learners' current knowledge and understanding. Some initial practical work could be carried out involving light waves.

It is not recommended that learners work in a practical arena with radioactive material, but practical investigations involving light, sound, electricity and magnetism would facilitate learning for this unit. Examples here could include experiments with ray boxes and lenses to enable learners to appreciate the principles involved in the correction of defective vision, or the use of experiments with magnets to provide underpinning knowledge for the understanding of scanning techniques such as MRI.

Learners will benefit significantly from having access to health settings such as hospitals with radiology departments and laboratory diagnostic areas. Work experience placements in such settings could prove invaluable. Alternatively, local health authorities may organise career information days where a range of professional health sector workers from a variety of disciplines 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, optometrists, dentists, dental assistants and nurses would support learners in their understanding of how theoretical principles are put into practical application.

Videos/DVDs could also be useful to support the delivery of this unit.

Assessment

Three assignments could be used as the basis of assessment for this unit.

An initial assignment could be used to assess P1, P2, M1 and M2, based on the electromagnetic spectrum. Evidence could take the form of a combination of written work, diagrams, reports of practical investigations, posters and presentation records. Care needs to be taken to ensure that such evidence is authentic, in particular with regard to visual images and explanations downloaded from the internet or taken from textbooks. Evidence needs to be in the learners' own words, relating specifically to the assessment task, and referenced appropriately.

A second assignment could be used as the vehicle of assessment for P3, P4, M3 and D1. Again, evidence could take the form of a combination of written work, diagrams, posters and presentation records. If applicable, learners could draw upon their work experience placements for supporting evidence here, for example using the health and safety policies of a relevant setting, in relation to ionising radiation, as the basis of evidence provided.

A final assignment could be used for P5, P6, M4 and D2. Again, reports of practical investigations could be included here. D2 is an overarching criterion and learners will need to refer back to the learning for the whole unit in order to evaluate the role of physical science techniques in the health sector. Again, references to relevant work experience placements could help support the evidence provided here.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links with several other units in the programme, including *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 13: Physiology of Fluid Balance, Unit 15: Biochemistry for Health, Unit 31: Physiology of Co-ordination* and *Unit 32: Mobility and Exercise for Health and Social Care.*

This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and problem solving.

Health and safety issues can be introduced through the teaching of this unit, through the practical investigations.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- access to laboratory facilities would support practical work

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- popular science journals and magazines as these often have articles on current scanning procedures and health and safety

- medical images can be obtained from the Department of Medical Physics at University College London

- audio and visual records

- local hospitals.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Adams S and Allday J — *Advanced Physics (Advanced Science)* (Oxford University Press, 2000) ISBN 0199146802

Honeywill C — *Make the Grade: AS and A Level Physics* (Nelson Thornes, 2002) ISBN 0174482809

Johnson K, Hewett S, Holt S and Miller J — *Advanced Physics for You* (Nelson Thornes, 2000) ISBN 074875296X

Journals

New Scientist

Nursing Times

Physics Review

Popular Science

School Science Review

Websites

www.planet-science.com

www.omni.ac.uk	Resources in health and medicine
www.teaching-biomed.man.ac.uk	Faculty of Medicine, Dentistry, Nursing and Pharmacy, The University of Manchester
www.xray2000.co.uk	Nicks x-ray website

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the electromagnetic spectrum	N3.1	Plan an activity and get relevant information from relevant sources.
• describe the electromagnetic spectrum	N3.2	Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• describe the electromagnetic spectrum.	N3.3	Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe four different types of ionising radiation and their application in the health sector	C3.1a Take part in a group discussion.
• describe four different types of ionising radiation and their application in the health sector	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the properties of electricity and magnetism as applied to their application in the health sector	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the properties of electricity and magnetism as applied to their application in the health sector.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe four different types of ionising radiation and their application in the health sector	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe four different types of ionising radiation and their application in the health sector	ICT3.2 Enter and develop the information and derive new information.
• describe four different types of ionising radiation and their application in the health sector.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe health and safety measures with respect to ionising radiation	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe health and safety measures with respect to ionising radiation	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe health and safety measures with respect to ionising radiation.	LP3.3 Review progress and establish evidence of your achievements.
Problem solving Level 3	
When learners are:	**They should be able to develop the following key skills evidence:**
• describe the properties of electricity and magnetism as applied to their application in the health sector	PS3.1 Explore a problem and identify different ways of tackling it.
• describe the properties of electricity and magnetism as applied to their application in the health sector	PS3.2 Plan and implement at least one way of solving the problem.
• describe the properties of electricity and magnetism as applied to their application in the health sector.	PS3.3 Check if the problem has been solved and review your approach to problem solving.

Unit 34: Human Inheritance for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

The aim of this unit is to introduce learners to the mechanisms of human inheritance, and technologies that are available to assist individuals in relation to reproduction and inheritance.

Initially learners will gain understanding of the male and female reproductive systems and the processes involved in gametogenesis, including factors that may influence gamete formation. This will be followed by examination of the principles of Mendelian inheritance, using examples of relevance to human beings. Reproductive and gene technologies will then be considered, including interventions to limit natural fertility, assisted pregnancy, and the role of genetic engineering in the pharmaceutical and agricultural industries. Learners will be introduced to the dilemmas created by the use of such technologies in relation to the health and safety of human beings in the environment, and in relation to the ethical issues associated with their use.

The use of genetic screening and fingerprinting as a tool for identification of individuals, or their predisposition to specific traits, will also be explored. Potential conflicts between individual choices and rights, benefits versus risk, and the impact on societies will be examined in the context of current and emerging regulatory frameworks.

The unit will provide valuable understanding of the mechanisms of inheritance for those who aim to work with patients and service users whose care needs may be affected by inherited traits.

Learning outcomes

On completion of this unit a learner should:

1 Understand human reproduction

2 Understand patterns of inheritance

3 Understand reproductive and gene technologies

4 Understand ethical dilemmas in relation to reproductive and gene technologies.

Unit content

1 Understand human reproduction

Reproduction: anatomy of male and female reproductive systems

Gametogenesis: spermatogenesis in testes, oogenesis in ovaries; significance of meiosis — reduction division, independent assortment of chromosomes, phases of meiosis; chromosome number — diploid, haploid

Chromosomes: autosomes, sex chromosomes; DNA, histones; behaviour during meiosis, chromatids, chiasmata; influences on cell functioning

Genetic code: codons, genes, homologous chromosomes, alleles, genome

Conception: chromosomal behaviour during fertilisation, implantation, mitotic cell division, cell differentiation

Influences: role of reproductive hormones; other biological factors, eg parental genotype, age, diet, health; environmental eg temperature, chemicals (eg nutrients, alcohol, other pharmacological agents, industrial); radiation, eg from X-rays; congenital influences in pregnancy and during birth and potential effects on foetus/newborn baby; role of the placenta in the protection of the foetus

2 Understand patterns of inheritance

Variation: discontinuous, continuous

Discontinuous variation: Mendelian inheritance, genotype, phenotype; homozygous, heterozygous; dominant and recessive alleles; autosomal recessive inheritance, eg cystic fibrosis, phenylketonuria; autosomal dominant inheritance; co-dominance, eg inheritance of blood groups, inheritance of sickle cell disorders; genetic determination of sex; sex-linked inheritance, eg haemophilia, colour blindness

Continuous variation: polygenic inheritance

Mutations: genes, eg sickle cell anaemia/trait; chromosomes — aneuploidy, eg Down's syndrome

3 Understand reproductive and gene technologies

Reproductive technologies: contraceptive techniques; screening techniques; assisted reproduction — in vitro fertilisation, artificial insemination

Gene technologies: genetic engineering, eg recombinant DNA, Human Genome Project, gene therapy, DNA analysis, genetic profiling

Uses: production of useful chemicals, eg pharmaceuticals, industrial enzymes; agricultural, eg disease/pest resistance; other emergent uses if appropriate

Implications: genetic screening, diagnosis, genetic fingerprinting, genetic counselling; forensic evidence; identity disputes, eg paternity; tissue matching, eg for transplantation; others as relevant to technological advances

4   **Understand ethical dilemmas in relation to reproductive and gene technologies**

Regulation: in home country, European Union, United Nations; legislation, adjudicators, adapting to emergent technologies, changing society

Individuals: rights, responsibilities, confidentiality, quality of life, ownership, advocacy

Others: eg scientists, parents/family members, carers, professionals, pressure groups, commerce; rights, responsibilities, beliefs

Society: values, benefits versus risks, support systems, resources, individual versus wider perspective

Wellbeing: developmental delay, disability, susceptibility to ill health, behavioural difficulty

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain the process of meiosis in relation to the production of sperm and ova		
P2 describe factors that may influence the reproductive process in humans		
P3 describe the structure of chromosomes and their role in reproduction	M1 explain the behaviour of DNA in reproduction and inheritance	
P4 explain the key principles of genetics using examples relating to inheritance in humans	M2 analyse the impact on individuals, others and society of genotypes resulting in developmental delay or impairment of normal body functioning	
P5 describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	M3 explain the advantages and disadvantages of gene and reproductive technologies with regard to health and wellbeing.	D1 evaluate support available for individuals and others when coping with difficulties associated with reproduction and inheritance
P6 describe ethical dilemmas that may arise from reproductive and gene technologies.		D2 analyse ethical dilemmas arising from reproductive and gene technologies.

Essential guidance for tutors

Delivery

It is recommended that the unit is delivered by a tutor with a sound understanding of the biochemical aspects of genetics and the ethical dilemmas arising from the use of technologies in human inheritance.

The unit could be introduced with a review of the structure of DNA, its role in determining cell behaviour and in mitosis. This could then lead to concepts of chromosome numbers and the role of meiosis in reducing diploid to haploid. *Unit 15: Biochemistry for Health* introduced the structure of nucleic acids and their role in protein synthesis, and a review of knowledge and understanding gained so far would be a useful starting point here. It would also be beneficial for those learners who have not included *Unit 15: Biochemistry for Health* in their programme.

The details of the roles of chromosomes and of meiosis in human reproduction can then be explored, along with the hormonal and environmental influences that influence the process, including successful fertilisation and implantation.

Three-dimensional images of the structure of DNA during different stages of the reproductive process would assist learner understanding of the concepts. Learners should understand the role of base pairing and codons in the transference of traits from one generation to another. When discussing inheritance, the use of examples from human genetics to illustrate principles would be expected and could be linked where appropriate to other units in the programme. For example, the inheritance of blood groups and similarities between blood group compatibility for tissue matching, and the immune response, could be discussed.

Learners should be introduced to genetic engineering principles, and outlines of the techniques involved could be given. Their application for a range of uses should be included and can provide a useful introduction to a discussion on the implications of such technologies. Guest speakers and/or visits relevant to reproductive or gene technology could be useful here.

Discussion could be informal or include formal debates as a means of raising awareness of different perspectives on the issues involved. Use of recent media sources to provide a focus for such discussions is valuable, but tutors should facilitate consideration of a wide range of views in the discussions and of issues beyond those that happen to have a high profile at the time of study.

Assessment

Three assignments could be used as the basis of assessment for this unit. Initially, P1, P2, P3 and M1 could be assessed, for which evidence is likely to take the form of a written assignment. Learners should be able to use diagrammatic representations to support their evidence but, when used, images used should be fully referenced to their source and annotated in such a way that it is clearly work unique to the individual learner rather than used unchanged from source material.

A second assignment could be used for P4 and M2, concerning the principles of genetics. Likewise, evidence is likely to take the form of a written assignment, with diagrammatic representations to support this.

A third assignment could cover the criteria that are based on reproductive and gene technology, P5, P6, M3, D1 and D2. For D1, learners will need to refer back to their evidence for M2, as well as that for M3. Where group work, eg discussions or debates, are used as part of the delivery and learning processes, care should be taken to ensure that each learner individually provides sufficient evidence to address the range of content to meet the requirements of the grading criteria. A report presenting different views expressed in class would be an appropriate means of doing this.

If learners focus on specific aspects in greater depth, they should receive guidance from the tutor to ensure that there is sufficient opportunity for them to demonstrate higher levels of achievement.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link to *Unit 5: Fundamentals of Anatomy and Physiology for Health and Social Care, Unit 14: Physiological Disorders, Unit 15: Biochemistry for Health* and *Unit 26: Caring for Individuals with Additional Needs.*

This specialist unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the investigative tasks. Moral and ethical issues can also be introduced, for example when considering the use of reproductive and gene technologies, or when discussing ethical dilemmas.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- case study materials

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) ISBN 034076239X

Gilbert P — *A-Z of Syndromes and Inherited Disorders* (Nelson Thornes, 2000) ISBN 0748745297

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) ISBN 0748785841

Thomson H, Meggitt C, Aslangul S and O'Brien — *Further Studies for Health* (Hodder Arnold, 2002) ISBN 0340804238

Toole A and S — *Understanding Biology for Advanced Level* (Nelson Thornes, 1999) ISBN 0748739572

Tortora G — *Principles of Anatomy and Physiology* (John Wiley and Sons, 2005) ISBN 0471718718

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) ISBN 1405113286

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	C3.1a	Take part in a group discussion.
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe factors that may influence the reproductive process in humans	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe factors that may influence the reproductive process in humans.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain the key principles of genetics using examples relating to inheritance in humans	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• explain the key principles of genetics using examples relating to inheritance in humans	ICT3.2 Enter and develop the information and derive new information.
• explain the key principles of genetics using examples relating to inheritance in humans.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	WO3.1 Plan work with others.
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe the principles of reproductive and gene technologies and their implications for individuals, society and the environment.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 35: Introduction to Microbiology for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to provide a basic understanding of microorganisms, and their role in infectious disease. Learners will initially explore the different types of microorganisms, including those that have pathogenic properties, consider requirements for their growth and reproduction, and methods by which they may be controlled. Consideration will then be given to the importance of microorganisms in human health and disease, and the different ways in which the organisms may be transmitted from one individual to another. Learners will investigate the characteristics of organisms responsible for specific infectious diseases, including those that cause significant tropical illnesses.

The unit also involves investigation of the ways in which microorganisms are used for the benefit of humans, particularly in relation to the production of foods and pharmaceuticals, and also for the environment.

This unit will be useful for all learners, especially for those who plan to work in the health or social care sectors. There are strong links to other specialist units in the programme, including *Unit 36: Communicable Diseases, Unit 37: Defence against Disease* and *Unit 39: Infection Prevention and Control.*

Learning outcomes

On completion of this unit a learner should:

1 Understand concepts of microbiology

2 Understand the importance of microorganisms in human health and disease

3 Understand benefits of microorganisms.

Unit content

1 **Understand concepts of microbiology**

Development of microbiology: theory of spontaneous generation, miasma theory, germ theory; contributions of, eg Robert Hooke, Anton van Leeuwenhoek, Edward Jenner, Louis Pasteur, John Snow, Joseph Lister, Robert Koch

Microscopic agents of communicable disease: pathogenic microorganisms — viruses, bacteria, fungi, Protoctista, (eg Protozoa, unicellular green algae), prions; growth — requirements, rate, mechanism of reproduction

- viruses: structure, retroviruses, bacteriophages

- bacteria: prokaryotic, different types, eg cocci, bacilli, spirilli, vibrio; toxin formation, spore formation, plasmids, genetic exchange, pili, flagellae

- fungi: eukaryotic, yeasts, moulds

- protozoa: eukaryotic, different types, eg Plasmodium, Trypanosoma

'Normal flora': symbiotic relationship, eg in gastrointestinal tract, respiratory tract, on skin

Methods of controlling microorganisms: policies and procedures for infection control

- immunisation: eg against measles, mumps

- chemical: eg disinfectants, antibiotics, antiseptics, salt, acids

- temperature: eg refrigeration, freezing, use of autoclave

- radiation: eg ultraviolet, gamma

- vector control: eg mosquitoes, tsetse flies

2   Understand the importance of microorganisms in human health and disease

Endemic, epidemic, pandemic

Transmission: direct contact, fomites, directly into bloodstream, air-borne, food borne, water-borne, vector-borne, transplacental

Infection: infective dose, infective site/route into body; the body as a reservoir of infection, eg large bowel, nose, skin, wounds; opportunist infections; carriers of infectious microorganisms

Viral infections: eg colds, influenza, measles, mumps, poliomyelitis, rubella, chickenpox, HIV/AIDS, hepatitis, herpes

Bacterial infections: eg tuberculosis; salmonella food poisoning, staphylococcal food poisoning, streptococcal sore throat, whooping cough, meningococcal meningitis, bacterial dysentery, cholera

Fungal infections: yeasts, eg candidiasis; moulds, eg tineal infections

Protozoan infections: eg malaria, sleeping sickness, trichomoniasis

Prion infections: BSE, CJD

3   Understand benefits of microorganisms

Food products: eg bread, cheese/fermented milk products, wine, beer, vinegar, single-cell protein

Pharmaceuticals: production of antibiotics, vaccines, insulin

Agriculture: silage production, use in pesticides

Recycling of matter: role of bacteria and fungi in recycling of carbon and nitrogen through air and soil

Genetic engineering: use of microorganisms to alter DNA codons

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the role of three scientists in the development of current understanding of microbiology		
P2 describe the characteristics of pathogenic microrganisms		
P3 describe the value of 'normal flora' to health	M1 evaluate the role of 'normal flora' to health	
P4 describe three methods of controlling microorganisms	M2 explain three methods of controlling microorganisms	D1 analyse difficulties in controlling microorganisms
P5 use examples to explain the principles of transmission of pathogenic microrganisms	M3 explain factors that influence the transmission of pathogenic microorganisms to individuals and populations	D2 evaluate the impact of infectious disease on the health and wellbeing of individuals and populations.
P6 explain four benefits of microorganisms.	M4 analyse ethical dilemmas that can arise from the inappropriate use of antibiotics and as a consequence of the use of microorganisms in genetic engineering.	

Essential guidance for tutors

Delivery

This unit would benefit from being delivered by a tutor with a specialist knowledge of microbiology.

Small group research and presentations could be a useful means of introducing this unit, with learners investigating the contributions of various scientists to current understanding of microbiology. Some tutor input will then be needed for introduction to the microscopic agents of communicable disease, though this could be made more learner focused through worksheets, quizzes or practical activities. If available, learners could use microscopes to examine fresh samples of microorganisms, for example from a yeast suspension, yoghurt or blue cheese. Prepared slides of organisms could also be viewed. Images, for example of different virus particles, can be accessed through the internet. If appropriate facilities are accessible, simple experiments using yeast suspension or samples of dough can be used to explore the effect of temperature, salt and pH on controlling microbial activity.

The importance of microorganisms in human health and disease could be delivered by means of a combination of tutor input, small group research and presentations/posters into specific diseases, case studies and videos/DVDs. A guest speaker from the local environmental health department could also be useful. Small group activities could also be used to share research into the benefits of microorganisms, such as the production of different foods from microorganisms or the production of antibiotics.

Further understanding relating to infection may be obtained from consideration of scenarios relating to learners' work experience placements, observing actual practices in settings, or from personal experiences. Opportunity for discussion of ethical issues relating to the use of genetic engineering, vaccines, and implications for health and social care of antibiotic-resistance would be useful preparation for assessment.

Assessment

This unit could be assessed by means of four assignments. An initial assignment could be used fairly early in the delivery of the unit in order for learners to provide evidence for P1. This could be in the form of a written assignment, or records from a presentation, such as a PowerPoint presentation and a witness statement.

A second assignment could then be used for P2, P3 and M1, evidence for which will probably take the form of a written assignment, possibly supplemented by annotated diagrams or posters.

Learners are unlikely to be able to achieve D1 until they have also gained an understanding of how microorganisms are transmitted, and studied some specific examples. It is therefore suggested that a third assignment is used to cover P4, P5, M2, M3, D1 and D2. This would be a substantial piece of work and would need to be clearly divided into tasks. For P4 learners should have a clear knowledge of three different ways of controlling microorganisms, and be able to explain these for M2. D1 requires learners to consider difficulties in controlling microorganisms, and will also require knowledge of transmission of disease (P5, M3) in order for learners to be able to evaluate these difficulties. For D2, the effect of infectious disease on individuals could relate, for example, to signs and symptoms whereas the effect on populations might involve looking at morbidity and mortality data, and consequences for communities such as the ability of its members to work.

A final assignment could be used for P6 and M4, involving a written piece of evidence in which learners explain four benefits of microorganisms for P6. Learners could then consider and analyse ethical dilemmas that can arise from the inappropriate use of antibiotics and as a consequence of the use of microorganisms in genetic engineering for M4. This could include a report or a transcript of a class discussion, with clear indication of the learner's own input — possibly evidenced through a witness statement or peer review.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge and skills gained through this unit link to *Unit 12: Public Health, Unit 36: Communicable Diseases, Unit 37: Defence against Disease, Unit 38: Environmental Health* and *Unit 39: Infection Prevention and Control.*

This specialist unit may enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations.

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others.

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, and improving own learning and performance.

Health and safety issues can be introduced through the teaching of this unit, through consideration of methods of controlling microorganisms.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Thomson H, Meggitt C, Aslangul S and O'Brien — *Further Studies for Health* (Hodder Arnold, 2002) ISBN 0340804238

Toole A and S — *Understanding Biology for Advanced Level* (Nelson Thornes, 1999) ISBN 0748739572

Journals

Biological Science

New Scientist

Nursing Times

Websites

www.bbc.co.uk   BBC

www.hpa.org.uk   Health Protection Agency

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• explain four benefits of microorganisms	C3.1a	Take part in a group discussion.
• describe the role of three scientists in the development of current understanding of microbiology	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• use examples to explain the principles of transmission of pathogenic microrganisms	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• use examples to explain the principles of transmission of pathogenic microrganisms.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of three scientists in the development of current understanding of microbiology	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the role of three scientists in the development of current understanding of microbiology	ICT3.2 Enter and develop the information and derive new information.
• describe the role of three scientists in the development of current understanding of microbiology.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use examples to explain the principles of transmission of pathogenic microrganisms	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• use examples to explain the principles of transmission of pathogenic microrganisms	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• use examples to explain the principles of transmission of pathogenic microrganisms.	LP3.3 Review progress and establish evidence of your achievements.

Unit 36: Communicable Diseases

NQF Level 3:   BTEC National

Guided learning hours: 60

Unit abstract

The aim of this unit is to introduce learners to the international context of health and social care, with reference in particular to communicable diseases.

Learners will gain understanding of international patterns of communicable disease and, through this, understanding of worldwide inequalities in health status and possible reasons for these inequalities. The unit then provides opportunities for learners to investigate three communicable diseases of worldwide importance, of their choice. Several different aspects of the diseases will be explored, including the agents of infection, methods of transmission, factors affecting transmission, signs and symptoms, possible treatment and different methods of control.

The unit provides opportunities for learners to carry out in depth exploration of current topical diseases.

This unit will be useful for all learners, including specifically those who plan to work in the health or social care sectors. There are strong links to other specialist units in the programme, including *Unit 35: Introduction to Microbiology for Health and Social Care* and *Unit 37: Defence against Disease*.

Learning outcomes

On completion of this unit a learner should:

1   Understand the worldwide importance of communicable diseases

2   Understand three communicable diseases of worldwide importance.

Unit content

1 **Understand the worldwide importance of communicable diseases**

Importance: eg human costs, economic costs

Sources of data: international, eg World Health Organization; national, eg government departments

Data: eg mortality rates, morbidity rates, DALYs, disease incidence, disease prevalence

Disease distribution patterns: international patterns of disease, eg malaria, HIV/AIDS, tuberculosis, infant diarrhoea, measles, poliomyelitis

2 **Understand three communicable diseases of worldwide importance**

Diseases: eg acute/chronic diarrhoea, chlamydia, HIV/AIDS, malaria, measles, meningitis, pertussis, poliomyelitis, respiratory infections, smallpox, tetanus, trachoma, tuberculosis

Agents of infection: eg virus, bacteria, protozoan, fungus; reservoirs of infection, spore/cyst formation, virulence, toxicity, dose response

Method of transmission: eg direct contact, fomites, directly into bloodstream, air borne, food borne, water borne, vector borne, transplacental

Host factors: eg susceptibility, (eg genetic, age, sex), nutritional status, lifestyle choices, acquired resistance, personal hygiene

Social factors: eg education, resources, (eg wealth/poverty, housing conditions, nutrition, sanitation, clean water supply, access to health services)

Environmental factors: eg climate, seasonality, vectors

Signs and symptoms: incubation periods; symptoms, eg elevated body temperature, shivering, diarrhoea, coughing, headache/other pains, rash

Treatment: eg chemotherapy, rehydration

Prevention/control methods:

– primary: health education, eg personal hygiene, use of condoms, dietary advice; specific protection, eg immunisation, chemotherapy

– secondary: screening, interventions, eg chemotherapy

– tertiary: disease limitation, rehabilitation

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe worldwide distribution patterns and importance of three named communicable diseases	M1 explain worldwide distribution patterns of three named communicable diseases	
P2 describe the agents of infection and methods of transmission for three named communicable diseases		
P3 describe host, social and environmental factors that affect the transmission of the three named communicable diseases	M2 explain host, social and environmental factors that affect the transmission of the three named communicable diseases	D1 evaluate the relative roles of host, social and environmental factors in the transmission of the three named communicable diseases
P4 describe the possible signs and symptoms and methods of treatment of the three named communicable diseases		
P5 describe possible methods of treatment for the three named communicable diseases		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe methods of control and prevention for the three named communicable diseases.	M3 explain methods of control and prevention for the three named communicable diseases.	D2 evaluate the relative merits of different methods of control/prevention for the three named communicable diseases.

Essential guidance for tutors

Delivery

This unit should be delivered by a tutor who is appropriately qualified in the biological sciences, and preferably with some knowledge of international development.

Initially, learners need an introduction to communicable diseases in an international context. This could be achieved, for example, with the use of videos/DVDs, followed by class discussions, to illustrate worldwide inequalities in health status and possible reasons for these inequalities. Learners will have some knowledge of differences in health status between developed and less developed nations, probably gained from media coverage of major events such as famine or war. However, early study of this unit needs to include balanced input and consideration of issues such as the importance of education and other social factors in health status. This debate can then be led forward to discussion and consideration of the worldwide distribution of communicable diseases. It is suggested that learners could be provided with some disease distribution statistics to be used in the classroom as the basis of discussion and debate. They could then be divided into small groups to collect further statistics for different named communicable diseases. This would also serve to introduce learning outcome 2, and learners could research different communicable diseases, then produce posters to form a class display. Presentations could also be used to facilitate broader learning for the whole cohort.

The list of suggested diseases is not exhaustive, and learners should be encouraged to research diseases that may be of particular interest to them.

It is suggested that those learners who have not previously studied *Unit 35: Introduction to Microbiology for Health and Social Care* will need support in gaining underpinning knowledge of the agents of infection and methods of transmission, from learning outcome 2 of *Unit 35.*

Assessment

Evidence submitted for assessment should not significantly duplicate that submitted for *Unit 35: Introduction to Microbiology for Health and Social Care.* Learners who study both units will need support in ensuring that their choice of communicable diseases is such that duplication is largely avoided.

It is suggested that this unit could be assessed by means of one holistic assignment towards the end of the period of delivery. Learners will have carried out research into different diseases throughout the delivery period, and are required to present the outcomes of such research individually for the purposes of assessment.

For P1, learners need to provide a written description of worldwide distribution patterns of, and importance of, three named communicable diseases, supported by statistics and visual images such as graphs and charts. They will have researched different diseases during the delivery of the unit, but need to ensure that evidence submitted for assessment is entirely their own work.

Records of presentations, again supported perhaps by pieces of writing and/or witness testimonies, could be provided as evidence for P2, P3, P4, P5 and P6.

Learners should be encouraged to choose communicable diseases that they are interested in, and also that provide them with sufficient scope to also be able to achieve higher grades. For example, M1 requires learners to explain the worldwide distribution patterns, for which they need to relate a variety of factors to the patterns, and suggest reasons for them. Three diseases with different methods of transmission, for example, should facilitate more scope for the discussion needed to achieve the higher grades.

Whilst learners may consider their chosen three communicable diseases independently for the pass and merit criteria, the distinction criteria require more detailed analysis and a more holistic approach. For example, for D1, learners need to take an overview of the relative roles of host, social and environmental factors in the transmission of communicable diseases, and then compare these and consider their potential relative importance in the transmission of the three diseases chosen.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links to *Unit 12: Public Health, Unit 35: Introduction to Microbiology for Health and Social Care, Unit 37: Defence against Disease, Unit 38: Environmental Health* and *Unit 39: Infection Prevention and Control.*

This specialist unit may enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations.

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others.

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in application of number, communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through consideration of methods of disease control.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- a full list of journals with results of research into patterns of disease can be found at: www.mednets.com/epidemiojournals.htm

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Hawker J — *Communicable Disease Control Handbook* (Blackwell, 2005)
ISBN 1405124245

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000)
ISBN 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) ISBN 0748785833

Thomson H, Meggitt C, Aslangul S and O'Brien — *Further Studies for Health* (Hodder Arnold, 2002) ISBN 0340804238

Toole A and S — *Understanding Biology for Advanced Level* (Nelson Thornes, 1999)
ISBN 0748739572

Journals

Biological Science

New Scientist

Nursing Times

Websites

www.bbc.co.uk   BBC

www.hpa.org.uk   Health Protection Agency

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Application of number Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe worldwide distribution patterns of three named communicable diseases	N3.1 Plan an activity and get relevant information from relevant sources.
• describe worldwide distribution patterns of three named communicable diseases	N3.2 Use your information to carry out multi-stage calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.
• describe worldwide distribution patterns of three named communicable diseases.	N3.3 Interpret the results of your calculations, present your findings and justify your methods.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe host, social and environmental factors that affect the transmission of the three named communicable diseases	C3.1a Take part in a group discussion.
• describe host, social and environmental factors that affect the transmission of the three named communicable diseases	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the agents of infection and methods of transmission for three named communicable diseases	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the agents of infection and methods of transmission for three named communicable diseases.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the agents of infection and methods of transmission for three named communicable diseases	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the agents of infection and methods of transmission for three named communicable diseases	ICT3.2 Enter and develop the information and derive new information.
• describe the agents of infection and methods of transmission for three named communicable diseases.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe methods of control and prevention for the three named communicable diseases	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe methods of control and prevention for the three named communicable diseases	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe methods of control and prevention for the three named communicable diseases.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe worldwide distribution patterns of three named communicable diseases	WO3.1 Plan work with others.
• describe worldwide distribution patterns of three named communicable diseases	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe worldwide distribution patterns of three named communicable diseases.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 37: Defence against Disease

NQF Level 3: BTEC Nationals

Guided learning hours: 60

Unit abstract

The aim of this unit is to introduce learners to the defence of the body and the mechanisms that the human body has to protect itself and ensure its survival.

Learners will explore the nature of common hazards to the human body in the external environment, and the means by which the body can defend itself against such hazards. The protective functions of the skin will be examined in some detail, as will the complex mechanisms involved in blood clotting, and the non-specific and specific responses to infection. The role of the lymphatic system will also be investigated, as will the role of artificially acquired resistance to infection. Finally, learners will have the opportunity to investigate a vaccination programme of their choice.

This unit will be useful for those learners who plan to seek employment in the health and social care sectors on completion of their programmes, or for those aiming to study at a higher level.

There are strong links with *Unit 12: Public Health, Unit 35: Introduction to Microbiology for Health and Social Care* and *Unit 36: Communicable Diseases.*

Learning outcomes

On completion of this unit a learner should:

1   Understand how the body is protected from the external environment

2   Understand non-specific resistance to infection

3   Understand specific resistance to infection.

Unit content

1 **Understand how the body is protected from the external environment**

Environmental hazards: heat and cold; effects of radiations, eg ultraviolet; injury, eg cuts and abrasions, burns; infection; poisoning

Physical barriers: skin (waterproof, sebum, epidermal renewal and scar formation, subcutaneous fat, sensory receptors, melanin); mucous membranes

Defensive mechanisms: reflexes, eg withdrawal, expulsive, (eg coughing, sneezing), vomiting and diarrhoea; tear production; wound healing; inflammatory response; role of the blood

Blood: coagulation response, action of platelets; blood groups and tissue matching; cells — phagocytes; lymphocytes

Defensive responses: non-specific; specific

2 **Understand non-specific resistance to infection**

Mechanical and chemical barriers: intact skin; mucous membranes (secretion of mucus, ciliary action); acidity in stomach and vagina; action of lysozyme in tears and saliva; normal flora

Non-specific defensive responses: inflammation, phagocytosis; natural killer cells; fever

Phagocytes: macrophages; neutrophils

3   **Understand specific resistance to infection**

Immunity: natural, artificial; active, passive; examples of each

Natural immunity: action of phagocytes; role of lymphocytes — cellular immunity, humoral immunity

Lymphocytes:

–   cellular immunity: T lymphocytes, cytotoxic T cells, T helper cells, memory T cells, T cell receptors

–   humoral immunity: B lymphocytes, antibody formation and actions against antigens, eg agglutination, precipitation, lysis; immunological memory, primary and secondary immune response; antigenic variation

Lymphatic system: distribution and role of lymph nodes; tonsils, spleen; lymphatic drainage

Organ transplantation: role of immune system in rejection; immunosuppressance

Artificially acquired immunity:

–   active: eg against bacterial infections such as pertussis, tuberculosis, against viral infections such as Hepatitis A and B, influenza, measles, mumps, poliomyelitis

–   passive: eg Hepatitis A, established cases of tetanus

Vaccination programmes: eg influenza, MMR, poliomyelitis; role in public health, eg specific protection, local/regional/national/international, herd immunity, human/economic costs

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain how the body is protected from the external environment		
P2 describe mechanical and chemical barriers to infection and non-specific defensive responses	M1 explain mechanical and chemical barriers to infection and non-specific defensive responses	
P3 describe the role of the lymphocytes in cellular immunity		
P4 describe the role of the lymphocytes in humoral immunity	M2 explain the development of natural specific resistance to infection	D1 evaluate the relative roles of the non-specific and specific defensive responses
P5 use two examples each to explain active and passive artificially acquired immunity		
P6 describe a vaccination programme.	M3 explain the potential role of the vaccination programme in public health.	D2 analyse the potential role of the vaccination programme in public health.

Essential guidance for tutors

Delivery

This unit needs to be delivered by a tutor who is qualified in the biological sciences.

The unit could be introduced through initial class discussions to encourage thinking about the potential hazards to the human body from its environment. This will serve to raise awareness of the focus of this unit, which is to explore the body's mechanisms for protecting itself and ensuring its survival.

Following such an introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by posters and/or presentations, and the use of videos/DVDs. Some of the more complex biological aspects will require clear explanation, using diagrammatical representations and worksheets to reinforce understanding. Active learning techniques should be used as appropriate.

Learners could be briefly introduced to the concept of artificially acquired immunity through discussion of their own experiences, with individual research or tutor input then being used to extend and enhance learning. They should be encouraged to research a vaccination programme of their choice, which could possibly involve a programme that is currently topical. Learners could choose to explore a national programme, such as for influenza, or an international programme, such as for poliomyelitis. Some learners may choose to take a more historical approach, and investigate the smallpox eradication programme, for example. Class presentations can then be used to broaden the experiences of the whole cohort.

Assessment

It is suggested that this unit could be assessed by means of one holistic assignment towards the end of the period of delivery.

For P1 a piece of writing is required, possibly supported by diagrams or other visual images. Potential hazards need to be identified, and the physical barriers and defensive mechanisms explained. This will lead on to P2, which requires learners to focus on non specific resistance, describing barriers to infection and defensive responses. M1 requires a more detailed account, with reasons given for the effectiveness of the various components of non specific resistance.

P3 and P4 require a description of the role of the lymphocytes in both cellular and humoral immunity. Clearly annotated diagrammatical representations will be useful here to support evidence, though centres need to ensure that such evidence is entirely that of the learner. For M2 a more detailed and holistic approach to specific immunity is required. Learners need to explain how natural specific resistance to infection develops, including the role of phagocytes and lymphocytes. The mechanisms of cellular and humoral resistance should be explained and their relative roles considered.

D1 then requires learners to take a more holistic view again and evaluate the relative roles of the non-specific and specific defensive responses. The use of examples will help to support this evaluation.

For P5, learners should explain both active and passive artificially acquired immunity, using two examples for each to aid their explanations.

For P6, learners will have carried out research into vaccination programmes during the delivery period, and they are required to present the outcomes of such research individually for the purposes of assessment. They should choose a vaccination programme, possibly a programme that is currently topical, a national programme, such as for influenza, or an international programme, such as for poliomyelitis. Some learners may choose to take a more historical approach, and choose the smallpox eradication programme, for example. For M3, learners need to explain the potential role of the vaccination programme in public health.

There are strong links here with *Unit 12: Public Health,* and learners need to consider the role of the chosen vaccination programme in terms of its specific protection function. This can be considered locally, regionally, nationally or internationally, as appropriate for the chosen programme. For D2 a more detailed examination of the issues is required.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links to *Unit 12: Public Health, Unit 35: Introduction to Microbiology for Health and Social Care* and *Unit 36: Communicable Diseases.*

This specialist unit may enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations.

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others.

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through consideration of the potential hazards to the human body from its environment.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Clancy J and McVicar A — *Physiology and Anatomy: A Homeostatic Approach* (Hodder Arnold, 2002) 034076239X

Kent M — *Advanced Biology (Advanced Science)* (Oxford University Press, 2000) 0199141959

Myers B — *The Natural Sciences* (Nelson Thornes, 2004) 0748785833

Shaw L — *Anatomy and Physiology* (Nelson Thornes, 2004) 0748785841

Toole A and S — *Understanding Biology for Advanced Level* (Nelson Thornes, 1999) 0748739572

Tortora G — *Principles of Anatomy and Physiology* (John Wiley and Sons, 2005) 0471718718

Ward J, Clarke R W and Linden R — *Physiology at a Glance* (Blackwell Publishing, 2005) 1405113286

Journals

Biological Science

New Scientist

Nursing Times

Websites

www.bbc.co.uk   BBC

www.hpa.org.uk   Health Protection Agency

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe a vaccination programme	C3.1a	Take part in a group discussion.
• describe a vaccination programme	C3.1b	Make a formal presentation of at least eight minutes using an image or other support material.
• describe a vaccination programme	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe a vaccination programme.	C3.3	Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe a vaccination programme	ICT3.1	Search for information using different sources, and multiple search criteria in at least one case.
• describe a vaccination programme	ICT3.2	Enter and develop the information and derive new information.
• describe a vaccination programme.	ICT3.3	Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of the lymphocytes in cellular immunity • describe the role of the lymphocytes in humoral immunity	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the role of the lymphocytes in cellular immunity • describe the role of the lymphocytes in humoral immunity	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the role of the lymphocytes in cellular immunity • describe the role of the lymphocytes in humoral immunity.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe a vaccination programme	WO3.1 Plan work with others.
• describe a vaccination programme	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe a vaccination programme.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 38: Environmental Health

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

The aim of this unit is to enable learners to gain understanding of the potential impact of human beings on the environment, and how this in turn may impact on human health.

The unit provides opportunities for learners to explore a wide range of ways in which human activities may influence the environment, and the potential effects on human health of factors resulting from this. Learners will also investigate strategies that have been developed to reduce the impact of human activities on the environment, including legislation.

This unit will be useful for learners who plan to work in the health and social care sectors, as it will provide them with an understanding of the health risks in the local and global environment that could affect themselves and patients/service users. It will also be useful for learners who aim to study at a higher level.

There are links with *Unit 12: Public Health* and *Unit 36: Communicable Diseases.*

Learning outcomes

On completion of this unit a learner should:

1 Understand how humans can damage the environment

2 Understand the effects of environmental change on health

3 Know strategies that have been developed to reduce the impact of human activities on the environment.

Unit content

1 **Understand how humans can damage the environment**

Urbanisation and population density: overcrowding, poverty, transport systems, energy systems, water supply, pollution, eg vehicle emissions, waste accumulation

Intensification of agriculture: increased use of fertilisers/pesticides, genetic modification of crops, soil erosion, monoculture, pollution of waterways, destruction of wildlife habitats, loss of biodiversity

Pollution of environment: air, water, land, noise

Other effects on the environment: eg nuclear power sources, increased nitrates in drinking water, carbon monoxide emissions

2 **Understand the effects of environmental change on health**

Environmental change: change in land use, deforestation, desertification, grazing, different farming methods, genetic modification, use of pesticides, sustainable development, pollution, ozone depletion

Effects of urbanisation: overcrowding, pollution, pest infestations, hygiene, disease, poverty

Effects on health: physical health — communicable diseases, genetic diseases, cancer, nutritional health; mental health

Range: individual, local, regional, national, international

3 **Know strategies that have been developed to reduce the impact of human activities on the environment**

International: eg role of United Nations, Rio Declaration on Environment and development 1992; sustainable development; World Health Organization; UK international development policy

National: role of DEFRA

Regional: Regional Development Agencies

Local: eg Agenda 21, recycling programmes, dog fouling bins/penalties, waste collection and disposal, 'park and ride' facilities, renewable energy schemes

Role of environmental health officers: eg inspection of food outlets, inspection of factories

Pressure groups: eg Greenpeace, Friends of the Earth

Treatments: eg water treatment, sewage treatment, air treatment

Organic farming: eg use of natural fertilisers, biological pest control, mechanical pest control

Protection of the individual: eg home, workplace, public places, role of environment agency, role of public health officials; Hygiene Regulations 1995; Air Quality — National Air Quality Strategy; Waste: Section 33 Environmental Protection Act

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe how human beings can damage the environment		
P2 identify the effects of a damaged environment on human health	M1 explain the relationship between damage to the environment and human health	
P3 explain strategies that have been developed to reduce the impact of one human activity on the environment	M2 analyse the effectiveness of strategies that have been developed to improve the environment	
P4 describe the role of pressure groups in achieving desired standards in the reduction of the harmful effects of one human activity	M3 analyse the effectiveness of organisations in supporting the improvement of the environment	D1 evaluate the effectiveness of organisations in improving human health
P5 describe the role of regulation and legislation in reducing the impact of one human activity.	M4 analyse the impact of policies and legislation in reducing the harmful effects of one human activity on the environment.	D2 compare the effectiveness of a range of organisational approaches to an environmental health issue in the UK and internationally.

Essential guidance for tutors

Delivery

This unit has been designed to provide learners with a good understanding of how human activities can cause damage to the environment, and how factors resulting from this can in turn affect human health. It will also provide an insight into the role of legislation and the work of professionals in this field.

Initially, learners could undertake a local environmental audit as a means of introducing the unit and raising awareness of specific and general issues. They will also benefit from visits to local water treatment plants, refuse collection centres, recycling plants or sewage plants. Guest speakers could be invited in, for example environmental health officers, or representatives from local pressure groups. The use of videos/DVDs is also recommended.

Small group activities could be used as the basis of investigations into the potential effects of a range of human activities on the environment, and the potential effects of the resulting environmental changes on human health. Researching their topics will enable learners to expand their research skills through the use of the internet, approaches to relevant organisations, and primary research where appropriate. Subsequent presentations to other members of the group will enhance the learning of others, by facilitating in depth coverage of a number of different topics. This will help tutors to ensure that a good range of environmental issues is covered.

Learners then need to apply their research skills in order to obtain information on how the impact of human activities on the environment is being addressed. This will include consideration of any major legislation, and the context of the global environment. International, national, regional, local and individual contributions need to be considered.

Assessment

Evidence for this unit could be submitted in a variety of formats, for example pieces of writing, project work, records of presentations and case studies. It is suggested that the unit could be assessed by means of one holistic assignment.

Learners could use an investigation into a chosen environmental issue as the basis of evidence for most of the assessment criteria. There is a broad range of issues for learners to choose from, but they should be encouraged to select a topic of particular interest to them. They need to discuss their choice of topic with their tutor in order to ensure the issue chosen has the scope available for grading purposes. Tutors may decide to request plans from the learners for negotiation of topic.

For P1 a piece of writing is required in order to introduce the potential range of ways in which human beings can damage the environment. For P2 this leads on to the potential effects of the damaged environment on human health. These two pass criteria are then linked for M1, which requires learners to explain the relationship between damage to the environment and human health. They should use examples to help support this explanation.

The remaining assessment criteria focus on the human activity chosen by the learner, with achievement of higher grades being dependent on the learner's level of application, evaluation and analysis of the environmental issues chosen. Learners need to demonstrate a thorough understanding of the conflicts and tensions inherent in environmental issues in order to achieve the higher grades.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit links to *Unit 12: Public Health* and *Unit 36: Communicable Diseases.* This unit may also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice

- Unit HSC3103: Contribute to raising awareness of health issues.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues can be introduced through the teaching of this unit, through the consideration of the environmental issues.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- local and national media reports

- local environmental health department information

- official reports and other government documents from HMSO

- guest speakers/visits

- publications from Health and Safety Executive

- publications from Department for Environment, Food and Rural Affairs (DEFRA)

- publications from World Health Organization

- audio and visual records.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Bruges J — *The Little Earth Book* (Alastair Sawday, 2004) ISBN 0901970523

Smith A and Baird N — *Save Cash and Save the Planet* (Collins, 2005) ISBN 000719420X

Journals

Earthwatch

New Scientist

Websites

www.aeat.co.uk/netcen/airqual/forecast.html	National Air Quality Information Archive Bulletin System
www.cieh.org.uk	Chartered Institute of Environmental Health
www.climatenetwork.org	Climate Action Network
www.defra.gov.uk	Department for the Environment, Food and Rural Affairs
www.dft.gov.uk	Department for Transport
www.dti.gov.uk	Department of Trade and Industry
www.environment-agency.gov.uk	Environment Agency
www.europarl.eu.int	The European Parliament
www.foe.co.uk	Friends of the Earth
www.greenpeace.org	Greenpeace UK
www.hse.gov.uk	Health and Safety Executive
www.nsca.org.uk	National Society for Clean Air
www.pesticides.gov.uk	The Pesticides Safety Directorate

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe how human beings can damage the environment	C3.1a Take part in a group discussion.
• explain strategies that have been developed to reduce the impact of one human activity on the environment	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• explain strategies that have been developed to reduce the impact of one human activity on the environment	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• explain strategies that have been developed to reduce the impact of one human activity on the environment.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain strategies that have been developed to reduce the impact of one human activity on the environment	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• explain strategies that have been developed to reduce the impact of one human activity on the environment	ICT3.2 Enter and develop the information and derive new information.
• explain strategies that have been developed to reduce the impact of one human activity on the environment.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the role of regulation and legislation in reducing the impact of one human activity	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe the role of regulation and legislation in reducing the impact of one human activity	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe the role of regulation and legislation in reducing the impact of one human activity.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain strategies that have been developed to reduce the impact of one human activity on the environment	WO3.1 Plan work with others.
• explain strategies that have been developed to reduce the impact of one human activity on the environment	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain strategies that have been developed to reduce the impact of one human activity on the environment.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 39: Infection Prevention and Control

NQF Level 2:   **BTEC National**

Guided learning hours: 30

Unit abstract

The aim of this unit is to enable learners to gain understanding of the importance of infection prevention and control in health and social care settings, and roles and responsibilities associated with this. The vulnerable status of patients and service users makes it crucial for health and social care workers to have a good understanding of infectious agents and the principles of infection prevention and control, this being underlined by ongoing public focus on the issue. Learners will develop an understanding of the cause and spread of infection, and how such spread can be prevented and controlled.

The importance of infection control is evident from the depth of legislation and guidelines that have been produced, which are in turn interpreted and applied at an organisational level. Learners will investigate legislation and guidelines, and organisational polices, that are relevant to infection control in a health or social care setting.

Finally learners will gain an understanding of the roles of workers in relation to the risk of infection and will focus on the ways in which organisations can prevent and control infection.

This unit has been developed from the Knowledge Set for Infection Prevention and Control developed by Skills for Care, and will be useful for those working in health and social care settings or learning about the workplace prior to commencing work.

Learning outcomes

On completion of this unit a learner should:

1 Understand the cause and spread of infection

2 Understand how to prevent and control the spread of infection

3 Understand legislation relevant to infection prevention and control

4 Understand roles, responsibilities and boundaries in relation to infection control.

Unit content

1 **Understand the cause and spread of infection**

Infection and colonisation: systemic infection; localised infection; colonisation

Cause of infection: normal flora; transient flora; chain of infection

Pathogenic microorganisms and disease: bacteria, eg MRSA, tuberculosis, legionnaires' disease, tetanus; viruses, eg HIV, Hepatitis B, measles, mumps; fungi, eg thrush, athletes' foot, ringworm

Parasitic organisms and disease: eg scabies, lice

Growth of microorganisms: reservoir, food, moisture, warmth, time

Spread of microorganisms: contact, droplet, flies, fingers, fomites, faeces, air, dust, water, food

2 **Understand how to prevent and control the spread of infection**

Standard precautions: hand hygiene — hand washing technique, use of alcohol gels and antiseptics, hand drying, skin care, facilities required; use of appropriate personal protective equipment (PPE); general cleanliness — personal, environmental, materials, equipment; principles of isolation nursing; immunisation — occupational health for staff, general public and individuals; following correct/safe practice procedures; prevention of sharps injury; management of outbreaks of infection; food handling; soiled laundry management

Procedures for handling, storage and disposal of waste: sharps, household waste, clinical/hazardous waste, biological spillages; using the correct colour-coded bag or bin

Decontamination techniques: low risk, eg floors, furniture, mobility aids; medium risk, eg bedpans, urinals, commodes; high risk, eg instruments used for invasive techniques; cleaning, disinfection and sterilisation policy

3 **Understand legislation relevant to infection prevention and control**

Legislation, regulations and guidance that govern infection prevention and control: relevant sections from eg Health and Safety at Work Act 1974, Management of Health and Safety at Work Act (amended 1994), The Public Health (Control of Diseases) Act 1984, Food Safety Act 1990, COSHH 2002, RIDDOR 1995, The Public Health (Infectious Diseases) Regulation 1988, The Food Safety (General Food Hygiene) Regulation (Department of Health 1995), The Environmental Protection (Duty of Care) Regulations 1991, Health Protection Agency Bill, Hazardous Waste Regulations 2005, NICE (National Institute for Clinical Excellence) Guideline 2 June 2003

Organisational policies and procedures: with regard to infection prevention and control

4   **Understand roles, responsibilities and boundaries in relation to infection control**

Roles and responsibilities of personnel in relation to infection control: care workers; non-care workers, eg gardeners, cooks, drivers, administrators; managers; specialist personnel, eg infection control nurses, doctors, Environmental Health Officer; Health Protection Units

Roles and responsibilities of the worker with regard to following the organisation's policies and procedures: reporting of infectious or notifiable diseases and outbreaks; seeking advice and guidance as appropriate; admissions, transfers and discharges of individuals; documentation and record keeping in relation to infection; procedures following the death of a individual; handling, collection and storing of specimens — urine (MSU/CSU), faeces, blood, vomit, sputum, wound swabs; encourage all visitors to comply with hygiene policies and procedures

Risk assessment: identify the hazard(s), assess the risk, record the risk, remove/reduce the risk, review the risk regularly

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the causes of infection		
P2 describe how named examples of a viral, a bacterial and a fungal infection may be spread		
P3 describe standard precautions for the prevention and control of infection in a health or social care workplace		
P4 identify key legislation and guidelines relevant to infection prevention and control in a health or social care workplace	M1 explain the role of organisational procedures in the prevention and control of infection	D1 explain how legal requirements influence infection prevention and control procedures in a health or social care workplace
P5 describe the roles and responsibilities of staff in relation to infection prevention and control in a health or social care workplace.	M2 report on a risk assessment undertaken at a health or social care work placement.	D2 explain how risk assessment can contribute to improving infection prevention and control in a health or social care workplace.

Essential guidance for tutors

Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through initial class discussions to encourage thinking about the potential hazards in relation to infection in health and social care settings. This will serve to raise awareness of the focus of this unit, and encourage learners to consider and share any previous experiences in relation to the topic. Learners should be encouraged to relate their learning in this unit to their work experience placements, and draw on examples from the health or social care workplace as much as possible.

Following such an introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by posters and/or presentations, and the use of videos/DVDs. Active learning techniques should be used as much as possible, as should reference to the workplace. Case study materials could also be used to reinforce learning, and media coverage of topical high profile infections could be used as a basis of discussions and may provide opportunities for any learner misconceptions to be identified and rectified.

Learners could be encouraged to carry out internet research into aspects of legislation relevant to infection prevention and control, and then share their findings in small groups. The depth of knowledge required here is reflected in the guided learning hours for the unit, and as a rough guide no more than about four hours should be allocated to this.

When considering roles, responsibilities and boundaries in relation to infection control, learners should draw upon their work placement experiences for examples, and should then be encouraged to share these in small groups or the whole class in order to broaden the experiences of the learning cohort.

Assessment

This unit could be assessed through the vehicle of one holistic assignment, or though two or three smaller ones, according to the needs of the learner cohort.

Evidence for P1 and P2 could be presented in the form of a piece of writing supported by visual images. For P1, the evidence required is generic, whereas for P2 learners need to choose one example of a viral infection, one example of a bacterial infection, and one example of a fungal infection, and describe their methods of spread.

P3, P4 and P5 require reference to a health and social care workplace. Learners should be encouraged to refer to their work experience placements in order to gain the required evidence, though this could be supplemented through the use of case study materials. For P3 a piece of writing is required in which learners describe standard precautions for the prevention and control of infection in a health or social care workplace, and this could be linked to P4 in terms of the relevant legislation and guidelines. Only the key points of such legislation are required. M1 links P3 and P4, and requires learners to consider the role of organisational procedures. D1 then extends this further, with learners needing to explain how legal requirements influence infection prevention and control procedures in a health or social care workplace. For this they need to consider the impact of legislation and guidelines on organisational policies and procedures, and the value of these in relation to infection prevention and control. They should consider the strengths of the legal requirements and also any limitations, as appropriate.

In order to achieve P5 learners could carry out a survey of a health and social care setting in order to ascertain work roles in relation to infection prevention and control. M2 then leads on from this, with learners either carrying out a risk assessment themselves, and describing it, or describing a risk assessment they have observed in a health or social care setting. Finally, for D2, learners need to explain how risk assessment can contribute to improving infection prevention and control in a health or social care workplace. They can use the risk assessment they carried out or observed as the basis of this, but then broaden their explanation and draw upon other examples.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit has been developed using the Skills for Care Knowledge Set for Infection Prevention and Control. However, the principles of infection control are scientifically driven, and learners should be able to contextualise them to other health and social care environments.

The knowledge gained through this unit will underpin many other units in the programme. It will be further developed in particular in *Unit 6: Personal and Professional Development in Health and Social Care, Unit 12: Public Health,* and *Unit 35: Introduction to Microbiology for Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN3: Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit also provides opportunities for the production of evidence towards the Level 2 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues will be covered in some detail during the progression through this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- work experience placements.

In addition, the following resources are considered to be highly valuable:

- case study materials

- videos/DVDs

- guest speakers

- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Ayling P — *Knowledge Sets: Infection Prevention and Control* (Heinemann, 2007) ISBN 9780435402327

Damani N — *Manual of Infection Control Procedures* (Greenwich Medical Media, 2003) ISBN 1841101079

Kennamer M — *Basic Infection Control for the Health Care Professional* (Delmar, 2001) ISBN 0766826783

Owen G A — *HACCP Works* (Highfield Publications, 2005) ISBN 1904544363

Richards J — *Complete A-Z Health and Social Care Handbook* (Hodder Arnold, 2003) ISBN 0340872675

Sprenger R — *The Foundation HACCP Handbook* (Highfield Publications) ISBN 1904544355

Sprenger R and Fisher I — *The Essentials of Health and Safety* (Carers) (Highfield Publications) ISBN 1871912032

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Websites

www.nice.org.uk	National Institute for Clinical Excellence
www.rcn.org.uk	Royal College of Nursing (has developed minimum standards for infection control)
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 2 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	C2.1a Take part in a group discussion.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	C2.1b Give a talk of at least four minutes.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	C2.2 Read and summarise information from at least **two** documents about the same subject. Each document must be a minimum of 500 words long.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread.	C2.3 Write **two** different types of documents, each one giving different information. One document must be at least 500 words long.

Information communication technology Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	IT2.1 Search for and select information to meet their needs. Use different information sources for each task and multiple search criteria in at least one case.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	IT2.2 Enter and develop the information to suit the task and derive new information.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread.	IT2.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe standard precautions for the prevention and control of infection in a health or social care workplace	LP2.1 Help set targets with an appropriate person and plan how these will be met.
• describe standard precautions for the prevention and control of infection in a health or social care workplace	LP2.2 Take responsibility for some decisions about your learning, using your plan to help meet targets and improve your performance.
• describe standard precautions for the prevention and control of infection in a health or social care workplace.	LP2.3 Review progress with an appropriate person and provide evidence of achievements.

Working with others Level 2	
When learners:	They should be able to develop the following key skills evidence:
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	WO2.1 Plan work with others.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread	WO2.2 Work co-operatively towards achieving identified objectives.
• describe the causes of infection • describe how named examples of a viral, a bacterial and a fungal infection may be spread.	WO2.3 Review your contribution and agree ways to improve work with others.

Unit 40: Dementia Care

NQF Level 2: BTEC National

Guided learning hours: 30

Unit abstract

The aim of this unit is to provide opportunities for learners to develop understanding of the meaning of the term dementia, possible causes of dementia, the needs of individuals with dementia, and how such individuals can be supported and cared for. As an umbrella term for a variety of conditions, misconceptions frequently may arise as to the definition of the term dementia, and this unit aims to clarify this.

The unit has been developed with the emphasis on the person-centred approach of focusing on the individual first and the dementia second, with the development of a person-to-person supportive relationship with individuals.

Learners will develop an understanding of the different working roles of those who work with individuals with dementia, and there is a focus on communicating and reporting effectively to avoid additional unintended meanings that language can sometimes convey.

Learners will also investigate the impact of the onset of dementia and the implications for individuals and their friends and families, and the role of legislation and guidelines in the care and support of individuals with dementia.

This unit has been developed from the Knowledge Set for Dementia developed by Skills for Care, and will be useful for those working in health and social care settings or learning about the workplace prior to commencing work.

Learning outcomes

On completion of this unit a learner should:

1 Know how to define dementia

2 Understand how to support and care for individuals with dementia

3 Understand roles, responsibilities and boundaries when caring for individuals with dementia

4 Understand legislation and guidance relevant to the care of individuals with dementia.

Unit content

1 **Know how to define dementia**

Dementia: definition of; difference between dementia, depression and confusional states; importance of diagnosis; implications for support and care of individual

Types and causes: eg Alzheimer's disease, vascular dementia, Pick's disease (Fronto-Temporal), dementia with Lewy bodies; Creutzfeldt-Jakob Disease (CJD), Huntington's disease

Common signs and symptoms of dementia: eg decline in memory, decline in reasoning and communication, changes in behaviour, loss of skills to carry out normal daily activities

2 **Understand how to support and care for individuals with dementia**

Person-centred and strengths-based approach to the support and wellbeing of individuals with dementia: seeing the person first and the dementia second; communicating effectively so that the individual has the opportunity to make decisions; where appropriate acting in the best interests of an individual and in the least restrictive manner; developing a person-to-person relationship with the individual; involving the individual with dementia in their own care planning; taking account of history, eg personal, family, medical; working towards meeting the needs of the whole individual; adhering to the value base of care — identity, dignity, respect, choice, independence, privacy, rights, culture; taking account of the individual's personal beliefs including spiritual beliefs, emotional needs and preferences; maintaining a responsive and flexible approach to the individual, taking account of changing needs; recognising and responding to feelings and issues that are commonly experienced by people with dementia, eg around loss of control, loss of community involvement

Supporting and working with family and friends of the individual: using a person-centred approach; providing information about services and support networks available, eg support groups, specialist organisations such as the Alzheimer's Society

Protecting the individual from abuse, injury and harm: types of abuse — physical, sexual, racist, emotional, financial, institutional, neglect; staff awareness and training; involving family and friends; use of independent advocacy; use of assistive technologies, eg pressure mats, door alarms linked to staff pagers, personal pendant alarms, colour-coded handrails, pictures/images on doors; the effect an environment can have, eg space choice and access to gardens; an enabling and safe environment, eg circular paths, floor coverings/soft furnishings that are not heavily patterned, distinct difference between walls and ceilings through use of colours and textures; awareness of the possibility of an increased risk of falls

Maintaining the general good health and wellbeing of the individual with dementia: food, nutrition, eating and drinking at regular intervals; appropriate exercise and activities specific to the needs of the individual; personal care including measures to reduce risk of infection; living in a clean and enabling environment; potential links between physical illness and/or medication and confusion

Positive and effective communication with the individual with dementia: recognise that the individual's behaviour will often be directly related to their need to communicate about their feelings and needs; look and listen carefully and take account of what a individual is communicating; respond appropriately and positively to an individual's various forms of communication using non-threatening body language and tone of voice, use of simple sentences, being calm and unrushed; give encouragement and focus on the individual's strengths and abilities; managing challenging behaviour

Activities, therapies and medication: conventional medicines; complementary therapies and activities, eg herbal medicine, acupuncture, aromatherapy and massage, sensory therapy, music therapy

3 Understand roles, responsibilities and boundaries when caring for individuals with dementia

Roles, responsibilities and boundaries: individual; family and friends of individual; independent advocate; care worker; manager; social worker; general practitioner; specialist personnel eg psychiatrist, therapists, community psychiatric nurse; how team work and support can lead to better support of individuals

Communicating, reporting and recording effectively: distinguishing between subjective and objective language, fact and opinion; using clear, objective statements in eg care plans, reports, daily logs, handover reports; using appropriate language and avoiding the use of negative statements and language when describing a person with dementia

Roles and responsibilities of services: care homes with personal care or nursing care; hospitals; domiciliary, respite and day services; sheltered accommodation and supported housing; voluntary and charitable organisations, eg Alzheimer's Society, Mental Health Foundation, Age Concern, Anchor Trust, MIND

4 Know legislation and guidance relevant to the care of individuals with dementia

Legislation and guidance: relevant sections of, eg Mental Health Act 1983, Enduring Power of Attorney Act 1985, Community Care Act 1990, Disability Discrimination Act 1995, Data Protection Act 1998, Human Rights Act 1998, Health Act 1999, Care Standards Act 2000, Mental Capacity Act 2005, National Service Framework for Older People

Organisational policies and procedures: eg visitor policy, no secrets policy

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the types of dementia and common signs and symptoms		
P2 describe approaches to caring for individuals with dementia		
P3 identify ways of protecting individuals with dementia from abuse, injury and harm		
P4 describe the role of communication, reporting and recording in the support of individuals with dementia and their friends and family		
P5 describe roles and responsibilities in terms of the care of individuals with dementia in a health or social care work setting	M1 describe how team work within an organisation can improve outcomes of people with dementia	D1 explain how different approaches to caring for people with dementia can affect individual outcomes

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 identify legislation and guidance that impacts on the care of individuals with dementia.	M2 describe how legislation and guidelines influence organisational procedures for caring for individuals with dementia.	D2 analyse how legislation and guidelines influence organisational procedures for caring for individuals with dementia.

Essential guidance for tutors

Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through initial class discussions to encourage thinking about the different types of dementia, the needs of individuals with dementia, and how these needs might be met. This will serve to raise awareness of the focus of this unit, and encourage learners to consider and share any previous experiences in relation to the topic. Learners should be encouraged to relate their learning in this unit to their work experience placements, and draw on examples from the health or social care workplace as much as possible.

Following such an introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by presentations, and the use of videos/DVDs. Active learning techniques should be used as much as possible, as should reference to the workplace. Case study materials could also be used to reinforce learning, and guest speakers could be invited in to talk to learners about different aspects of dementia care.

Learners could be encouraged to carry out internet research into aspects of legislation relevant to the care of individuals with dementia, and then share their findings in small groups. The depth of knowledge required here is reflected in the guided learning hours for the unit, and as a rough guide no more than about four hours should be allocated to this.

When considering roles, responsibilities and boundaries in relation to dementia care, learners should draw upon their work placement experiences for examples, and should then be encouraged to share these in small groups or the whole class in order to broaden the experiences of the learning cohort.

Assessment

This unit could be assessed through the vehicle of one holistic assignment, or though two or three smaller ones, according to the needs of the learner cohort.

Evidence for P1, P2, P3, P4 and P5 could be presented in the form of pieces of writing, drawing on examples from health and social care settings as far as possible. Case studies could be used to supplement this evidence. P1 requires learners to consider the various types of dementia, with at least four examples, and describe the common signs and symptoms. For P2 learners need to consider the care of individuals with dementia, and describe approaches to caring, whereas for P3 learners then need to consider the various different types of potential abuse and identify ways of protecting individuals with dementia from abuse, injury and harm. P4 requires learners to describe the role of communication, reporting and recording in the support of individuals with dementia and their friends and family. They should include the different methods of communication and the need to communicate sensitively and appropriately with friends and family. For P5 learners need to describe roles and responsibilities in terms of the care of individuals with dementia in a health or social care work setting.

M1 then extends these pass criteria, with learners being required to consider any relevant work placement experiences they may have had to describe how team work within an organisation can improve outcomes of people with dementia. They should draw on examples from their work experience if possible in support of their evidence here. Again, case study materials may be used to supplement such evidence, as appropriate. D1 then requires learners to explain how different approaches to caring for people with dementia can affect individual outcomes. This needs to link to protecting individuals with dementia from abuse as well as other outcomes such as health and wellbeing.

For P6 only the key points of legislation and guidance are required. For M2 learners need to extend this to describe how the legislation and guidelines influence organisational procedures for caring for individuals with dementia, whilst for D2 this needs to be examined in more detail and explained. Learners need to consider the impact of legislation and guidelines on organisational policies and procedures, and the value of these in relation to the outcomes for individuals with dementia. They should consider the strengths of the legal requirements and also any limitations, as appropriate.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit has been developed using the Skills for Care Knowledge Set for Dementia. However, the principles of dementia care are such that learners should be able to contextualise them to other health and social care environments.

The knowledge gained through this unit will underpin many other units in the programme. It could be further developed in particular in *Unit 6: Personal and Professional Development in Health and Social Care,* and also links to *Unit 4: Development Through the Life Stages,* and *Unit 28: Caring for Older People.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 2 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Social and cultural issues could be referred to during the progression through this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- work experience placements.

In addition, the following resources are considered to be highly valuable:

- case study materials

- videos/DVDs

- guest speakers

- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Adams T and Manthorpe J — *Dementia Care* (Hodder Arnold, 2003) ISBN 0340810203

Bartle C — *Knowledge Sets: Dementia Care* (Heinemann, 2007) ISBN 9780435402303

Woolham J — *Assistive Technology in Dementia Care* (Hawker Publications, 2006) ISBN 1874790833

Websites

www.alzheimers.org.uk	The Alzheimer's Society
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 2 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 2		
When learners:	**They should be able to develop the following key skills evidence**:	
• describe the types of dementia and common signs and symptoms	C2.1a	Take part in a group discussion.
• describe the types of dementia and common signs and symptoms	C2.1b	Give a talk of at least four minutes.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia	C2.2	Read and summarise information from at least **two** documents about the same subject. Each document must be a minimum of 500 words long.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia.	C2.3	Write **two** different types of documents, each one giving different information. One document must be at least 500 words long.

Information communication technology Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia	IT2.1 Search for and select information to meet their needs. Use different information sources for each task and multiple search criteria in at least one case.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia	IT2.2 Enter and develop the information to suit the task and derive new information.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia.	IT2.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe approaches to caring for individuals with dementia	LP2.1 Help set targets with an appropriate person and plan how these will be met.
• describe approaches to caring for individuals with dementia	LP2.2 Take responsibility for some decisions about your learning, using your plan to help meet targets and improve your performance.
• describe approaches to caring for individuals with dementia.	LP2.3 Review progress with an appropriate person and provide evidence of achievements.

Working with others Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia	WO2.1 Plan work with others.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia	WO2.2 Work co-operatively towards achieving identified objectives.
• describe the types of dementia and common signs and symptoms • identify legislation and guidance that impacts on the care of individuals with dementia.	WO2.3 Review your contribution and agree ways to improve work with others.

Unit 41: Working with Medication in Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 30

Unit abstract

The aim of this unit is to enable learners to gain understanding of the principles involved in the safe administration of medicines to individuals. Such administration is a key function in the roles of many carers working in the health and social care sectors, and the importance of this role has been underlined by the focus of public attention on the subject in recent times. Learners will also develop an understanding of the legislation and guidelines that underpin practices in the administration of medicines.

Learners will initially develop an understanding of the different types of medication and routes of administration, as well as the changes that an individual may experience after taking medication. The unit examines the importance of informed consent and also communication between carer and individual and between carer and other professionals working with the individual. Learners will then develop understanding of the logistics of the administration of medicines, including recording, reporting, storage and auditing procedures.

This unit has been developed from the Knowledge Set for Medication developed by Skills for Care, and will be useful for those working in health and social care settings or learning about the workplace prior to commencing work.

Learning outcomes

On completion of this unit a learner should:

1 Understand different types of medication and routes of administration

2 Understand the role of legislation when working with medication

3 Understand roles, responsibilities and boundaries when working with medication

4 Understand the principles of safe practice in the administration of medication.

Unit content

1 Understand the different types of medication and routes of administration

Types of medication prescribed and administered to individuals: antibiotics (used to fight infection); analgesics (used to relieve pain); anti-histamines (used to relieve allergy symptoms, eg hay fever); antacids (used to relieve indigestion); anti-coagulants (used to prevent blood clotting, eg following heart attack, thrombosis, some surgical procedures); psychotropic medicine (eg used to treat depression); diuretics (used to get rid of excess fluids in the body); laxatives (used to alleviate constipation); hormones (eg insulin, steroids, Hormone Replacement Therapy); cytotoxic medicines (used to treat some forms of cancer)

Classification of medication: prescription only medicine (POM); over-the-counter medicine (P — in the presence of pharmacist, GSL — General Sales List); controlled drugs; complementary/homeopathic remedies

Routes by which medicines are administered and by whom: inhalation (use of inhalers — nasal or oral); injection (by piercing the skin); ingestion (medicines/tablets taken orally, including under the tongue); topical (application of creams, lotions, ointments); infusion (intravenous drips); instillation (administration of drops to ears/nose/eyes); PR — per rectum (enemas, suppositories); PV — per vagina (pessaries, creams)

Changes to individual following administration of medicine: eg rashes, breathing difficulties, swellings, nausea, vomiting, diarrhoea, stiffness, shaking, headaches, drowsiness, constipation, weight gain; whether changes are the result of medication; need to check contraindications and medicine interactions prior to administration of home or over the counter remedies or complementary therapies or remedies

2 Understand the role of legislation when working with medication

Legislation and guidance that controls the prescribing, dispensing, administration, storage and disposal of medicines: relevant sections from, eg Medicines Act 1968 + amendments, Misuse of Drugs Act 1971 (Controlled Drugs) + amendments, Health and Safety at Work Act 1974, Access to Health Records Act 1990, Data Protection Act 1998, COSHH Regulations 1999, Care Standards Act 2000 (receipt, storage and administration of medicines), Administration and Control of Medicines in Care Homes and Children's Services June 2003, Hazardous Waste Regulations 2005

Legal framework: how the organisation's policies and procedures reflect these; for safe handling of medicines by all workers — prescribing, dispensing, administration, storage and disposal

3   **Understand roles, responsibilities and boundaries when working with medication**

Process by which medicines are prescribed, dispensed and obtained by the individual and the worker's role in this process: prescribers (medical and non-medical); managers; social care staff; ancillary staff; clerical staff/administrators

Roles and boundaries of all workers with regard to the safe handling of medicines (prescribing, dispensing, administration, storage and disposal) in various care contexts: eg care homes (personal or nursing care), day services, an individual's own home, sheltered accommodation, supported housing; other networks and services for individuals (education, religious establishments, voluntary agencies, activities and entertainment); the need to check that the medicine received matches the medication and dosage prescribed by the prescriber and is listed on the appropriate documentation; the need to seek guidance and support (and from where) about the medicine and dosage prescribed for any particular individual, eg prescriber (medical or non-medical), NHS Direct, manager, nurse, or from supportive reference material; the need for confidentiality, when and to whom information about an individual's medication may be disclosed or discussed, eg doctor, pharmacist, other care professionals, relatives/solicitor with enduring power of attorney

4   **Understand safe practice in the administration of medication**

Obtaining consent for administration: informed consent; use of independent advocate, family member, medical professional to assist in achieving informed consent; situations where informed consent is not possible; acting in the best interests of the individual where informed consent is not possible

Preparation prior to administration: risk assessment in relation to self-administration, secondary administration; preparation prior to administration — basic hygiene procedures, correct equipment (eg gloves), correct recording documents

Administration of medicines: ensuring the correct medication, correct dose, correct person, correct time, correct route or method

Recording, reporting and seeking advice: record — the medication given, to whom the medication is given, the time it is given, the dosage given, the method of administration; comments and signature after each administration; reporting and seeking advice — about reactions, refusal of individual to take medication, where errors occur in administration

Audit and storage of stock: ensuring medication is stored according to manufacturers' instructions; in a clean, ordered and secure environment, at the correct temperature; ensuring that number of doses received, administered and remaining are accurately recorded; checking records for accuracy; ensuring out of date and unwanted medicines are disposed of safely

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the types of medication prescribed and administered to individuals and the routes of administration of medicines		
P2 describe relevant sections of legislation and guidance with regard to the administration of medicines	M1 explain the effect of legislation and guidelines with regard to medication on organisational policies and procedures	D1 evaluate the effect of legislation and guidelines on the administration of medicines
P3 describe roles and responsibilities with regard to the administration of medicines in a health or social care setting		
P4 describe safe practice in the administration of medication to individuals		
P5 describe how medicines should be stored and maintained.	M2 explain the role of safe practices in the administration and storage of medicines in terms of outcomes for individuals.	D2 evaluate the role of safe practices in the administration and storage of medicines in terms of outcomes for individuals.

Essential guidance for tutors

Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through initial class discussions to encourage thinking about the administration of medicines. This will serve to raise awareness of the focus of this unit, and encourage learners to consider and share any previous experiences in relation to the topic. Learners should be encouraged to relate their learning in this unit to their work experience placements, and draw on examples from the health or social care workplace as much as possible.

Following such an introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by presentations, and the use of case studies, visits or guest speakers. Active learning techniques should be used as much as possible, as should reference to the workplace. Conceptions about the functions of medicines should be elicited and discussed, allowing misconceptions to be identified and rectified. Learners should be able to match routes of administration to appropriateness of the route to the individual and to different forms of medication. In terms of changes to individuals after administration of medication, it should be emphasised to learners that such changes may not be as a result of the administration and, irrespective of the cause of the changes, the need to seek advice should be emphasised. Learners also need to understand the issues surrounding consent and informed consent. These issues may best be addressed using case study material or the experiences of learners who have come into contact with the issues.

Learners could be encouraged to carry out internet research into aspects of legislation relevant to the administration of medicines, and then share their findings in small groups. The depth of knowledge required here is reflected in the guided learning hours for the unit, and as a rough guide no more than about four hours should be allocated to this.

When considering roles, responsibilities and boundaries in relation to medication, learners should draw upon their work placement experiences for examples, and should then be encouraged to share these in small groups or the whole class in order to broaden the experiences of the learning cohort.

Assessment

This unit could be assessed through the vehicle of one holistic assignment, or though two or three smaller ones, according to the needs of the learner cohort.

Evidence for P1 could be presented in the form of a piece of writing, drawing on examples from health and social care settings as far as possible. Case studies could be used to supplement this evidence.

P2 requires learners to describe relevant sections of legislation and guidance with regard to the administration of medicines. Such evidence may have been obtained through the vehicle of small group work, and centres should therefore ensure that the evidence presented is entirely that of the learner. For M1 learners need to explain the effect of legislation and guidelines with regard to medication on organisational policies and procedures. They therefore need to consider the policies and procedures in at least one health or social care work setting, and explain how legislation and guidelines have influenced these. This needs to be extended, for D1, into an evaluation, with learners considering strengths of the legislation and guidelines as well as any potential limitations. Again, learners should draw upon examples from their work placement experiences if possible.

Evidence for P3, P4 and P5 could also be presented in the form of pieces of writing, drawing on examples from health and social care settings as far as possible. Case studies could again be used to supplement this evidence. M2 extends P5, requiring learners to explain the role of safe practices in the administration and storage of medicines in terms of outcomes for individuals. They need to consider a range of possible outcomes, including the health, wellbeing and safety of the individual as well as aspects such as consent and the importance of effective communication. This needs to be extended for D2 into an evaluation, with strengths and possible weaknesses being considered. Again, learners should draw on examples from health and social care settings as far as possible.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit has been developed using the Skills for Care Knowledge Set for Medication. However, the principles of medication are such that learners should be able to contextualise them to other health and social care environments.

The knowledge gained through this unit could be linked in particular to *Unit 6: Personal and Professional Development in Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN3:   Maintain health and safety in a clinical/therapeutic environment

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues will be referred to during the progression through this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- work experience placements.

In addition, the following resources are considered to be highly valuable:

- case study materials

- guest speakers

- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Railton D — *Knowledge Sets: Handling Medication* (Heinemann, 2007)
ISBN 978435402310

Simonsen T, Aarbakke J, Kay I, Sinnott P and Coleman I — *Illustrated Pharmacology for Nurses* (Hodder Arnold, 2006) ISBN 0340809728

Wilcher M — *Handbook on Medication for Carers of People with Learning Disabilities* (South Birmingham Primary Care Trust, 2005) ISBN 0954970004

Websites

www.rpsgb.org.uk	Royal Pharmaceutical Society of Great Britain
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the types of medication prescribed and administered to individuals and the routes of administration of medicines	C3.1a Take part in a group discussion.
• describe the types of medication prescribed and administered to individuals and the routes of administration of medicines	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe relevant sections of legislation and guidance with regard to the administration of medicines	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe relevant sections of legislation and guidance with regard to the administration of medicines.	C3.3 Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the types of medication prescribed and administered to individuals and the routes of administration of medicines	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe the types of medication prescribed and administered to individuals and the routes of administration of medicines	ICT3.2 Enter and develop the information and derive new information.
• describe the types of medication prescribed and administered to individuals and the routes of administration of medicines.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe safe practice in the administration of medication to individuals	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe safe practice in the administration of medication to individuals	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe safe practice in the administration of medication to individuals.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe relevant sections of legislation and guidance with regard to the administration of medicines	WO3.1 Plan work with others.
• describe relevant sections of legislation and guidance with regard to the administration of medicines	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe relevant sections of legislation and guidance with regard to the administration of medicines.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 42:   Support Work in Social Care

NQF Level 2:   **BTEC National**

Guided learning hours: 30

Unit abstract

The aim of this unit is to enable learners to develop understanding of the importance of support work in social care. The health and social care sectors require support from a wide range of other workers, including those involved in building, maintenance and cleaning, information technology, driving, gardening, catering, administration and security. This unit also aims to provide learners with generic underpinning knowledge that workers in these roles require in order to work effectively in health or social care environments.

In this unit learners will gain an understanding of the different contexts of employment and the impact of legislation and guidelines on the roles workers not involved in direct care perform. The importance of communication with a variety of service users, their friends and families, and other workers forms a significant part of the unit. Learners will also gain understanding of the importance of team working in a health or social care environment and will explore other areas such as maintaining security, infection control, storage of waste and storage of harmful substances.

This unit has been developed from the Knowledge Set for Workers not involved in Direct Care developed by Skills for Care, and will be useful for those working in health and social care settings or learning about the workplace prior to commencing work.

Learning outcomes

On completion of this unit a learner should:

1   Understand the services that workers not involved in direct care provide in social care settings

2   Understand the role of communication in care environments

3   Understand the importance of team working in care environments

4   Understand the importance of safe working in care environments.

Unit content

1 **Understand the services that workers not involved in direct care provide in social care settings**

Employment settings: care homes (personal or nursing care); day services; an individual's own home; sheltered accommodation; supported housing; other networks and services for individuals, eg education, religious establishments, voluntary agencies, activities, entertainment; importance of building relationships in such settings; responding appropriately to an individual's situation within boundaries of own role

Legislation and guidance: relevant sections from, eg Health and Safety at Work Act 1974, Food Safety Act 1990, The Environmental Protection (Duty of Care) Regulations (1991), RIDDOR 1995, The Food Safety (General Food Hygiene) Regulations 1995, Data Protection Act 1998; Care Standards Act 2000, COSHH 2002, Health Protection Agency Bill, Hazardous Waste Regulations 2005

Personal presentation and dealing with enquiries: the need to address individuals, colleagues and visitors in a polite manner; the need to maintain security of the environment by ascertaining a person's right to be there; the need to direct visitors to the appropriate person or area; the need to dress appropriately for the work environment (uniform, personal protective clothing)

2 **Understand the role of communication in care environments**

Communication: written, verbal, non-verbal; communicating effectively in the care environment: listening carefully to what is being communicated; speaking clearly avoiding jargon and slang, at an appropriate pace and in an appropriate tone of voice; engaging appropriately with individuals, colleagues and visitors, using non-judgmental language; using gestures and body language to emphasise what is being communicated; being aware of individual differences in relation to disability, culture, language, gender, age, over-familiarity, personal space

Barriers to communication: impairment (mental, physical including sensory); use of jargon and slang; inappropriate facial expressions or gestures; environmental noise

Maintaining confidentiality: with individuals, their family and friends; with colleagues and other professionals; within the care environment; outside the care environment

3 **Understand the importance of team working in care environments**

Concept of a team: definition of a team; formal and informal roles within the team; benefits of team work; responding to inappropriate requests from team members (eg in relation to safe practice); roles, responsibilities and boundaries of team members in a workplace; membership of team, eg managers, workers, care colleagues, non-care colleagues, other professionals

Communication in a care environment: reporting issues; maintaining confidentiality; whistle blowing, including POVA (protection of vulnerable adults); reporting concerns about any child in relation to potential abuse or neglect

Supervision, appraisal and personal development in relation to self, the individual, the team, the organisation: purpose of supervision, appraisal and personal development; process of supervision, appraisal and personal development; value of supervision, appraisal and personal development

4 **Understand the importance of safe working in care environments**

Security in a care environment: monitor callers, eg service engineers, delivery personnel; ensure that areas that should be locked are locked, eg garden sheds, store cupboards, garage

Precautions to prevent infection and its spread: hand hygiene (correct hand washing technique, use of alcohol gels and other antiseptics, hand drying, skin care, facilities required); use of appropriate personal protective equipment (PPE); general cleanliness (personal, environmental, materials, equipment); principles of isolation nursing; immunisation (occupational health for staff, general public and individuals); following correct/safe practice procedures; prevention of sharps injury; management of outbreaks of infection; food handling; soiled laundry management

Storage and disposal of waste specific to the care environment: clinical waste; household waste; soiled laundry and waste; sharps; medicines; confidential records

Storage and use of substances and equipment in the care environment: equipment, eg gardening tools, knives, domestic appliances, shredder, computer, motor vehicles, keys; substances, eg hazardous or non-hazardous to health

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 identify legislation and guidance relevant to support work in care		
P2 describe the role of communication in the context of support work in care	M1 explain potential barriers to communication in the context of support work in care	
P3 describe the role of workers, not involved in direct care, in the effective operation of a team	M2 explain the role of workers, not involved in direct care, in the effective operation of a team	
P4 identify the importance of supervision and management in the development of workers not involved in direct care		
P5 describe the responsibilities of workers not involved in direct care in protecting and safeguarding individuals		

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P6 describe the role of workers not involved in direct care in maintaining safety and security in the caring environment.	M3 explain the importance of protecting and safeguarding individuals and maintaining safety and security in the care environment.	D1 evaluate the role of support workers for the care environment.

Essential guidance for tutors

Delivery

This unit needs to be delivered by an appropriately qualified tutor.

The unit could be introduced through initial class discussions to encourage thinking about the role of support workers in care, and the potential range of roles. This will serve to raise awareness of the focus of this unit, and encourage learners to consider and share any previous experiences in relation to the topic. Learners should be encouraged to relate their learning in this unit to their work experience placements, and draw on examples from the health or social care workplace as much as possible.

Following such an introduction, the unit could be delivered through a combination of tutor input, individual/small group research followed by presentations, and the use of videos/DVDs. Active learning techniques should be used as much as possible, as should reference to the workplace. Case study materials could also be used to reinforce learning, and guest speakers could be invited in to talk to learners about different aspects of support work. Learners could carry out a survey of supporting roles at their work experience placements, and then share their results with other members of the learner cohort.

Learners could be encouraged to carry out internet research into aspects of legislation relevant to support work in care, and then share their findings in small groups. The depth of knowledge required here is reflected in the guided learning hours for the unit, and as a rough guide no more than about three hours should be allocated to this.

When considering potential roles of those working in care, who are not involved in direct care, learners should draw upon their work placement experiences for examples. They should then be encouraged to share these in small groups or the whole class in order to broaden the experiences of the learning cohort.

Assessment

This unit could be assessed through the vehicle of one holistic assignment, or though two or three smaller ones, according to the needs of the learner cohort.

Evidence for P1 could be presented in the form of a piece of writing that identifies the key legislation and guidance. P2 requires some description of the role of communication in the context of support work in care, with this being potentially supplemented by records of appropriate conversations. M1 then requires learners to explain potential barriers to communication in the context of support work in care. Learners need to draw upon experiences in their work experience settings for examples to illustrate this. For P3 learners could possibly refer to an appropriate teamwork situation they have participated in, and use that as the basis of their description. M2 then requires learners to extend this, examining the role of support workers in more detail and explaining them.

P4 requires learners to identify the importance of supervision and management in the development of workers not involved in direct care. In order to gain evidence for this, learners could, if possible, arrange to interview a supervisor/manager at their work experience placements.

P5 and P6 require evidence of understanding of different aspects of support work. Learners could, for example, interview two or three different support workers in order to explore their roles. The use of case studies could also support this. For M3 learners need to explain the importance of these different aspects, and for D1 they need to evaluate the role of support workers for the care environment. D1 is a large criterion, and learners need to provide examples and consider strengths and weaknesses.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit has been developed using the Skills for Care Knowledge Set for workers not involved in direct care. However, the principles of support work in care are such that learners should be able to contextualise them to other health and social care environments.

The knowledge gained through this unit will link in particular to *Unit 6: Personal and Professional Development in Health and Social Care.*

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6:   Maintain communications and records within the organisation

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others.

The unit also provides opportunities for the production of evidence towards the Level 2 key skills in communication, information and communication technology, improving own learning and performance and working with others.

Health and safety issues could be referred to during the progression through this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials
- work experience placements.

In addition, the following resources are considered to be highly valuable:

- case study materials
- videos/DVDs
- guest speakers
- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Book

O'Kell S — *Study Guide for Care Support Workers: NVQ/SVQ in Care* (First Class Books, 1999) ISBN 1880246112

Websites

www.assetskills.org	Asset Skills
www.cfa.uk.com	Council for Administration
www.e-skills.com	e-skills UK
www.goskills.org	GoSkills
www.lantra.co.uk	Lantra
www.people1st.co.uk	People1st
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.skillsforsecurity.org.uk	Skills for Security
www.ssda.org.uk	Umbrella body for sector skills councils

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 2 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 2		
When learners:	**They should be able to develop the following key skills evidence:**	
• describe the role of workers, not involved in direct care, in the effective operation of a team • identify the importance of supervision and management in the development of workers not involved in direct care	C2.1a	Take part in a group discussion.
• describe the responsibilities of workers not involved in direct care in protecting and safeguarding individuals • describe the role of workers not involved in direct care in maintaining safety and security in the caring environment	C2.1b	Give a talk of at least four minutes.
• identify legislation and guidance relevant to support work in care	C2.2	Read and summarise information from at least **two** documents about the same subject. Each document must be a minimum of 500 words long.
• identify legislation and guidance relevant to support work in care.	C2.3	Write **two** different types of documents, each one giving different information. One document must be at least 500 words long.

Information communication technology Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• identify legislation and guidance relevant to support work in care	IT2.1 Search for and select information to meet their needs. Use different information sources for each task and multiple search criteria in at least one case.
• identify legislation and guidance relevant to support work in care	IT2.2 Enter and develop the information to suit the task and derive new information.
• identify legislation and guidance relevant to support work in care.	IT2.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the responsibilities of workers not involved in direct care in protecting and safeguarding individuals • describe the role of workers not involved in direct care in maintaining safety and security in the caring environment	LP2.1 Help set targets with an appropriate person and plan how these will be met.
• describe the responsibilities of workers not involved in direct care in protecting and safeguarding individuals • describe the role of workers not involved in direct care in maintaining safety and security in the caring environment	LP2.2 Take responsibility for some decisions about your learning, using your plan to help meet targets and improve your performance.
• describe the responsibilities of workers not involved in direct care in protecting and safeguarding individuals • describe the role of workers not involved in direct care in maintaining safety and security in the caring environment.	LP2.3 Review progress with an appropriate person and provide evidence of achievements.
Working with others Level 2	
When learners:	**They should be able to develop the following key skills evidence:**
• identify legislation and guidance relevant to support work in care	WO2.1 Plan work with others.
• identify legislation and guidance relevant to support work in care	WO2.2 Work co-operatively towards achieving identified objectives.
• identify legislation and guidance relevant to support work in care.	WO2.3 Review your contribution and agree ways to improve work with others.

Unit 43: Technology in Health and Social Care Services

NQF Level 3: BTEC National

Guided learning hours: 60

Unit abstract

This aim of this unit is to enable learners to develop an understanding of the value and use of technology and its functions within health and social care. The unit also provides an opportunity for learners to examine the implications of developments in technology and the potential impact of their application.

The range of technologies of relevance to the health and social care sectors include information technologies used for administration, as well as technologies used in diagnosis and treatment. Learners will also explore personal technological aids used by patients and service users. The unit requires learners to use information technology as well as understanding its application in the health and social care context.

Whilst on work experience placement learners may have the opportunity to investigate the uses of technology in a health or social care setting. They could also benefit from investigating how technology is used in a specific context.

This unit will be useful for all learners planning to work in the Health and Social Care sectors.

Learning outcomes

On completion of this unit a learner should:

1 Understand basic information technology applications

2 Understand the uses of technologies in health and social care

3 Understand the implications of all technology use for patients/service users.

Unit content

1 **Understand basic information technology applications**

Basic computer hardware: PC, modem, scanner, printer, CD ROM reader

Basic computer software: word processing, spreadsheets, internet, email; diagnostic and interactive applications

Documents: eg letters, labels, faxes, emails, reports, record cards/sheets, care plans, booklets and leaflets, CVs; advantages and limitations of package used; layout — page layout, formatting and styling, headers and footers, bullets and numbering, automatic page numbering, spelling checker and word-count facility, inserting and formatting tables

Databases: service user records, medical records, resource databases

Spreadsheets: inputting and amending data accurately; formatting data; sorting and filtering; using simple functions; creating and displaying formulae; producing charts and graphs; headers and footers

Searching on the internet: using search engines effectively; using multiple search criteria; quoting sources and checking reliability; saving favourites or book-marking useful sites

Internet safety: awareness of current data protection legislation and the need for virus protection; child protection issues

2 **Understand the uses of technologies in health and social care**

Diagnostic technology: eg X-rays, ultrasound scans, EEG, ECG, MRI scans, blood analysis, urine analysis, temperature and blood pressure monitors; remote monitoring systems

Operative and invasive technology: eg cryosurgery, lasers, cautery, drug administration systems

Life support systems: eg kidney dialysis, respiration, artificial heart, pacemakers

Security systems: eg CCTV, electronic entry passes, coded locks, tagging

Care planning: developing plans using health care technology

Assistive technology:

- mobility aids: eg powered wheelchairs, prostheses, hoists, stairlifts

- communication aids: eg text phone, speech synthesiser, hearing aids, induction loops, telephone and video conferencing

- other aids to daily living: eg voice-activated systems to open doors, turn lights on and off, palmpilots, food preparation aids

3 **Understand the implications of all technology use for patients/service users**

Ethics: eg autonomy, privacy, impact on care worker/service user interactions, confidentiality, data protection legislation

Benefits: autonomy, independence, wellbeing, health diagnosis, security, mobility, communication

Patients/service users: children, adults, older people, patients/service users with learning disabilities, patients/service users with additional needs, mental health patients/service users

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 use software for word processing, spreadsheets and charts to prepare and present a complex document		
P2 identify the uses of software packages designed specifically for health and social care	M1 analyse the use of a software application in a health or social care service	D1 evaluate the benefits of the use of organisational technology for health and social care patients/service users
P3 use examples to describe the use of technology in health and social care	M2 analyse the use of technology in health and social care	
P4 use examples to describe the use of assistive technology to support individuals with additional needs		
P5 describe the ethical issues surrounding the use of assistive technology.	M3 analyse the use of assistive technology in health and social care services.	D2 evaluate the use of assistive technology for a group of patients/service users.

Essential guidance for tutors

Delivery

The first part of this unit concerns the use of information and communication technology (ICT). The health and social care sectors increasingly use ICT for administration, management, recording and communicating. The ability to create well-designed, word-processed documents will therefore be an advantage to those planning to work in these sectors. Furthermore, competence in ICT will be a valuable asset to any learner intending to progress to further or higher study.

Initially, some structured delivery will be required in order to ensure that learners receive the basic skills and knowledge concerning information technologies. Some input on the use of software packages could be provided by specialist IT tutors but such input will need to be contextualised in terms of its application in a health and social care setting. Learners will need to develop skills in using a range of software, this being potentially achieved through the use of short exercises, some of which may be specifically designed to practise ICT skills. It will be beneficial to learners if, wherever possible, these exercises can be linked to their work in other units.

It will be useful for learners to develop the skills needed for producing written assignments, such as inserting headers and footers, using automatic numbering of pages, and using spell-check. The first sessions should also include learning how to create and organise files and folders so that work can be stored and located easily. Learners could then progress to producing special documents such as letters and curriculum vitae.

Learners should be aware of the legislation and guidelines surrounding confidentiality, data protection and child protection that are relevant to the use of the internet and email in health and social care settings.

Learners then need to explore the value and use of technology and its functions within health and social care. This includes the use of technologies in diagnosis and treatment, and the use of personal technological aids by patients and service users. The unit also provides an opportunity for learners to examine the implications of developments in technology and the potential impact of their application.

Guest speakers could be used to enhance the delivery of the use of assistive technologies. These could be individuals who use such technologies, or administer their use, in health and social care services. Practical demonstrations could also be useful, as would feedback by learners of their own experiences of technology from their work experience placements.

Learners need to investigate the use of technology and its functions at their work experience placements. Visits to health and social care settings could also be used to expand learners' experiences.

Assessment

Evidence for this unit is likely to be a combination of that gained during work experience placements, and school/college-based work with technology, projects and discussion.

P1 can be assessed through the evidence presented for the assessment of another unit, for example, *Unit 22: Research Methodology for Health and Social Care.* The document produced needs to be complex, and include the use of software for word processing, spreadsheets and charts in its preparation.

P2, M1 and D1 can then be assessed through one assignment. Learners should be encouraged to gain evidence for these criteria whilst on their different work experience placements. Visits to Health and Social Care settings could also be used as the basis for learners to gain evidence. Such evidence is likely to be in the form of a word-processed document, possibly supplemented with examples from software applications. For P2, learners need to identify software packages designed specifically for health and social care, with these being examined in more detail for M1, and their uses explained. For D1, learners need to look at the strengths and weaknesses of the software packages and evaluate the benefits of the use of organisational technology for health and social care patients/service users.

The remaining assessment criteria focus on the use of other technologies in the health and social care sectors, and therefore could be assessed by means of another assignment. Learners can gain evidence through the use of visits, guest speakers, and their work experience placements. P3 requires a description as to the uses of technology in health and social care, using a number of examples that demonstrate a variety of uses. P4 then requires learners to focus on assistive technology, and is linked to P5 which requires learners to describe the ethical issues surrounding the use of assistive technologies. This needs to include issues such as the benefits to the patients/service users, any possible negative issues, and confidentiality issues. P4 and P5 need to be extended for M2, for which learners need to examine in detail and explain the implications of the use of assistive technologies. For D2 learners need to investigate and evaluate the use of assistive technologies for one group of patients/service users. They could, for example, consider technologies for the blind/partially sighted, and explain advantages and disadvantages of their use.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications update

The knowledge and skills gained through this unit link with *Unit 1: Developing Effective Communication in Health and Social Care, Unit 6: Personal and Professional Development in Health and Social Care* and *Unit 22: Research Methodology for Health and Social Care.* The unit covers both the generic application of technology in the workplace and the specific application of technology in health and social care, and as such it links with many other units. There are opportunities for cross-referencing and integrated work between units.

This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals
- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment
- Unit HSC33: Reflect on and develop your practice.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation
- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others
- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security
- Core dimension 6: Equality and diversity — Promote equality and value diversity.

The unit also provides opportunities for the production of evidence towards the Level 3 key skills in information and communication technology and improving own learning and performance.

Health and safety issues could be referred to during the progression through this unit.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor
- access to information and communication technology equipment
- library resources with key texts and other reference materials
- work experience placements.

In addition, the following resources are considered to be highly valuable:

- videos/DVDs
- guest speakers
- visits.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Lawson J — *ICT (AS Success Guides)* (Letts, 2003) ISBN 1843152649

Martin I — *Information Technology for Healthcare Professionals* (Quay Books, 1998) ISBN 1856420604

Woolham J — *Assistive Technology in Dementia Care* (Hawker Publications, 2006) ISBN 1874790833

Websites

www.alzheimers.org.uk   The Alzheimer's Society

www.skillsforcareanddevelopment.org.uk   Sector Skills Council for Care and Development

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use software for word processing, spreadsheets and charts to prepare and present a complex document	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• use software for word processing, spreadsheets and charts to prepare and present a complex document	ICT3.2 Enter and develop the information and derive new information.
• use software for word processing, spreadsheets and charts to prepare and present a complex document.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use software for word processing, spreadsheets and charts to prepare and present a complex document	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• use software for word processing, spreadsheets and charts to prepare and present a complex document	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• use software for word processing, spreadsheets and charts to prepare and present a complex document.	LP3.3 Review progress and establish evidence of your achievements.

Unit 44: Vocational Experience for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60 (plus 200 hours of work experience)

Unit abstract

The aim of this unit is to provide a means by which learners can undertake work placement experience over and above the minimum required for the successful completion of the programme. It is intended for learners who do not wish to work towards a specific competence based qualification but wish to complement their study through extra vocational experience. The unit complements the learning and understanding gained from study across all of the units on the programme, and allows further opportunities for the gaining of evidence towards many of these units.

A minimum of 200 hours of work experience is required for the successful completion of this unit. It is recommended that this is divided between at least three different placements. This time is *additional* to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care.* However, the total number of different placements required for both units together remains at a minimum of three. Learners are advised, however, to consider a broader range of experiences, if available.

This unit may not be combined in a programme with *Unit 45: Competence-based Vocational Experience for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1 Understand the structure and function of a placement organisation

2 Be able to demonstrate knowledge of workplace practice

3 Be able to apply knowledge and understanding

4 Be able to review personal effectiveness.

Unit content

1 **Understand the structure and function of a placement organisation**

Placement structure: aims, role, policies and procedures of organisation

Roles and responsibilities within organisation: staff organisation and roles

Patients/service users: outline of users; how needs are met

Services and resources provided by associated organisations: links with other organisations, inter-agency working

Role and performance in learner placement: description of role, aims, objectives, expected tasks

2 **Be able to demonstrate knowledge of workplace practice**

Practice situation: setting, patient/service user group, role

Knowledge and understanding: gained through working with different patients/service users; eg understanding needs, knowledge of roles, understanding practical care skills, communication, information handling, understanding role of inter-agency working

Information: recording and reporting, methods and reasons for sharing information, confidentiality, storing mechanisms, secure storage; methods used in specific settings

Skills required for effective teamwork: eg communication, punctuality, reliability

3 **Be able to apply knowledge and understanding**

Links between theory gained and practice in the health and social care sectors: application of knowledge, eg organisation of service provision, organisational policies and procedures, care practices, health and safety

Evidence: eg from coursework, oral questioning, reflective accounts

4   **Be able to review personal effectiveness**

Review: reflection; consideration of knowledge, understanding and skills in relation to workplace practices prior to placement experiences, monitoring of progress, consideration of knowledge, understanding and skills in relation to workplace practices after placement experiences; consideration of value of workplace experiences to own personal and professional development

Effectiveness: for individuals, groups; other care workers, managers, other agencies

Recommendations: informing personal development plan: outcomes, path/s to achievement; short term (within six months), long-term (greater than six months); mapping of own skills, qualifications and attributes against those identified for different career areas

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the structure and function of one health or social care organisation		
P2 present and review a portfolio of evidence demonstrating knowledge and understanding of workplace practice		
P3 maintain a reflective practice journal to monitor development of own knowledge, understanding and skills		
P4 identify links between knowledge and understanding and effective practice	M1 explain how development of knowledge and understanding can be linked to improved practice	
P5 describe own effectiveness in work in health and social care.	M2 explain how improving own personal effectiveness can enhance the experience of the patient/service user.	D1 evaluate own development as a result of workplace experiences.

Essential guidance for tutors

Delivery

This unit may not be combined in a programme with *Unit 45: Competence-based Vocational Experience for Health and Social Care.*

A minimum of 200 hours of work experience is required for the successful completion of this unit. It is recommended that these be divided between at least three different placements. This time is *additional* to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care.* However, the total number of different placements required for both units together remains at a minimum of three. Learners are advised, however, to consider a broader range of experiences, if available. This will enhance the evidence they are able to present towards those assessment criteria across the programme that require learners to draw upon work experience placements.

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and also the optional *Unit 17: Working in the Social Care Sector, Unit 18: Working in the Health Sector, Unit 46: Independent Learning in Health and Social Care* and *Unit 47: Academic Literacy in the Health and Social Care Sectors.* Centres are encouraged to consider the delivery and assessment of these units holistically, using the personal and professional development portfolio required for *Unit 6: Personal and Professional Development in Health and Social Care* as the focus of assessment. Further guidance is provided in the tutor support materials for this programme.

Learners require supported time to plan, review and evaluate their work experience placements, and should be encouraged to be reflective throughout the whole process. They need encouragement to collect a variety of evidence as they progress through their work experience. This could include, for example, observations relevant to the role of supportive relationships with patients/service users, as required for *Unit 11: Supporting and Protecting Adults.* These observations, along with other evidence/findings could be filed within learners' personal and professional development portfolio.

Learners should be encouraged to achieve other supporting qualifications at appropriate levels, for example first aid, food hygiene, and manual handling.

Assessment

Evidence for this unit will be generated from work experience placements and reflection of development of own knowledge, understanding and skills. Learners should be encouraged to present their evidence as part of the personal and professional development portfolio required for *Unit 6: Personal and Professional Development in Health and Social Care.* Further guidance for this is provided in the tutor support materials for this programme.

Assessment for learners should be supported by detailed work placement reports, witness testimonies and, where appropriate, observations. Tutors should seek opportunities to observe learners at their placements if possible.

For P1 learners need to choose a different health or social care organisation from that described for *Unit 6: Personal and Professional Development in Health and Social Care.* Thus their knowledge and understanding of such organisations, and how they fit into the national framework, will be broadened.

For P2 learners need to include evidence, preferably in their personal and professional development portfolio, which demonstrates knowledge and understanding of workplace practice. Such evidence should include descriptions of observations, descriptions of workplace procedures such as those for the recording, reporting and sharing of information, or information about inter-agency working, to mention but a few examples. It should be emphasised that this unit provides the learner with 200 extra work experience hours, and the evidence presented needs to reflect the extra opportunities provided for personal development and the gaining of knowledge and understanding.

For P3 learners need to provide a reflective practice journal to monitor development of own knowledge, understanding and skills. This will link closely with evidence provided for *Unit 6: Personal and Professional Development in Health and Social Care*, but again the emphasis is on the extra work placement hours and consequently the significantly additional opportunities for development that learners will have.

P4 and M1 are based on the link between theory and practice. Again, there are links with *Unit 6: Personal and Professional Development in Health and Social Care*, in which learners are encouraged to consider this. For P4, learners are required to again provide evidence of understanding of links between improved knowledge and understanding, and effective practice in the workplace. Examples gained from the workplace can be used to support the evidence provided, but these should be different examples to those provided for Unit 6. The extra work placement hours should provide opportunities to develop further understanding and thus present more informed and detailed evidence. M1 requires an explanation of how development of knowledge and understanding can be linked to improved practice, again using examples and considering reasons for the links.

For P5 learners are required to reflect on their own development, thus again linking with *Unit 6: Personal and Professional Development in Health and Social Care*. They need to consider their own effectiveness in work in health and social care, basing this on workplace experiences and such items of evidence as feedback from supervisors, witness testimonies and end of placement reports, as well as their own personal reflections and feelings. For M3 this needs to be applied to a consideration of how improving one's own personal effectiveness can enhance the experience of the patient/service user. Again, the extra work placement hours should provide opportunities to develop examples of this.

D1 should be a significant piece of work, and requires learners to evaluate their own development as a result of their workplace experiences. They need to consider strengths and weaknesses of their various experiences in terms of providing opportunities for development. They also need to consider how such opportunities have enabled the learners themselves to develop. Reflection is required into the learners' own ability to maximise on opportunities for development, and strengths and weaknesses in relation to this. Generation of ideas for future development needs should also come out of this activity, and feed into personal development plans.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and also the optional *Unit 17: Working in the Social Care Sector, Unit 18: Working in the Health Sector, Unit 46: Independent Learning in Health and Social Care* and *Unit 47: Academic Literacy in the Health and Social Care Sectors.* The practical nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification. It will also allow for the development and practical application of knowledge gained in all other units. This unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC32:   Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33:   Reflect on and develop your practice

- Unit HSC34:   Promote the wellbeing and protection of children and young people

- Unit HSC35:   Promote choice, wellbeing and the protection of all individuals.

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, improving own learning and performance and working with others.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor — a qualified assessor or internal verifier with appropriate vocational experience will be an asset in the delivery of this unit

- a minimum of 200 hours of work experience is required for the successful completion of this unit — it is recommended that this is divided between at least three different placements — this time is *additional* to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care*

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- leaflets/DVDs on learner safety from the Learning and Skills Council.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Jasper M — *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Skills for Life, Teachers Reference Pack, Social Care (DfES)

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Leaflets

The Right Start — Work experience for young people: health and safety basics for employers (Health and Safety Executive)

Standards for Health and Safety (Learning and Skills Council)

Journals

Care and Health

Community Care

Nursing Standard

Nursing Times

Residential Care Manager

Specialist journals as appropriate for the occupational area

Websites

www.careknowledge.com	Care Knowledge
www.csci.org.uk	Commission for Social Care Inspection
www.hse.gov.uk	Health and Safety Executive
www.lsc.gov.uk	Learning and Skills Council
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the structure and function of one health or social care organisation	C3.1a Take part in a group discussion.
• describe the structure and function of one health or social care organisation	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• maintain a reflective practice journal to monitor development of own knowledge, understanding and skills.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• maintain a reflective practice journal to monitor development of own knowledge, understanding and skills	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• maintain a reflective practice journal to monitor development of own knowledge, understanding and skills	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• maintain a reflective practice journal to monitor development of own knowledge, understanding and skills.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• present and review a portfolio of evidence demonstrating knowledge and understanding of workplace practice	WO3.1 Plan work with others.
• present and review a portfolio of evidence demonstrating knowledge and understanding of workplace practice	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• present and review a portfolio of evidence demonstrating knowledge and understanding of workplace practice.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 45: Competence-based Vocational Experience for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 60 (plus 200 hours of work experience)

Unit abstract

The aim of this unit is to provide a means by which learners can undertake work placement experience over and above the minimum required for the successful completion of the programme. It is intended for learners who wish to work towards a specific competence-based qualification to meet the requirements of the National Occupational Standards appropriate for their work in health and social care. The unit complements the learning and understanding gained from study across all of the units on the programme, and allows further opportunities for the gaining of evidence towards many of these units.

A minimum of 200 hours of work experience is required for the successful completion of this unit. It is recommended that this be divided between at least three different placements. This time is *additional* to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care.* However, the total number of different placements required for both units together remains at a minimum of three. Learners are advised, however, to consider a broader range of experiences, if available.

Arrangements will need to be in place for assessment of practical competencies by an appropriately qualified assessor who may be based in the learner's work setting or operate peripatetically.

The unit also provides opportunities for learners to demonstrate continuing development to acquire new skills, through taking on new responsibilities or working in a different specialist area.

This unit may not be combined in a programme with *Unit 44: Vocational Experience for Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1 Understand the structure and function of vocational experience in the workplace

2 Be able to demonstrate competence in practice skills in line with National Occupational Standards

3 Be able to apply knowledge and understanding to practice skills and situations

4 Understand personal effectiveness as a competent worker in health and social care.

Unit content

1 **Understand the structure and function of vocational experience in the workplace**

   Placement structure: aims, role, policies and procedures of organisation

   Roles and responsibilities within organisation: staff organisation and roles

   Patients/service users: outline of users; how needs are met

   Services and resources provided by associated organisations: links with other organisations, inter-agency working

   Role and performance in learner placement: description of role, aims, objectives, expected tasks

2 **Be able to demonstrate competence in practice skills in line with National Occupational Standards**

   Practice skills: observed evidence to meet core units of Level 3 NVQ, as appropriate for role, setting, patient/service user group

   Practice situation: setting, patient/service user group, role

   Information: recording and reporting, methods and reasons for sharing information, confidentiality, storing mechanisms, secure storage; methods used in specific settings

   Skills required for effective teamwork: eg communication, punctuality, reliability

3 **Be able to apply knowledge and understanding to practice skills and situations**

   Links between theory gained and practice in the health and social care sectors: application of knowledge, eg organisation of service provision, organisational policies and procedures, care practices, health and safety

   Evidence: eg from coursework, oral questioning, reflective accounts

4   **Understand personal effectiveness as a competent worker in health and social care**

Review: reflection; consideration of knowledge, understanding and skills in relation to workplace practices prior to placement experiences, monitoring of progress, consideration of knowledge, understanding and skills in relation to workplace practices after placement experiences; consideration of value of workplace experiences to own personal and professional development

Effectiveness: for individuals, groups; other care workers, managers, other agencies

Recommendations: informing personal development plan: outcomes, path/s to achievement; short term (within six months), long-term (greater than six months); mapping of own skills, qualifications and attributes against those identified for different career areas

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	**To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:**	**To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:**
P1 describe the structure and function of one health or social care organisation		
P2 present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards		
P3 maintain a reflective practice journal to monitor development of own skills, knowledge and understanding		
P4 identify links between knowledge and understanding and effective practice	M1 explain how development of knowledge and understanding can be linked to improved practice	
P5 describe own effectiveness in work in health and social care.	M2 explain how improving own personal effectiveness can enhance the experience of the patient/service user.	D1 evaluate own development as a result of workplace experiences.

Essential guidance for tutors

Delivery

This unit may not be combined in a programme with *Unit 44: Vocational Experience for Health and Social Care*.

This unit includes the assessment of practical skills in the workplace. A minimum of 200 hours of work experience is therefore required for its successful completion. It is recommended that these be divided between at least three different placements. This time is additional to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care*. However, the total number of different placements required for both units together remains at a minimum of three. Learners are advised, however, to consider a broader range of experiences, if available. This will enhance the evidence they are able to present towards those assessment criteria across the programme that require learners to draw upon work experience placements.

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care*, and also the optional *Unit 17: Working in the Social Care Sector*, *Unit 18: Working in the Health Sector*, *Unit 46: Independent Learning in Health and Social Care* and *Unit 47: Academic Literacy in the Health and Social Care Sectors*. Centres are encouraged to consider the delivery and assessment of these units holistically, using the personal and professional development portfolio required for *Unit 6: Personal and Professional Development in Health and Social Care* as the focus of assessment. Further guidance is provided in the tutor support materials for this programme.

Learners require supported time to plan, review and evaluate their work experience placements, and should be encouraged to be reflective throughout the whole process. They need encouragement to collect a variety of evidence as they progress through their work experience. This could include, for example, observations relevant to the role of supportive relationships with patients/service users, as required for *Unit 11: Supporting and Protecting Adults*. These observations, along with other evidence/findings, could be filed within learners' personal and professional development portfolio.

Delivery of this unit will involve workplace assessor(s) and expert witnesses allocated to learners to observe competent practice. Learners will require clear guidance on assembling and tracking the evidence required in order that they are able to demonstrate competence against occupational expectations. Time with assessors will be required to plan and monitor progress of the assessment of practical skills.

Learners should be encouraged to achieve other supporting qualifications at appropriate levels, for example first aid, food hygiene, and manual handling.

Assessment

Evidence for this unit will be generated from work experience placements and reflection of development of own knowledge, understanding and skills. Learners should be encouraged to present their evidence as part of the personal and professional development portfolio required for *Unit 6: Personal and Professional Development in Health and Social Care.* Further guidance for this is provided in the tutor support materials for this programme.

Arrangements will need to be in place for the assessment of practical competencies by an appropriately qualified assessor who may be based in the learner's work setting or operate peripatetically.

Assessment of practical skills will take place by direct observation of practice in the workplace by appropriately qualified and experienced assessors and/or expert witnesses. Skills assessment for this unit, including that of supporting evidence from, for example, witness testimony, reflective accounts or questioning, should be assessed in line with the guidelines and requirements for assessment from the appropriate occupational sector. All assessment should be internally verified in accordance with the current Joint Awarding Body Guidance on Internal Verification. Assessment for learners should be supported by detailed work placement reports.

For P1 learners need to choose a different health or social care organisation from that described for *Unit 6: Personal and Professional Development in Health and Social Care.* Thus their knowledge and understanding of such organisations, and how they fit into the national framework, will be broadened.

For P2 learners need to include evidence, preferably in their personal and professional development portfolio, which demonstrates assessed knowledge and competence in practice skills in accordance with National Occupational Standards.

For P3 learners need to provide a reflective practice journal to monitor development of their own skills, knowledge, and understanding. This will link closely with evidence provided for *Unit 6: Personal and Professional Development in Health and Social Care*, but Unit 45 has facilitated the development of workplace skills.

P4 and M1 are based on the link between theory and practice. Again, there are links with *Unit 6: Personal and Professional Development in Health and Social Care*, in which learners are encouraged to consider this. For P4 learners are required to again provide evidence of understanding of links between improved knowledge and understanding, and effective practice in the workplace. Examples gained from the workplace can be used to support the evidence provided, but these should be different examples to those provided for Unit 6*.* The extra work placement hours should provide opportunities to develop further understanding and thus present more informed and detailed evidence. M1 requires an explanation of how development of knowledge and understanding can be linked to improved practice, again using examples and considering reasons for the links.

For P5, learners are required to reflect on their own development, thus again linking with *Unit 6: Personal and Professional Development in Health and Social Care*. They need to consider their own effectiveness in work in health and social care, basing this on competences successfully assessed, workplace experiences and such items of evidence as feedback from supervisors, witness testimonies and end of placement reports, as well as their own personal reflections and feelings. For M3 this needs to be applied to a consideration of how improving one's own personal effectiveness can enhance the experience of the patient/service user. Again, the extra work placement hours should provide opportunities to develop examples of this.

D1 should be a significant piece of work, and requires learners to evaluate their own development as a result of their workplace experiences. They need to consider strengths and weaknesses of their various experiences in terms of providing opportunities for development, including their skill development. They also need to consider how such opportunities have enabled the learners themselves to develop. Reflection is required into the learner's own ability to maximise on opportunities for development, and strengths and weaknesses in relation to this. Generation of ideas for future development needs should also come out of this activity, and feed into personal development plans.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

There are strong links with *Unit 6: Personal and Professional Development in Health and Social Care,* and also the optional *Unit 17: Working in the Social Care Sector, Unit 18: Working in the Health Sector, Unit 46: Independent Learning in Health and Social Care,* and *Unit 47: Academic Literacy in the Health and Social Care Sectors.*

The practical nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification. It will also allow for the development and practical application of knowledge gained in all other units. This unit should enable learners to gain all or part of the following, or other appropriately identified, units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC32: Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice

- Unit HSC34: Promote the wellbeing and protection of children and young people

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals.

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3:   Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, improving own learning and performance and working with others.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor — a qualified assessor or internal verifier with appropriate vocational experience will be essential to meet the requirements of this unit — workplaces will be required to support learners and assessors through facilitating opportunities for assessment of learners' practice skills, in accordance with the National Occupational Standards

- a minimum of 200 hours of work experience is required for the successful completion of this unit — it is recommended that this is divided between at least three different placements — this time is *additional* to the work experience required for *Unit 6: Personal and Professional Development in Health and Social Care*

- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- leaflets/DVDs on learner safety from the Learning and Skills Council.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Jasper M — *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Skills for Life, Teacher's Reference Pack, Social Care (DfES)

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Leaflets

The Right Start — Work experience for young people: Health and safety basics for employers (Health and Safety Executive)

Standards for Health and Safety (Learning and Skills Council)

Journals

Care and Health

Community Care

Nursing Standard

Nursing Times

Residential Care Manager

Specialist journals as appropriate for the occupational area

Websites

www.careknowledge.com	Care Knowledge
www.csci.org.uk	Commission for Social Care Inspection
www.hse.gov.uk	Health and Safety Executive
www.lsc.gov.uk	Learning and Skills Council
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the structure and function of one health or social care organisation	C3.1a Take part in a group discussion.
• describe the structure and function of one health or social care organisation	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• maintain a reflective practice journal to monitor development of own skills, knowledge and understanding.	C3.3 Write **two** different types of documents each one giving different information about complex subjects. One document must be at least 1000 words long.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards	WO3.1 Plan work with others.
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• present a portfolio of evidence of assessed knowledge and competence in practice skills in accordance with National Occupational Standards.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 46: Independent Learning in Health and Social Care

NQF Level 3:   **BTEC National**

Guided learning hours: 60

Unit abstract

Learners are increasingly being encouraged to take responsibility for their own learning, this responsibility extending both to the choice of learning opportunities and to the methods of learning. The aim of this unit is to focus on learning choices, methods of learning and resources, with the intention of encouraging the learner to work independently, and also to be able to contribute effectively in a learning environment.

In a classroom situation most of the learning will take place through the medium of literacy, therefore this unit considers the importance of written resources in the learning process. Learners will consider the skills of reading and writing in the context of their health and social care studies, and then learn how to use resources effectively in order to gather information relevant to their studies. This will include learning how to manipulate text and how to understand the formats in which text is presented.

Learners will gain understanding of how to plan study and therefore make effective use of their time and resources. They will learn about the concept of work/life balance and the importance of planning time in order to allow for free time. They will also learn how to manage assignment work and deadlines, and prepare for examinations.

On completion of this unit learners should be able to manage their current learning independently and effectively, and be able to plan for future learning. There are strong links between this unit and *Unit 6: Personal and Professional Development in Health and Social Care* and *Unit 22: Research Methodology for Health and Social Care.*

This unit may not be combined in a programme with *Unit 47: Academic Literacy in the Health and Social Care Sectors.*

Learning outcomes

On completion of this unit a learner should:

1   Know how to use resources to support study

2   Be able to present work in an appropriate style and format

3   Be able to manage own study

4   Be able to plan and develop own learning objectives.

Unit content

1 **Know how to use resources to support study**

Resources: eg teaching and support staff, colleagues, peers, library, bookshops, professional bodies, sector skills councils, government departments, workplaces, media

Media: eg textbooks, journals, pamphlets, websites, newspapers, magazines

Reading: skimming, scanning, detailed reading, active reading, reading for sense

Assessing text: using bibliographies, using indexes, checking references, reading web pages; writing styles (descriptive, prescriptive, explanatory), research methods (qualitative, quantitative, triangulation)

Validity: assessing purpose, intended audience, checking references, authenticity, plagiarism

2 **Be able present work in an appropriate style and format**

Styles and formats of writing: scientific report writing, ethical writing, reflective writing, discursive writing, persuasive writing, journalistic writing; plagiarism

Language and structure: grammar, syntax, punctuation, formal, informal; why structure is important

Presentation: essay, report; referencing, quotations

3 **Be able to manage own study**

Time: work/life balance, planning study time, free time

Environment: studying alone, working with peers; study environment, study resources

Note taking: eg mind maps, Cornell method, recording, filing

Examinations and assignments: studying for and managing examinations, examination techniques, revision; preparing assignments, working to deadlines, consulting with others

4   **Be able to plan and develop own learning objectives**

Learning styles: Honey and Mumford typology — reflector, theorist, activist, pragmatist; own preferences; limitations of identifying with a single learning style, holistic approach to learning styles

Development: how previous learning has met objectives; plans for the future, career, family, travel; identifying strengths and weaknesses; being able to identify appropriate learning to meet own needs

Personal development plan: aims and objectives; reflection; short term, long term; study time, spare time; assignment work, preparation for exams; consideration of learning preferences

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe resources for information on health and social care	M1 use examples to explain why resources are presented differently due to the type of media	
P2 use one complex piece of work as an example to describe the use of resources within own studies	M2 explain the value of three different resources in the preparation of the complex piece of work	D1 evaluate the three resources and assess the texts for validity
P3 justify the format and presentation of the complex piece of work	M3 analyse the format and presentation of the complex piece of work	D2 evaluate the format and presentation of the complex piece of work
P4 use examples to describe the different styles of writing used in health and social care	M4 use examples to analyse the different styles of writing used in health and social care	
P5 describe management of own current study		
P6 describe learning style preferences and objectives for future study.	M5 devise a personal development plan for future learning and study time.	D3 evaluate the value of the personal development plan for own learning and management of own current study.

Essential guidance for tutors

Delivery

This unit may not be combined in a programme with *Unit 47: Academic Literacy in the Health and Social Care Sectors.*

This unit links closely to the learning of all other units within the programme, and with other studies being undertaken by learners. However, the focus of learning within this unit is on the learners themselves and how they approach the learning process.

The unit could be introduced by encouraging learners to consider as wide a range of available resources as possible. The intention is for learners to develop a critical approach to resources, and they should therefore be exposed to an extensive range. Individual or small group activities, in which learners actively seek out a range of relevant resources for a particular topic and then share and discuss their findings with the rest of the group, could be used as a means of achieving this. This should ideally be linked to learners' work within other units of the programme, and if resources for different topics are considered this will potentially widen the range and add value to the activity. Learners need to consider the value of the different resources, how information is presented within them, and the validity of the information thus presented. The group presentations could be used as a means of initiating class discussion and debate around the topic of resources, the presentation of information within them, and how they can be effectively used by learners as an aid to study.

Learners should also discuss the different styles of writing that are evident in the health and social care sectors, and relate this to the fusion of disciplines within the sectors. They need to consider examples of different styles and be encouraged to compare them, using the validity criteria. Assignments that learners are currently working on can then be used as a tool for them to apply their understanding of writing style and presentation to their own work.

Learners need to consider the management of their own studies. This could be introduced through a case study/s, with class discussion, followed by individual activities whereby learners consider all aspects of their studies, and personal/professional lives, and any conflicts and tensions they may be experiencing. Learners should be encouraged to examine the value of planning for their studies and personal/professional lives, and also different environments for study. Aids to study should be considered, such as different methods of taking notes, reading styles, preparation for examinations if appropriate, and assignment work, including the management of deadlines.

This can then lead on to discussion around different learning styles. Learners need to consider the different learning styles, participate in activities to identify their own styles, including self-reflection, and then also consider the holistic approach to learning. They should be encouraged to reflect on past learning, and also consider the future and potential learning needs they may have.

Assessment

This unit may not be combined in a programme with *Unit 47*: *Academic Literacy in the Health and Social Care Sectors.*

This unit could be assessed by means of four assignments.

An initial assignment could be used for P1 and M1. Learners need to describe, for P1, a wide range of available resources, in order to demonstrate good understanding of where to find information on different aspects of health and social care. This should include resources available in the local area as well as those such as textbooks, newspapers, magazines, the internet and tutors, peers and relatives. For M1 learners need to use specific examples of resources to explain why they are presented differently due to the type of media. Examples that illustrate at least four different types of media should be provided.

A second assignment could then be used to assess P2, P3, M2, M3, D1 and D2. This should be based on a complex piece of work that learners are preparing, or have prepared, for the assessment of another unit. This could, for example, be the research project for *Unit 22: Research Methodology for Health and Social Care,* or the campaign for *Unit 20: Health Education.* For P2 learners need to examine the resources they used and describe how they used them, why they chose those resources, and their contribution to the piece of work. This should be extended for M1, with learners explaining the use and value of the resources, with reasons, and for D2, with learners evaluating the resources and assessing them for validity. For P3 learners need to consider the format and presentation of the complex piece of work, and justify this. They need to examine it in more detail for M3, and for D2 they need to evaluate it.

A third assignment could then be used as a vehicle for learners to provide evidence for P4 and M4, though this could be linked to the first assignment. Learners need to examine writing styles, and for P4 they need to use at least three examples to describe different styles of writing used in health and social care. They could, for example, use pieces of scientific report writing, reflective writing and journalistic writing in order to be able to describe different styles. For M4 these need to be examined in more detail.

Finally, the fourth assignment will provide evidence for P5, P6, M5 and D3. For P5 learners need to provide evidence that illustrates the various aspects of their studies, and also their personal/professional lives. They need to identify possible conflicts and tensions, any difficulties encountered and how these can be, or were, overcome. They should consider issues in relation to time and environment as well as study methods such as different methods of note taking. They should also consider preparation for examinations, if appropriate to them, and how to manage assignment work and deadlines. For P6 learners need to go on to consider different learning styles, and reflect upon their own learning style. They should then develop and describe some objectives for future study. They should be encouraged to be reflective throughout this assignment. For M5, learners need to extend this and produce a personal development plan for future learning and study time, evaluating the plan for D3. This plan has a slightly different focus to the plan that learners need to develop for *Unit 6: Personal and Professional Development in Health and Social Care*, though it should relate to it. The plan is based on learners' study, including the use of resources, time and environment for study, different learning styles and study methods. It should take into account short-term priorities, such as assignment deadlines during the coming month/two months/three months, and long-term

priorities such as considering study methods and learning styles, and incorporating these into planning for learning.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification.

This specialist unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC33: Reflect on and develop your practice

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced in this unit when learners are considering management of their own studies, and learning styles.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- newspapers, journals, other written work.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Bell J — *Doing your Research Project — A guide for first time researchers in health, social care and early years* (Open University Press, 2005) ISBN 0335215041

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Boys D, Langridge E and Michie V — *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 0748781722

Burnard P — *Writing Skills in Health Care* (Nelson Thornes, 2004) ISBN 0748775455

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Jasper M — *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Northedge A — *The Good Study Guide* (Open University, 2005) ISBN 9780749259747

Northedge A — *The Sciences Good Study Guide* (Open University, 1997) ISBN 9780749234119

O'Connor K and Sabato L — *Study Guide* (Longman, 2005) ISBN 0321337859

Skills for Life, Teachers Reference Pack, Social Care (DfES)

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Taylor J — *Study Skills in Health Care* (Nelson Thornes, 2003) ISBN 0748771190

Journals

Care and Health

Children Now

Community Care

Health Service Journal

Nursing Standard

Nursing Times

Public Health

Residential Care Manager

Websites

www.careknowledge.com	Care Knowledge
www.csci.org.uk	Commission for Social Care Inspection
www.hse.gov.uk	Health and Safety Executive
www.lsc.gov.uk	Learning and Skills Council
www.nhs.uk	National Health Service
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health
www.surestart.gov.uk	Sure Start

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe local resources for information on health and social care	C3.1a Take part in a group discussion.
• describe local resources for information on health and social care	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• use one complex piece of work as an example to describe the use of resources within own studies	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• use one complex piece of work as an example to describe the use of resources within own studies.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe local resources for information on health and social care	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• describe local resources for information on health and social care	ICT3.2 Enter and develop the information and derive new information.
• use examples to describe the different styles of writing used in health and social care.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe local resources for information on health and social care • use one complex piece of work as an example to describe the use of resources within own studies	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe local resources for information on health and social care • use one complex piece of work as an example to describe the use of resources within own studies	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe local resources for information on health and social care • use one complex piece of work as an example to describe the use of resources within own studies.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe local resources for information on health and social care	WO3.1 Plan work with others.
• describe local resources for information on health and social care	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe local resources for information on health and social care.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 47: Academic Literacy in the Health and Social Care Sectors

NQF Level 4: BTEC National

Guided learning hours: 60

Unit abstract

This unit aims to extend the study skills of learners in preparation for the expectations of higher education. Whilst there are generic elements to the skills required to succeed academically, there are also elements that are particular to different subject areas. It can therefore be argued that understanding of how to read, write, understand and plan one's own learning should be contextualised within a programme of learning in order for it to be relevant to learners.

The health and social care sectors are at the forefront of public scrutiny, which provokes debates from both within the sectors, and outside the sectors, on key issues. This unit looks at reading from the perspective of the presentation of key debates within the sectors. Different methods of interacting with written text are considered.

The unit then looks at the question of literacy as a requirement of higher education, including the development and presentation of written work in a variety of styles. The health and social care sectors require learners to be conversant with a wide variety of written formats, for example those used for ethical and social debates, scientific writing and reflective writing, or time-limited writing in examinations. Learners will analyse the features of these styles.

The underpinning theory of how people learn is a focus of debate and there is little consensus about the key features. However, by becoming participants in this debate, learners will have the opportunity to assess their own views of learning. Learners will therefore investigate two theories associated with learning and analyse their own learning with reference to these theories.

Finally, the unit then considers the question of planning study, with reference to local resources and managing time, and consolidates the unit within the context of a personal development plan.

This unit may not be combined in a programme with *Unit 46: Independent Learning in Health and Social Care.*

Learning outcomes

On completion of this unit a learner should:

1   Understand how literacy and language are used to present debates in health and social care

2   Be able to write using different literacy styles

3   Understand theories of learning

4   Be able to manage own study in preparation for higher education.

Unit content

1 **Understand how literacy and language are used to present debates in health and social care**

Debates: eg the professionalisation of nursing, the respective roles of counselling and psychiatry, the biomedical and socio-medical models of health, sociological explanations of health inequalities, clinical and cultural iatrogenesis, debates between political perspectives

Styles of writing: scientific, ethical, reflective, discursive, persuasive, descriptive, prescriptive, explanatory, journalistic; plagiarism

Formats: essay; scientific report; research; notes

Influences: media pressure, social policy/legislation, pressure groups, education

Media: journals, books, web pages, newspapers, television

Reading: technique matched to style of writing, scanning, skimming, note taking, using bibliographies

Validity: assessing purpose, intended audience, checking references, authenticity, plagiarism

2 **Be able to write using different literacy styles**

Styles of writing: appropriate for subject, eg scientific, ethical, reflective, discursive, persuasive, descriptive, prescriptive, explanatory, journalistic, educational; plagiarism

Intention: purpose, intended audience, legibility

Formats: essay; report; research — qualitative, quantitative, triangulation

Language: grammar, punctuation, vocabulary, format

Referencing and quotations: eg Harvard, Modern Language Association, Numeric, running notes

Examinations: planning and preparation, technique

3 **Understand theories of learning**

Learning theories: eg Kolb's four stage learning cycle or Honey and Mumford's learning styles; Gardner's multiple intelligence theory; Carl Rogers and the humanistic theory of learning; Lave and Wenger's theory of legitimate peripheral participation in communities of practice; whether describing own learning is limiting or emancipatory

4   Be able to manage own study in preparation for higher education

Resources: eg library, journals, books, television, video, conferences, work settings, internet, other people

Own needs: eg time management, work/life balance, stress management, skills, (eg managing data — text, quantitive, digital, other)

Plan: aims and objectives; reflection; short term, long term; study time, spare time; evidence gathering, assignment work, preparation for examinations; consideration of learning preferences; previous achievements; gaps in understanding/knowledge/skills, career/employment ambitions, personal ambitions, objectives that are SMART (specific, measurable, achievable, realistic, time-bound); resources, environment

Outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Outcomes	Assessment criteria for pass To achieve each outcome a learner must demonstrate the ability to:
1 Understand how literacy and language are used to present debates in health and social care	P1 describe the use of style and format to present a key debate in health and social care P2 analyse the influences affecting the content of literature that contributes to a key debate P3 examine the validity of texts that contribute to a key debate
2 Be able to write using different literacy styles	P4 analyse styles of writing, detailing advantages and disadvantages P5 use grammar, punctuation, vocabulary and format appropriate for health and social care P6 evaluate referencing as a means for increasing validity
3 Understand theories of learning	P7 compare two theories of learning P8 critique own learning referring to two theories of learning
4 Be able to manage own study in preparation for higher education	P9 analyse local resources and their appropriateness for health and social care P10 examine strategies for stress management P11 produce a personal development plan for own learning.

Merit and distinction criteria are to be found at *Annexe K* for use when this unit is assessed as part of the BTEC Nationals in Health and Social Care.

Essential guidance for tutors

Delivery

It is likely that the delivery of this unit will be facilitated with reference to contexts presented in other units, or drawn from learners' own experiences. Learners should analyse a variety of texts and be encouraged to develop a critical stance on how texts are written and presented.

Learning outcome 1 provides opportunities for learners to research specific debates, and to compare and contrast different styles and formats to develop an understanding of why texts are written in a specific way. Individual research using a range of resources, and class discussions, will help learners to gain understanding of how literacy and language are used to present debates in health and social care.

Learners should be encouraged to consider issues of validity, including influences on writing from stakeholders and interested parties, as well as referencing and the possibilities of plagiarism. Small group work involving exploration of a range of newspaper articles, research articles and books, to consider issues of validity and influence, would be useful here.

For learning outcome 2, learners need to examine the format and structure of writing, with such delivery being contextualised to the methods of presentation that are used in health and social care. Learners could be encouraged to consider work from other contexts if this is appropriate, or to practice writing in controlled conditions, developing strategies for effectiveness.

Learning outcome 3 requires an analysis of two learning theories. This is to enable learners to develop a wider understanding of ways in which it is thought learning occurs. The delivery of the theories is likely to be fairly brief, given the time consideration. Learners should then be encouraged to apply the theories to their own learning and critically examine whether they consider the theory to be applicable to them. The taxonomy of learning styles has often been used to stereotype learners as particular types, typically visual, auditory or kinaesthetic. Learners should be encouraged to consider the implications of stereotyping learners as possessing a specific style and whether this is likely to limit the horizons of such learners, or whether, in discussion of the possibilities presented, learners are likely to achieve greater understanding of how they learn.

Learning outcome 4 brings together the questions of literacy and learning. A study of resources in the locality should be encouraged that is as wide as possible, including generic study resources and those that are specific to the subjects considered.

Assessment

P1 and P2 require learners to select a key debate within health and social care. Some examples are given, but the debate should have generated sufficient material to permit study of the nature of writing styles that are used to describe the debate. The scope of the materials should also generate sufficient breadth of material for learners to assess influences on the writing for P2. Learners can use the same texts to assess validity of materials, for P3.

P4 requires learners to examine and explain in detail different styles of writing, detailing advantages and disadvantages. P5 is likely to be enhanced by a discussion of the writing styles of contrasting pieces of work that embody key features of the styles. Learners should discuss how these compare and what information may be missing. P6 is likely to be assessed with a piece of written work presented for this unit for other assessment criteria.

P7 and P8 will require learners to select two theories to compare and to thereafter reflect on their own learning and how this compares with what is described in the theories.

For P9 learners should consider a range of local resources and examine their appropriateness for health and social care. P11 requires learners to produce a personal development plan, focusing on learning and local resources. This plan will be most effective if maintained as a log or diary throughout the programme of learning, with an additional section on future development. For P10 learners should consider the issue of stress within their plan, in terms of how to manage time and achieve a work/life balance that is appropriate for their needs.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification.

This specialist unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31:   Promote effective communication for and about individuals

- Unit HSC33:   Reflect on and develop your practice

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced in this unit when learners are considering management of their own studies, and learning styles.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor

- library resources with key texts and other reference materials

- newspapers, journals, other written work.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Almond B — *Introducing Applied Ethics, a guide to current debates* (Blackwell, 1999) ISBN 063119391X

Boud D — *Reflection: Turning Experience into Learning* (Routledge Falmer, 1985) ISBN 0850388643

Burnard P — *Writing Skills in Health Care* (Nelson Thornes, 2004) ISBN 0748775455

Gardner H — *Multiple Intelligences* (Basic Books, 1993) ISBN 0465 01822X

Kirshenbaum H and Henderson V — *The Carl Rogers Reader* (Houghton Mifflin, 1989) ISBN 0395483573

Kolb D — *Experiential Learning: Experience as the source of learning and development* (Pearson Education, 1985) ISBN 0132952610

Lave J and Wenger E — *Situated Learning: Legitimate Peripheral Participation* (Cambridge University Press, 1991) ISBN 0521423740

Northedge A — *The Good Study Guide* (Open University, 2005) ISBN 9780749259747

Northedge A — *The Sciences Good Study Guide* (Open University, 1997) ISBN 9780749234119

O'Connor K and Sabato L — *Study Guide* (Longman, 2005) ISBN 0321337859

Website

www.isma.org.uk   International Stress Management Association

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the use of style and format to present a key debate within health and social care • analyse the influences affecting the content of literature that contributes to a key debate • examine the validity of texts that contribute to a key debate	C3.1a Take part in a group discussion.
• describe the use of style and format to present a key debate within health and social care • analyse the influences affecting the content of literature that contributes to a key debate • examine the validity of texts that contribute to a key debate	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.

Communication Level 3 (*continued*)		
When learners:	**They should be able to develop the following key skills evidence:**	
- describe the use of style and format to present a key debate within health and social care - analyse the influences affecting the content of literature that contributes to a key debate - examine the validity of texts that contribute to a key debate	C3.2	Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
- analyse styles of writing, detailing advantages and disadvantages - use grammar, punctuation, vocabulary and format appropriate for health and social care - evaluate referencing as a means for increasing validity.	C3.3	Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• compare two theories of learning • critique own learning referring to two theories of learning	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• compare two theories of learning • critique own learning referring to two theories of learning	ICT3.2 Enter and develop the information and derive new information.
• compare two theories of learning • critique own learning referring to two theories of learning.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• compare two theories of learning • critique own learning referring to two theories of learning	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• compare two theories of learning • critique own learning referring to two theories of learning	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• compare two theories of learning • critique own learning referring to two theories of learning.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the use of style and format to present a key debate within health and social care • analyse the influences affecting the content of literature that contributes to a key debate • examine the validity of texts that contribute to a key debate	WO3.1 Plan work with others.
• describe the use of style and format to present a key debate within health and social care • analyse the influences affecting the content of literature that contributes to a key debate • examine the validity of texts that contribute to a key debate	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• describe the use of style and format to present a key debate within health and social care • analyse the influences affecting the content of literature that contributes to a key debate • examine the validity of texts that contribute to a key debate.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 48: Social Policy for Health and Social Care

NQF Level 3: BTEC National

Guided learning hours: 30

Unit abstract

Using the United Kingdom as an example of a wealthy country, the increases in wealth over the last 25 years and the interventions from the government have not been able to reverse severe inequalities in income, prosperity and life chances. Those on the margins live in a society characterised by accelerating rates of change and new forms of poverty and deprivation.

This unit will give learners invaluable knowledge and insight into the structure of government and the policy-making process, as well as the role of welfare policies relating to some of these vulnerable groups in society. Learners will examine the effectiveness of national strategies to combat social inequalities and meet the needs of marginalised groups.

The unit aims to build on and extend knowledge and understanding that learners will have developed through the study of previous units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care, Unit 7: Sociological Perspectives for Health and Social Care* and *Unit 19: Applied Sociological Perspectives for Health and Social Care*.

Learning outcomes

On completion of this unit a learner should:

1 Understand the structure of government and the policy-making process

2 Understand government responses to tackling social inequalities.

Unit content

1 **Understand the structure of government and the policy-making process**

The levels of government and their impact on policy decisions: local government, central government, the range of government departments; European Union

Home country: eg England, Wales, Northern Ireland

The policy-making process: how laws are made; raising awareness, commissioning of research, recommendations, Green Paper, White Paper

2 **Understand government responses to tackling social inequalities**

Government: political party, political ideology; influence of European Union, pressure groups, the mass media, the economy

Government responses: how they have come about, what influences may have affected them

Influence of pressure groups: changes in government policy; the impact of pressure groups and collective action

Legislation/initiatives: eg Social Exclusion Unit, early identification of the most at risk households, individuals and children; raising outcomes and aspirations of children in care; reducing the rate of teenage pregnancies; ensuring that people with mental health problems receive effective services, supporting the work of the Respect Unit; equal opportunities; social security; criminal justice

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describes the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the levels of government relevant to home country	M1 explain the impact of the levels of government on policy decisions in home country	
P2 describe the policy making process		
P3 use two examples to illustrate how political ideologies and perspectives influence social policy	M2 use two examples to explain how political ideologies and perspectives influence social policy	
P4 describe three examples of government responses to tackling social inequalities	M3 explain three examples of government responses to tackling social inequalities.	D1 evaluate the effectiveness of three examples of government responses to tackling social inequalities.
P5 use two examples to show how pressure groups have influenced policy making decisions in relation to social inequalities.		

Essential guidance for tutors

Delivery

This unit needs to be delivered using active learning techniques, encouraging learners to reflect on the issues raised. There are strong links with *Unit 19: Applied Sociological Perspectives for Health and Social Care*, and delivery could therefore reflect this.

Learners need to understand both the structure of the government in their own country, and the influence of the European Union on the policy making in that country. This could be achieved through a mixture of tutor input, small group research and posters or presentations. A visit to a government organisation/department could also be useful for learners.

Learners need to develop awareness that the government's responses to welfare issues will vary due to many influencing factors. Learners should already have knowledge of legislation associated with equality, which could be further explored, alongside welfare reform. In addition, initiatives such as the New Deal, Sure Start (children/older people), Prince's Trust, Connexions, neighbourhood/community renewal, mental health reform and support for carers could be avenues to explore depending on the interests of the learning cohort. It is essential that learners have accurate knowledge and understanding of some of these reforms, particularly as higher grade learners are required to be able to demonstrate skills of analysis to investigate the effectiveness of current government initiatives.

The use of group discussion is recommended for this unit, as is providing opportunities for learners to research and explore topics such as current initiatives, legislation or the work of pressure groups. Guest speakers, from local government or pressure groups for example, could also be invited in to talk to learners.

Assessment

Evidence for this unit should be mainly in the form of writing/essays, with records of presentations and/or class discussions, including audio and video tapes, being used to supplement these.

Fictional case studies extracted from books, textbooks, television programmes or contemporary literature could be used to generate some of the evidence for this unit in relation, for example, to the potential impact of social policy. This could be supported by independent research using relevant sources such as newspapers, journals and the internet. It is of paramount importance that these sources are appropriately referenced.

Whilst small group work may contribute to some of the research necessary for this unit, possibly in relation to government responses to tackling inequality, it is important that work submitted for assessment is entirely that of the learner. Learners need to demonstrate accurate knowledge and understanding of some of the reforms, particularly as higher grade learners are required to demonstrate skills of analysis to investigate the effectiveness of current government initiatives. It is conceivable that the learners may creatively concentrate on particular elements of inequality, and may link these to particular government reforms introduced to tackle the effects of the elements. This approach should be encouraged and rewarded.

It is recommended that this unit is supported by assignment brief/s that include clear instructions regarding guidance, dates, supporting and generating evidence.

The unit could be assessed through the vehicle of one holistic assignment, covering all the assessment criteria. P1 requires learners not only to consider the structure of the government in their home country, but also the effects of the European Union on the government of their country. For P2 a straightforward description of the policy-making processes is required, whilst M1 requires learners to consider the potential impact of all levels of the government, and the European Union, on policy making. P3 and M2 are concerned with political ideologies and perspectives, and examples chosen should represent different ideologies if possible. P4, P5, M3 and D1 relate to government responses to tackling social inequalities. Examples chosen should again provide variation if possible.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

The knowledge gained through this unit extends those gained in the study of previous units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care, Unit 7: Sociological Perspectives for Health and Social Care* and *Unit 19: Applied Sociological Perspectives for Health and Social Care*. They also link to all other units in the qualification.

The unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals
- Unit HSC33: Reflect on and develop your practice
- Unit HSC34: Promote the wellbeing and protection of children and young people
- Unit HSC35: Promote choice, wellbeing and the protection of all individuals
- Unit HSC350: Recognise, respect and support the spiritual wellbeing of individuals
- Unit HSC3103: Contribute to raising awareness of health issues.

The unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit GEN12:   Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13:   Synthesise new knowledge into the development of your own practice.

Some of the underpinning knowledge should also be gained for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1:   Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2:   Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 6:   Equality and diversity — Promote equality and value diversity.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced through the teaching of this unit by, for example, considering the government responses to the unequal society.

Essential resources

The following resources are considered essential for the delivery of this unit:

- an appropriately qualified tutor with relevant experience and competence to deliver this unit successfully

- links with local voluntary and community services or groups

- library resources with key texts and other reference materials such as magazines and newspapers — learners should be encouraged to review the media for current welfare debates and issues.

In addition, the following resources are considered to be highly valuable:

- work experience placements

- recent policy papers from the Social Exclusion Unit, The Young Foundation, the Joseph Rowntree Foundation, and the Economic and Social Research Council

- information technology in order to access policy and statistical information from government departments and care providers

- guest speakers

- visits

- videos/DVDs.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Best S — *Understanding Social Divisions* (Sage Publications Ltd, 2005)
ISBN 0761942971

Clarke A — *The Sociology of Health Care* (Pearson Education Ltd, 2001)
ISBN 0582369541

Gordon D — *Poverty and Social Exclusion in Britain: The Millennium Survey* (The Policy Press, 2006) ISBN 1861343736

Heywood A — *Political Ideologies: An Introduction* (Palgrave Macmillan, 2003)
ISBN 0333961781

Hills J — *A More Equal Society? New Labour, Poverty, Inequality and Exclusion* (The Policy Press, 2005) ISBN 1861345771

Hills J — *Understanding Social Exclusion* (Oxford University Press, 2002)
ISBN 0199251940

Lister R — *Poverty* (Polity Press, 2004) ISBN 0745625649

Payne G — *Social Divisions* (Palgrave Macmillan, 2006) ISBN 1403944393

Percy-Smith J — *Policy Responses to Social Exclusion: Towards Inclusion?* (Open University Press, 2000) ISBN 0335204732

Pierson J — *Tackling Social Exclusion* (Routledge, 2001) ISBN 0415256836

Pilgrim D — *Mental Health and Inequality* (Palgrave Macmillan, 2002)
ISBN 0333786572

Walker A — *Britain Divided: Growth of Social Exclusion in the 1980's and 1990's* (CPAG, 1997) ISBN 0946744912

Walsh M et al — *Social Policy and Welfare* (Stanley Thornes, 2000) ISBN 0748745912

Wilkinson R — *The Impact of Inequality: How to Make Sick Societies Healthier* (Routledge, 2005) ISBN 0415372690

Young P — *Mastering Social Welfare, Fourth Edition* (MacMillan, 2000)
ISBN 0333973277

Journals

Care and Health

Community Care

Nursing Times

Politics Review

Sociology Review

Psychology Review

Websites

www.ace.org.uk	Age Concern
www.bcodp.org.uk	British Council of Disabled People
www.cre.gov.uk	Commission for Racial Equality
www.communitycare.co.uk	*Community Care* journal
www.dh.gov.uk	Department of Health
www.drc-gb.org	Disability Rights Commission
www.eoc.org.uk	Equal Opportunities Commission
www.esrc.ac.uk	The Economic and Social Research Council
www.europa.eu.int	European Union
www.kingsfund.org.uk	The King's Fund
www.nursingtimes.net	*Nursing Times*
www.oheschools.org	The Economics of Health Care
www.poverty.org.uk	Monitoring poverty and social exclusion
www.parliament.uk	UK Parliament
www.socialexclusion.gov.uk	Social exclusion (government)
www.society.guardian.co.uk/policy	*Society Guardian* (newspaper) — policy
www.sosig.ac.uk	Social Science Information Gateway
www.youngfoundation.org.uk	The Young Foundation

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• use two examples to illustrate how political ideologies and perspectives influence social policy	C3.1a Take part in a group discussion.
• use two examples to illustrate how political ideologies and perspectives influence social policy	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• describe the levels of government relevant to home country	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• describe the levels of government relevant to home country.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.

Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe the levels of government relevant to home country	ICT3.1 Search for information, using different sources, and multiple search criteria in at least one case.
• describe the levels of government relevant to home country	ICT3.2 Enter and develop the information and derive new information.
• describe the levels of government relevant to home country.	ICT3.3 Present combined information such as text with image, text with number, image with number.
Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe three examples of government responses to tackling social inequalities	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• describe three examples of government responses to tackling social inequalities	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe three examples of government responses to tackling social inequalities.	LP3.3 Review progress and establish evidence of your achievements.

Working with others Level 3	
When learners:	They should be able to develop the following key skills evidence:
• use two examples to show how pressure groups have influenced policy making decisions in relation to social inequalities	WO3.1 Plan work with others.
• use two examples to show how pressure groups have influenced policy making decisions in relation to social inequalities	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• use two examples to show how pressure groups have influenced policy making decisions in relation to social inequalities.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Unit 49: Exploring Personal and Professional Development in Health and Social Care

NQF Level 3:   BTEC National

Guided learning hours: 60 (plus 50 hours of work experience)

Unit abstract

The aim of this unit is to act as a focal point for all other units in the programme. It is through this unit that learners will consider their personal and professional development holistically, linking different units within their programmes and also their personal lives.

This unit explores the different ways in which learning can take place and how learning from individual experiences can be used to enhance the quality of knowledge, skills and practice. Learners will explore concepts of learning and relate these to their own preferred learning styles and other factors that influence their learning.

Learners will initially consider their own knowledge, skills, practice, values and beliefs in relation to working in health and social care. They will then draw up a personal plan for self-development over the duration of their programme, as appropriate for their personal goals and career aspirations. Learners will review their progress against these plans at intervals throughout the programme, adjusting them as appropriate for changing circumstances. They will develop the ability to draw on a range of sources of information to assess their personal and professional development, including their vocational experience and other relevant experiences such as their formal study, employment and/or voluntary activity.

A minimum of 50 hours of work experience is required for the successful completion of this unit. It is recommended that this is divided between at least two different placements.

This unit is only available to those learners on the National Award programme. It is closely linked to *Unit 6: Personal and Professional Development in Health and Social Care,* which is only available to learners on the National Certificate and Diploma programmes.

Learning outcomes

On completion of this unit a learner should:

1   Understand the learning process

2   Be able to plan for, monitor and reflect on own development.

Unit content

1 **Understand the learning process**

Theories of learning: eg Honey and Mumford, Kolb

Influences on learning: eg previous learning and experiences, specific learning need, formal versus informal learning, time, learning style, learning environment, access to resources, attitude and self-discipline, aspirations and motivation, priorities, health, responsibilities, relationships, others as appropriate

Skills for learning: study skills; literacy, numeracy, information and communication technology; research skills, eg observation, questioning, use of the internet; using feedback; reflection

Support for learning: from tutors, peers, supervisors, mentors; meetings; increased self-awareness; how and where to access information and support on knowledge and best practice

Learning opportunities: formal, informal; knowledge gained from, eg classroom activities, placement experiences, independent studies, life experiences, employment, voluntary activities

2 **Be able to plan for, monitor and reflect on own development**

Review at start of programme: own knowledge, skills, practice, values, beliefs, career aspirations; self-awareness

Knowledge: eg relevant formal and informal learning to date, current contemporary issues, understanding of theories, principles and concepts, understanding of potential careers; gained from a variety of learning opportunities

Skills:

- communicating: eg language (oral, written, non-verbal)

- working with others: eg service users, professionals, peers

- technical: eg IT, use of equipment, creative/craft skills

- research: eg primary, secondary, data handling

- personal: eg organisational skills, personal presentation

Practice: eg respect for the value base of care, professional interactions with others, cooperative working with others, team work, influence of personal values and beliefs, awareness of need to develop personal value base to support and promote good practice, awareness of the impact of legislation, codes of practice and policies on own practice, responsibility and limitations

Values and beliefs: eg personal values and beliefs, value base of care

Career aspirations: career options, preferred choice

Plan for own development: targets/goals, short-term (up to three months), long-term (minimum of ten months), specific, measurable, actionable, relevant, timely

Personal goals: in knowledge, skills, practice, values, beliefs, career aspirations

Monitor and evaluate plan in terms of own development: a minimum of three goals, progress against targets set

Changes: in response to ongoing development needs, goals and reflection

Contexts: work experience placements, visits, study environment, life events, other, eg employment

Professional development portfolio: professional practice log book, structured appropriately for assessment of unit and nature of evidence, indexed, authenticated records to demonstrate personal progression in developing own knowledge, skills, practice and career aspirations over time, variety of contexts for learning and development

Relevant evidence: formal, eg assessments, observations, witness testimony from direct observation, placement reports, feedback from tutors and supervisors, tutorial/career records, certificates, personal statements, application forms or CVs; informal, eg diary, peer reviews, reflective accounts, records of events

Support for development: from tutors, peers, supervisors, mentors; meetings; increased self-awareness; how and where to access information and support on knowledge and best practice

Reflect on own development: linking theory to practice; linking practice to theory; achievement of personal goals in terms of knowledge, skills, practice, values, beliefs, and career aspirations; influence of personal values and beliefs; impact of others on evolving development of self

Grading grid

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all of the learning outcomes for the unit. The criteria for a pass grade describe the level of achievement required to pass this unit.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain key influences on personal learning processes of individuals	M1 analyse the impact of key influences on personal learning processes on own learning	D1 evaluate how personal learning and development may benefit others
P2 describe own knowledge, skills, practice, values, beliefs and career aspirations at start of programme		
P3 produce and monitor an action plan for self-development and the achievement of own personal goals		
P4 describe own progress against action plan over the duration of the programme	M2 explain how the plan has helped support own development over the duration of the programme	D2 evaluate own development over the duration of the programme.
P5 produce and reflect on own personal and professional development portfolio.	M3 reflect on own experiences and use three examples to explain links between theory and practice.	

Essential guidance for tutors

Delivery

A minimum of 50 hours of experience in health and social care settings is required for the successful completion of this unit. It is recommended that this is divided between at least two different settings. There are strong links with *Unit 1: Developing Effective Communication in Health and Social Care* and *Unit 2: Equality, Diversity and Rights in Health and Social Care,* and it would be good practice if the same tutor could be responsible for delivering all three units.

This unit is only available to those learners on the National Award programme. It is closely linked to *Unit 6: Personal and Professional Development in Health and Social Care.*

The delivery of all aspects of this unit needs to be carefully planned over the duration of the programme.

Initially, some class time is required in order to deliver learning outcome 1 and to prepare learners for learning outcome 2, which will be ongoing throughout the programme. In particular, learners need to develop some research skills in preparation for other units in the programme. They will need robust preparation for their work experience placements, and clear advice and guidance regarding the compilation of their personal and professional development portfolios. Learners will also require initial individual tutorial sessions to support them in the development of their action plans.

Delivery of some aspects of the unit may be incorporated into routine course activities such as diagnostic assessments, study skills support, IT, teaching on other units, formal and informal preparation for placements, and may be included in induction activities. Role plays, presentations, debates and other activities could be used to raise learners' awareness of the key concepts and expectations of the unit. Some aspects of the unit may benefit from specialist input, for example observational techniques used in health and social care.

The work experience placements could either take the form of a day or half day a week, or block placements at a suitable point in the learners' programme. Learners on placement will need monitoring, and should have access to regular tutorial sessions to discuss their personal and professional development. The timing of these tutorial sessions needs careful consideration and planning in order to support learners effectively as they progress through their programmes. Learners will require constructive feedback on their progress, and support with the monitoring and review of their action plans. A suitable time for review could, for example, be following the completion of work experience at one of their settings.

Learners will need support in developing their abilities to write reflectively so that their accounts fully reflect all aspects of their performance in the work place and also in the use of other sources of evidence in assessing their own progress. Learners will also require guidance on how to assemble and organise their portfolio of evidence effectively so that evidence in support of the relevant criteria and content will be clearly located. They will need instructions regarding expectations for clarifying the authenticity of evidence (ie a dated signature by an appropriate professional giving qualifications and role).

The portfolio of evidence is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives. It could therefore include evidence, for example, from:

- other units — if particularly relevant to the development of the learner or to their work experience

- the learner's own employment if appropriate

- reviews of visits

- key research

- practical activities and projects

- reviews of relevant television programmes, or DVDs/videos.

Such evidence should be related and applied to the personal and professional development of the learner.

There could also be some evidence of competence development, such as a first aid or manual handling qualification, improvement of personal, learning and thinking skills, or a food hygiene qualification.

Learners should be encouraged to take an interest in current issues in relation to health and social care, and evidence for this could be included in their portfolio of evidence.

The emphasis throughout this unit should be on the holistic development of the learner, and encouragement should be given to learners to be proactive in reflecting on and supporting their own development.

Assessment

A minimum of 50 hours of work experience is required for the successful completion of this unit. It is recommended that this is divided between at least two different placements.

This unit is only available to those learners on the National Award programme. It is closely linked to *Unit 6: Personal and Professional Development in Health and Social Care.*

It is recommended that the unit is supported by an assignment brief that includes clear instructions regarding guidance, dates, support and generating evidence for the Personal and Professional Development portfolio.

Evidence for P2 will be available early on in the programme, whereas evidence for other criteria, especially for merit/distinction grades, will be in ongoing development or produced towards the end of the programme. In particular, evidence for P1, M1 and D1 will be developed over the duration of the programme, as will that for P3, P4, M2 and D2. Evidence for M3 could be presented towards the end of the programme, or earlier if appropriate, and requires learners to draw upon both their knowledge-based learning from the classroom and individual research, and their work experience.

For P5 the portfolio of evidence is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives. It could therefore include specific evidence from other units which is particularly relevant to the development of the learner or to their work experience. It could include evidence from the learner's own employment if appropriate, reviews of visits, key research and practical activities and projects, reviews of relevant television programmes or DVDs/videos, and should be related and applied to the personal and professional development of the learner. There could also be some evidence of competence development, such as a First Aid qualification, improvement of personal, learning and thinking skills, or a Food Hygiene qualification. It is recommended that additional qualifications, such as the First Aid qualification, are sufficiently robust and at an appropriate level of depth and breadth for the needs of the learner.

Carefully designed proforma such as those for placement report forms and presentation skills checklists could incorporate rating scales that would provide useful evidence to support learners in their self-assessment and reflection. A minimum of three reviews is required for this unit but it is recommended that the first review is completed very early on, say after commencing the first placement so that formative feedback can be given to assist learners in their own development for future reviews.

The portfolios developed for the assessment of this unit need to reflect the length of the programme, number of guided learning hours and the number of work experience hours, in comparison with *Unit 6: Personal and Professional Development in Health and Social Care.*

For successful achievement of the units within this programme, and the programme as a whole, it is essential that learners understand the terminology of assessment. It is suggested therefore that delivery time is allocated to this early on. For example, learners need to understand the precise nature and meaning of terms such as describe, explain, analyse and evaluate. In relation to the higher criteria, when grading learner evidence, consideration should be given to the depth and breadth of understanding that is evident alongside the learners' abilities to evaluate, analyse and synthesise.

Links to National Occupational Standards, other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit is only available to those learners on the National Award programme. It is closely linked to *Unit 6: Personal and Professional Development in Health and Social Care*, which is only available to learners on the National Certificate and Diploma programmes.

The practical nature of this unit is such that the knowledge and skills gained through it will be further developed in all other units in the qualification. It will also allow for the development and practical application of knowledge gained in all other units. The development of the portfolio is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives.

This core unit should enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health and Social Care:

- Unit HSC31: Promote effective communication for and about individuals

- Unit HSC32 Promote, monitor and maintain health, safety and security in the working environment

- Unit HSC33: Reflect on and develop your practice

- Unit HSC34: Promote the wellbeing and protection of children and young people

- Unit HSC35: Promote choice, wellbeing and the protection of all individuals.

This unit should also enable learners to gain some of the underpinning knowledge for the following units of the Level 3 NVQ in Health:

- Unit CU6: Maintain communications and records within the organisation

- Unit GEN12: Reflect on and evaluate your own values, priorities, interests and effectiveness

- Unit GEN13: Synthesise new knowledge into the development of your own practice.

Additionally, learners should gain some of the underpinning knowledge for the following core dimensions of the NHS Knowledge and Skills Framework:

- Core dimension 1: Communication — Develop and maintain communication with people about difficult matters and/or in difficult situations

- Core dimension 2: Personal and people development — Develop oneself and contribute to the development of others

- Core dimension 3: Health, safety and security — Promote, monitor and maintain best practice in health, safety and security

- Core dimension 6: Equality and diversity — Promote equality and value diversity.

They should also gain some underpinning knowledge for the following Skills for Care/Northern Ireland Social Care Council Induction Standards:

- Standard 1: Understand the principles of care

- Standard 6: Develop as a worker.

The unit provides opportunities for the production of evidence towards the Level 3 key skills in communication, information and communication technology, improving own learning and performance, and working with others.

Social and cultural issues can be introduced, as can moral and ethical, and health and safety issues. Learners will gain experience of these issues at first hand in the workplace.

Essential resources

The following resources are considered essential for the delivery of this unit:

- **a minimum of 50 hours of experience in health and social care settings is required for the successful completion of this unit — it is recommended that this is divided between at least two different placements**

- **an appropriately qualified and experienced tutor.**

The course team is encouraged to give careful consideration to the most appropriate tutor to have responsibility for the management of this unit given its likely overlap with the supervision of work placement and personal/course tutorial activities.

In addition, the following resources are considered to be highly valuable:

- leaflets/DVDs on learner safety from the Learning and Skills Council.

Indicative reading for learners

There are many resources available to support this unit. Some examples are:

Books

Boys D and Langridge E — *BTEC National Health and Social Care Book 1* (Nelson Thornes, 2007) ISBN 0748784047

Crawford P and Bonham P — *Communication in Clinical Settings* (Nelson Thornes, 2006) ISBN 0748797165

Jasper M — *Beginning Reflective Practice* (Nelson Thornes, 2003) ISBN 0748771174

Miller J — *Care Practice for S/NVQ 3* (Hodder Arnold, 2005) ISBN 0340889330

Skills for Life, Teacher's Reference Pack, Social Care (DfES)

Stretch B and Whitehouse M — *BTEC National Health and Social Care Book 1* (Heinemann, 2007) ISBN 9780435499150

Leaflets

The Right Start — Work experience for young people: Health and safety basics for employers (Health and Safety Executive)

Standards for Health and Safety (Learning and Skills Council)

Websites

www.careknowledge.com	Care Knowledge
www.csci.org.uk	Commission for Social Care Inspection
www.hse.gov.uk	Health and Safety Executive
www.lsc.gov.uk	Learning and Skills Council
www.scie.org.uk	Social Care Institute for Excellence
www.scils.co.uk	Social Care Information and Learning Services
www.skillsforcareanddevelopment.org.uk	Sector Skills Council for Care and Development
www.skillsforhealth.org.uk	Sector Skills Council for Health

Key skills

Achievement of key skills is not a requirement of this qualification but it is encouraged. Suggestions of opportunities for the generation of Level 3 key skill evidence are given here. Tutors should check that learners have produced all the evidence required by part B of the key skills specifications when assessing this evidence. Learners may need to develop additional evidence elsewhere to fully meet the requirements of the key skills specifications.

Communication Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain key influences on personal learning processes of individuals	C3.1a Take part in a group discussion.
• explain key influences on personal learning processes of individuals	C3.1b Make a formal presentation of at least eight minutes using an image or other support material.
• explain key influences on personal learning processes of individuals	C3.2 Read and synthesise information from at least **two** documents about the same subject. Each document must be a minimum of 1000 words long.
• explain key influences on personal learning processes of individuals.	C3.3 Write **two** different types of documents, each one giving different information about complex subjects. One document must be at least 1000 words long.
Information and communication technology Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain key influences on personal learning processes of individuals	ICT3.1 Search for information using different sources, and multiple search criteria in at least one case.
• explain key influences on personal learning processes of individuals	ICT3.2 Enter and develop the information and derive new information.
• explain key influences on personal learning processes of individuals.	ICT3.3 Present combined information such as text with image, text with number, image with number.

Improving own learning and performance Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• describe own knowledge, skills, practice, values, beliefs and career aspirations at start of programme	LP3.1 Set targets using information from appropriate people and plan how these will be met.
• produce and monitor an action plan for self-development and the achievement of own personal goals	
• produce and monitor an action plan for self-development and the achievement of own personal goals	LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.
• describe own progress against action plan over the duration of the programme.	LP3.3 Review progress and establish evidence of your achievements.
Working with others Level 3	
When learners:	**They should be able to develop the following key skills evidence:**
• explain key influences on personal learning processes of individuals	WO3.1 Plan work with others.
• explain key influences on personal learning processes of individuals	WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.
• explain key influences on personal learning processes of individuals.	WO3.3 Review work with others and agree ways of improving collaborative work in future.

Assessment and grading

The purpose of assessment is to ensure that effective learning has taken place.

Assignments constructed by centres should be reliable and fit for purpose, and should build on the application of the grading criteria. Centres should use a variety of assessment methods, including case studies, assignments and work-based assessments, along with projects, performance observation and time-constrained assessments. Centres are encouraged to emphasise the practical application of the grading criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities and work experience. The creation of assignments that are fit for purpose is vital to learners' achievement and their importance cannot be over-emphasised.

All of the criteria listed in the grading grid for each unit must be covered by one assignment, or by a series of assignments. It is advisable that criteria are clearly indicated on each assignment to provide a clear focus for learners and to assist with internal verification and standardisation processes. This will also help to ensure that feedback is specific to the criteria. Tasks and activities should enable learners to produce evidence that relates directly to the specified criteria.

When reading the grading grids and designing assignments, centres should note that for learners to achieve a merit/distinction grade they will be required to provide evidence that is qualitative, not quantitative, in its nature. Centres are encouraged to look across the units' grading grids to identify common topics.

Grading domains

The grading criteria are developed in relation to grading domains which provide for the assessment of the learning outcomes of the unit. There are four BTEC National grading domains which underpin the grading criteria:

- application of knowledge and understanding

- development of practical and technical skills

- personal development for occupational roles

- application of generic and key skills.

The qualitative nature of the merit and distinction grading criteria is based on indicative characteristics of the evidence to fulfil the higher grades. Please refer to *Annexe B*.

A grading scale of pass, merit and distinction is applied to all units.

In Edexcel BTEC Nationals all units are internally assessed.

All assessment for BTEC Nationals is criterion referenced, based on the achievement of specified learning outcomes. Each unit has specified criteria which are to be used for grading. A summative unit grade can be awarded at pass, merit or distinction:

- to achieve a 'pass' a learner must have satisfied **all** the pass criteria

- to achieve a 'merit' a learner must additionally have satisfied **all** the merit criteria

- to achieve a 'distinction' a learner must additionally have satisfied **all** the distinction criteria.

Learners who complete the unit but who do not meet all the pass criteria are graded 'unclassified'.

Quality assurance

Edexcel's qualification specifications set out the standard to be achieved by each learner in order to be awarded the qualification. This is covered in the statement of learning outcomes and grading criteria in each unit. Further guidance on delivery and assessment is given in the *Essential guidance for tutors* section in each unit. This section is designed to provide additional guidance and amplification related to the unit to support tutors, deliverers and assessors and to provide for a coherence of understanding and a consistency of delivery and assessment.

Edexcel operates an independent, external quality assurance process which is designed to ensure that these standards are maintained by all internal verifiers and external verifiers. It achieves this through the following activities.

Approval

Centres that have not previously offered BTEC qualifications will first need to apply for, and be granted, centre approval before they can apply for approval to offer the programme.

Centres wishing to offer a vocational area for the first time will need to apply for approval to offer the programme.

When a centre applies for approval to offer a BTEC qualification they will be required to enter into an approvals agreement.

The approvals agreement is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any linked codes or regulations. Sanctions and tariffs may be applied if centres do not comply with the agreement. Ultimately, this could result in the suspension of certification or withdrawal of approval.

Centres will be allowed 'accelerated approval' for a new programme where the centre already has approval for a programme that is being replaced by the new programme.

Risk assessment

Edexcel has an approval process which creates a quality profile of each qualification programme in each centre and for the centre as a whole. This profile helps to determine how the programme will be externally verified and will also be used to initiate other quality control measures by Edexcel.

Internal verification

Centres are required to have processes in place that review each assessor's decisions. This ensures that they are correctly interpreting and applying the standards set out in the specifications. The system used to do this is a matter for individual centres and Edexcel fully supports the use of the centre's own quality assurance systems where they ensure robust internal standardisation.

Centres should refer to the BTEC NQF Level 2/3 (including Short Courses at Levels 1-3) Handbook (updated annually). This information can also be found on our website www.edexcel.org.uk then click on 'Services for Centres' and then 'FE Colleges & Schools'.

External verification

Edexcel will sample assessors' decisions using sector-specialist external verifiers. For BTEC Nationals this process will follow the National Standards Sampling (NSS) protocol.

Learners' work **must** be internally assessed. Additionally, at least 50 per cent of submitted work **must** be internally verified.

Centres should refer to the BTEC NQF Level 2/3 (including Short Courses at Levels 1-3) Handbook (updated annually). This updated information can also be found on our website, go to www.edexcel.org.uk then click on 'Services for Centres' and then 'FE Colleges & Schools'.

Calculation of the qualification grade

Awarding a qualification grade

The qualification grade will be calculated through the aggregation of points achieved through the successful achievement of individual units. The number of points available will be dependent on the unit grade achieved and the size of the unit as determined by the stipulated guided learning hours.

For the calculation of a qualification grade for a BTEC National a learner must:

• complete all designated units

• achieve a minimum points score of

  – 36 points for a National Award

  – 72 points for a National Certificate

  – 108 points for a National Diploma

• achieve a pass (or above) grade for units with a combined total of

  – 300 guided learning hours for a National Award

  – 600 guided learning hours for a National Certificate

  – 900 guided learning hours for a National Diploma.

Centres should note that, in the BTEC Nationals in Health and Social Care, there is no compensation for core units. Learners should successfully complete these — ie achieve at least a pass grade, in addition to the requirements above, in order to successfully achieve the whole qualification.

Unit points

Size of unit (GLH)	Pass grade	Merit grade	Distinction grade
10	1	2	3
30	3	6	9
60	6	12	18
90	9	18	27
120	12	24	36

Grade boundaries and UCAS points (as of 1st January 2007)

Grade boundaries BTEC National Award	Overall grade BTEC National Award		UCAS points
36–59	Pass	P	40
60–83	Merit	M	80
84–108	Distinction	D	120

Grade boundaries BTEC National Certificate	Overall grade BTEC National Certificate	UCAS points
72–95	PP	80
96–119	MP	120
120–143	MM	160
144–167	DM	200
168–216	DD	240

Grade boundaries BTEC National Diploma	Overall grade BTEC National Diploma	UCAS points
108–131	PPP	120
132–155	MPP	160
156–179	MMP	200
180–203	MMM	240
204–227	DMM	280
228–251	DDM	320
252–324	DDD	360

Programme design and delivery

BTEC National qualifications consist of core units (which are mandatory) and specialist units. Specialist units are designed to provide a specific focus to the qualification. Required combinations of specialist units are set out clearly in relation to each qualification in the defined qualification structures in this document.

In BTEC Nationals each unit is 30, 60, 90 or 120 guided learning hours (GLH). The GLH includes an estimate of time that might be allocated to direct teaching, instruction and assessment, together with other structured learning time such as directed assignments or supported individual study. It excludes learner-initiated private study. Centres are advised to consider this definition when planning the programme of study associated with this specification.

Mode of delivery

Edexcel does not define the mode of study for BTEC Nationals. Centres are free to offer the qualifications using any mode of delivery that meets their learner's needs. This may be through traditional classroom teaching, open learning, distance learning or a combination of the three. Whichever mode of delivery used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

Learners studying for the qualification on a part-time basis bring with them a wealth of experience that should be utilised to maximum effect by tutors and assessors. Assessment evidence drawn from learners' work environments should be encouraged. Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to ensure a course relevant to learners' specific needs

- accessing and using non-confidential data and documents from learners' workplaces

- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment

- linking with company-based/workplace training programmes

- making full use of the variety of experience of work and life that learners bring to the programme.

Resources

BTEC Nationals are designed to prepare learners for employment in specific occupational sectors. Physical resources need to support the delivery of the programme and the proper assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be fully familiar with current practice and standards in the sector concerned. Centres will need to meet any specialist resource requirements when they seek approval from Edexcel.

Where specific resources are required these have been indicated in individual units under the *Essential resources* section.

Delivery approach

It is important that centres develop an approach to teaching and learning that supports the specialist vocational nature of BTEC National qualifications. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of the learner's experience.

Accreditation of Prior Learning (APL)

Edexcel encourages centres to recognise learners' previous achievements and experiences through APL. Learners may have evidence that has been generated during previous study or in their previous or current employment or whilst undertaking voluntary work that relates to one or more of the units in the qualification. Assessors should map this evidence against the grading criteria in the specification and make this evidence available to the external verifier. As with all evidence, assessors should be satisfied about the authenticity and currency of the material when considering whether or not the learning outcomes of the unit have been met.

Full guidance on Edexcel's policy on APL is provided on our website, go to www.edexcel.org.uk then click on 'About Us' and then 'Policies for Centres'.

Meeting local needs

Centres should note that the qualifications set out in these specifications have been developed in consultation with centres and employers, particularly the Sector Skills Councils or the Standards Setting Bodies for the relevant sector. The units are designed to meet the skill needs of the sector and the specialist units allow coverage of the full range of employment. Centres should make maximum use of the choice available to them within the specialist units in these specifications to meet the needs of their learners, and the local skills and training needs identified by organisations such as the Regional Development Agency and the local Learning and Skills Council.

In certain circumstances, units in this specification might not allow centres to meet a local need. In this situation, centres can seek approval from Edexcel to make use of units from other standard NQF BTEC National specifications. Centres will need to justify the need for importing units from other specifications and Edexcel will ensure that the vocational focus of the qualification has not been diluted. Units that have externally set assignments cannot be imported into other qualifications.

There may be exceptional circumstances where even this flexibility does not meet a particular local need. In this case, centres can seek permission from Edexcel to develop a unit with us to meet this need. There are very few cases where this will be allowed. Centres will need strong evidence of the local need and the reasons why our standard units are inappropriate. Edexcel will need to submit these units for accreditation by QCA.

Limitations on variations from standard specifications

The flexibility to import standard units from other BTEC Nationals and/or develop unique units is limited to a total of:

- $^2/_9$ (for example four 60 GLH units) in a BTEC National Diploma qualification
- $^1/_6$ (for example two 60 GLH units) in a BTEC National Certificate qualification
- $^1/_6$ (for example one 60 GLH unit) in a BTEC National Award qualification.

The use of these units cannot be at the expense of the core units in any qualification.

Access and recruitment

Edexcel's policy regarding access to its qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from any barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres are required to recruit learners to BTEC qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualifications and that the qualification will meet their needs. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should also show regard for Edexcel's policy on learners with particular requirements.

Centres will need to review the profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a Level 3 qualification. For learners who have recently been in education, the profile is likely to include one of the following:

- a BTEC First qualification in Health and Social Care or a related vocational area
- an Intermediate GNVQ in an appropriate vocational area
- a GCSE equivalent to four passes at grade C
- other related Level 2 qualifications
- related work experience.

More mature learners may present a more varied profile of achievement that is likely to include experience of paid and/or unpaid employment.

Restrictions on learner entry

Most BTEC National qualifications are accredited on the NQF for learners aged 16 years and over. Learners aged 15 and under cannot be registered for a BTEC National qualification.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to police checks.

Edexcel Level 3 BTEC Nationals are listed on the DfES funding lists Section 96 and Section 97.

Access arrangements and special considerations

Edexcel's policy on access arrangements and special considerations for BTEC and Edexcel NVQ qualifications aims to enhance access to the qualifications for learners with disabilities and other difficulties (as defined by the 1995 Disability Discrimination Act and the amendments to the Act) without compromising the assessment of skills, knowledge, understanding or competence.

Further details are given in the policy 'Access Arrangements and Special Considerations for BTEC and Edexcel NVQ Qualifications', which is on the Edexcel website (www.edexcel.org.uk). This policy replaces the previous Edexcel policy (Assessment of Vocationally Related Qualification: Regulations and Guidance Relating to Learners with Special Requirements, 2002) concerning learners with particular requirements.

The Edexcel BTEC Qualification Framework for the health and social care sector

Progression opportunities within the framework are available vertically, diagonally and horizontally.

NQF Level	General Qualifications	BTEC full VRQ courses	BTEC Short Courses	NVQ/occupational
8				
7				
6				
5		BTEC Higher National Certificate and Diploma in Health and Social Care (Applied Social Studies), (Care Practice), (Health) and (Management)	BTEC Professional Diploma for Registered Managers (Adults)	
4				Level 4 NVQ in Health and Social Care (Adults) and (Children and Young People) Level 4 NVQ for Registered Manager (Adults)
3	GCE in Health and Social Care	**BTEC National Award, Certificate and Diploma in Health and Social Care**	BTEC Certificate in Health and Social Care — 2006	Level 3 NVQ in Health and Social Care (Adults) and (Children and Young People)
2	GCSE in Heath and Social Care	BTEC First Certificate and Diploma in Health and Social Care	BTEC Certificate in Health and Social Care — 2006	Level 2 NVQ in Health and Social Care
1		BTEC Introductory Certificate and Diploma in Health and Social Care		
Entry		BTEC Entry Level Certificate in Skills for Working Life (Health and Social Care)		

Further information

For further information please call Customer Services on 0870 240 9800 (calls may be recorded for training purposes) or visit our website at www.edexcel.org.uk.

Useful publications

Further copies of this document and related publications can be obtained from:

Edexcel Publications
Adamsway
Mansfield
Nottinghamshire NG18 4FN

Telephone: 01623 467 467
Fax: 01623 450 481
Email: publications@linneydirect.com

Related information and publications include:

- *Accreditation of Prior Learning* available on our website: www.edexcel.org.uk

- *Guidance for Centres Offering Edexcel/BTEC NQF Accredited Programmes* — (Edexcel, distributed to centres annually)

- key skills publications — specifications, tutor support materials and question papers

- *The Statutory Regulation of External Qualifications in England, Wales and Northern Ireland* — (QCA, 2004)

- the current Edexcel publications catalogue and update catalogue.

Edexcel publications concerning the Quality Assurance System and the internal and external verification of vocationally related programmes can be found on the Edexcel website and in the Edexcel publications catalogue.

NB: Most of our publications are priced. There is also a charge for postage and packing. Please check the cost when you order.

How to obtain National Occupational Standards

Skills for Health
Goldsmiths House
Broad Plain
Bristol BS2 0JP

Telephone: 0117 922 1155
Email: office@skillsforhealth.org.uk
Website: www.skillsforhealth.org.uk

Skills for Care
Albion Court
Leeds LS1 6JL

Telephone: 0113 245 1716
Fax: 0113 2436417
Website: wwwskillsforcare.org.uk

Care Council for Wales
6th Floor
South Gate House
Wood Street
Cardiff CF10 1EW

Telephone: 0292 022 6257
Fax: 0292 038 4764
Website: www.ccwales.org.uk

Northern Ireland Social Care Council
7th Floor
Millennium House
Great Victoria Street
Belfast BT2 7AQ

Telephone: 028 9041 7600
Fax: 028 9041 7601
Website: www.niscc.info

Professional development and training

Edexcel supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered in our published training directory or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme

- planning for assessment and grading

- developing effective assignments

- building your team and teamwork skills

- developing student-centred learning and teaching approaches

- building key skills into your programme

- building in effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on the Edexcel website (www.edexcel.org.uk). You can request customised training through the website or by contacting one of our advisers in the Professional Development and Training team via Customer Services on telephone 0870 240 9800 (calls may be recorded for training purposes) to discuss your training needs.

The training we provide:

- is active — ideas are developed and applied

- is designed to be supportive and thought provoking

- builds on best practice.

Annexe A

QCA codes

The QCA National Qualifications Framework (NQF) code is known as a Qualification Accreditation Number (QAN). This is the code that features in the DfES Funding Schedules, Section 96 and 97 and is to be used for all qualification funding purposes. Each unit within a qualification will also have a QCA NQF unit code.

The QCA qualification and unit codes will appear on the learner's final certification documentation.

The QANs for the qualifications in this publication are:

Edexcel Level 3 BTEC National Award in Health and Social Care   500/1652/0

Edexcel Level 3 BTEC National Certificate in Health and Social Care   500/1653/2

Edexcel Level 3 BTEC National Diploma in Health and Social Care   500/1654/4

These qualification titles will appear on the learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Edexcel. Providing this happens, centres are able to describe the programme of study leading to the award of the qualification in different ways to suit the medium and the target audience.

Annexe B

Grading domains: Level 3 BTEC generic grading domains

Grading domain 1	Indicative characteristics — Merit	Indicative characteristics — Distinction
Application of knowledge and understanding (Learning outcome stem *understand* or *know*)	• Shows depth of knowledge and development of understanding in familiar and unfamiliar situations (eg explain why, makes judgements based on analysis). • Applies and/or selects concepts showing comprehension of often complex theories. • Applies knowledge in often familiar and unfamiliar contexts. • Applies knowledge to non-routine contexts (eg assessor selection). • Makes reasoned analytical judgements. • Shows relationships between p criteria.	• Synthesises knowledge and understanding across p/m criteria. • Evaluates complex concepts/ideas/actions and makes reasoned and confident judgements. • Uses analysis, research and evaluation to make recommendations and influence proposals. • Analyses implications of application of knowledge/understanding. • Accesses and evaluates knowledge and understanding to advance complex activities/contexts. • Shows relationships with p/m criteria. • Responds positively to evaluation.

Grading domain 2	Indicative characteristics — Merit	Indicative characteristics — Distinction
Development of practical and technical skills (Learning outcome stem *be able to*)	• Deploys appropriate advanced techniques/processes/skills. • Applies technical skill to advance non-routine activities. • Advances practical activities within resource constraints. • Produces varied solutions (including non-routine). • Modifies techniques/processes to situations. • Shows relationship between p criteria.	• Demonstrates creativity/originality/own ideas. • Applies skill(s) to achieve higher order outcome. • Selects and uses successfully from a range of advanced techniques/processes/skills. • Reflects on skill acquisition and application. • Justifies application of skills/methods. • Makes judgements about risks and limitations of techniques/processes. • Innovates or generates new techniques/processes for new situations. • Shows relationship with p and m criteria.

Grading domain 3	Indicative characteristics — Merit	Indicative characteristics — Distinction
Personal development for occupational roles (Any learning outcome stem)	• Takes responsibility in planning and undertaking activities. • Reviews own development needs. • Finds and uses relevant information sources. • Acts within a given work-related context showing understanding of responsibilities. • Identifies responsibilities of employers to the community and the environment. • Applies qualities related to the vocational sector. • Internalises skills/attributes (creating confidence).	• Manages self to achieve outcomes successfully. • Plans for own learning and development through the activities. • Analyses and manipulates information to draw conclusions. • Applies initiative appropriately. • Assesses how different work-related contexts or constraints would change performance. • Reacts positively to changing work-related contexts • Operates ethically in work-related environments. • Takes decisions related to work contexts. • Applies divergent and lateral thinking in work-related contexts. • Understands interdependence.

Grading domain 4	Indicative characteristics — Merit	Indicative characteristics — Distinction
Application of generic skills (Any learning outcome stem)	• Communicates effectively using appropriate behavioural and language registers. • Communicates with clarity and influence. • Makes judgements in contexts with explanations. • Explains how to contribute within a team. • Demonstrates positive contribution to team(s). • Makes adjustments to meet the needs/expectations of others (negotiation skills). • Selects and justifies solutions for specified problems.	• Presents self and communicates information to meet the needs of a variety of audience. • Identifies strategies for communication. • Shows innovative approaches to dealing with individuals and groups. • Takes decisions in contexts with justifications. • Produces outputs subject to time/resource constraints. • Reflects on own contribution to working within a team. • Generates new or alternative solutions to specified problems. • Explores entrepreneurial attributes.

Annexe C

Key skills

All BTEC National qualifications include mapping and/or signposting of key skills. These are transferable skills, which play an essential role in developing personal effectiveness for adult and working life and in the application of specific vocational skills.

In each unit the opportunities for the generation of evidence for key skills are signposted. These are indicative links only. Tutors will need to become familiar with key skills specifications and their evidence requirements and they are advised not to rely on the signposting in the units when presenting key skills evidence for moderation. Centres should refer to the QCA website (www.qca.org.uk) for the latest key skills standards.

Key skills provide a foundation for continual learning. They enable and empower individuals who inevitably face a series of choices in work, education and training throughout their lives. Current and future initiatives such as learndirect, lifelong learning and widening participation all require a more flexible population in the workplace and key skills play a role in setting the framework.

Learners need the chance to show current and future employers that they can:

- communicate effectively, in a variety of situations, using a wide range of techniques

- work well with others — individuals or teams — so that work can be properly planned and targets met

- manage their own development, so that they are always ready to take on the challenges of change and diversification

- use number, not just within routine tasks and functions but to help them be more effective and efficient in all they do

- use ICT in a range of applications to support all aspects of their role

- solve problems in a variety of circumstances.

Key skills mapping — summary of opportunities suggested in each unit

Key skills	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
N3.1					✓					
N3.2					✓					
N3.3					✓					
C3.1a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.1b	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	
ICT3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	
ICT3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	
LP3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PS3.1										
PS3.2										
PS3.3										
WO3.1	✓	✓	✓	✓	✓	✓			✓	
WO3.2	✓	✓	✓	✓	✓	✓			✓	
WO3.3	✓	✓	✓	✓	✓	✓			✓	

Key skills	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20
N3.1			✓		✓	✓		✓		
N3.2			✓		✓	✓		✓		
N3.3			✓		✓	✓		✓		
C3.1a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.1b	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.1		✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.2		✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.3		✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PS3.1		✓	✓		✓	✓		✓		
PS3.2		✓	✓		✓	✓		✓		
PS3.3		✓	✓		✓	✓		✓		
WO3.1		✓	✓		✓		✓	✓	✓	✓
WO3.2		✓	✓		✓		✓	✓	✓	✓
WO3.3		✓	✓		✓		✓	✓	✓	✓

Key skills	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25	Unit 26	Unit 27	Unit 28	Unit 29	Unit 30
N3.1	✓	✓								
N3.2	✓	✓								
N3.3	✓	✓								
C3.1a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.1b	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.2	✓	✓	✓	✓	✓	✓		✓	✓	✓
C3.3	✓	✓	✓	✓	✓	✓		✓	✓	✓
ICT3.1	✓	✓	✓		✓	✓	✓	✓	✓	✓
ICT3.2	✓	✓	✓		✓	✓	✓	✓	✓	✓
ICT3.3	✓	✓	✓		✓	✓	✓	✓	✓	✓
LP3.1	✓	✓	✓	✓		✓	✓	✓	✓	✓
LP3.2	✓	✓	✓	✓		✓	✓	✓	✓	✓
LP3.3	✓	✓	✓	✓		✓	✓	✓	✓	✓
PS3.1										
PS3.2										
PS3.3										
WO3.1		✓	✓		✓					
WO3.2		✓	✓		✓					
WO3.3		✓	✓		✓					

Key skills	Unit 31	Unit 32	Unit 33	Unit 34	Unit 35	Unit 36	Unit 37	Unit 38	Unit 39	Unit 40
N3.1			✓			✓			✓	✓
N3.2			✓			✓			✓	✓
N3.3			✓			✓			✓	✓
C3.1a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.1b	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ICT3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PS3.1			✓						✓	✓
PS3.2			✓						✓	✓
PS3.3			✓						✓	✓
WO3.1	✓	✓		✓		✓	✓	✓	✓	✓
WO3.2	✓	✓		✓		✓	✓	✓	✓	✓
WO3.3	✓	✓		✓		✓	✓	✓	✓	✓

Key skills	Unit 41	Unit 42	Unit 43	Unit 44	Unit 45	Unit 46	Unit 47	Unit 48	Unit 49
N3.1	✓	✓							
N3.2	✓	✓							
N3.3	✓	✓							
C3.1a	✓	✓		✓	✓	✓	✓	✓	✓
C3.1b	✓	✓		✓	✓	✓	✓	✓	✓
C3.2	✓	✓				✓	✓	✓	✓
C3.3	✓	✓		✓	✓	✓	✓	✓	✓
ICT3.1	✓	✓	✓			✓	✓	✓	✓
ICT3.2	✓	✓	✓			✓	✓	✓	✓
ICT3.3	✓	✓	✓			✓	✓	✓	✓
LP3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.2	✓	✓	✓	✓	✓	✓	✓	✓	✓
LP3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓
PS3.1	✓	✓	✓						
PS3.2	✓	✓	✓						
PS3.3	✓	✓	✓						
WO3.1	✓	✓		✓	✓	✓	✓	✓	✓
WO3.2	✓	✓		✓	✓	✓	✓	✓	✓
WO3.3	✓	✓		✓	✓	✓	✓	✓	✓

Annexe D

National Occupational Standards/mapping with NVQs

The following grid maps the knowledge covered in the BTEC National in Award, Certificate and Diploma in Health and Social Care against the underpinning knowledge of the Level 3 NVQ in Health and Social Care.

KEY

✓   indicates that the Edexcel Level 3 covers all of the underpinning knowledge of the NVQ unit

indicates partial coverage of the NVQ unit

a blank space indicates no coverage of the underpinning knowledge

Units	1	2	3	4	5	6	7	8	9	10
HSC31 — Promote effective communication for and about individuals	✓	✓		✓	✓	✓	✓	✓	✓	✓
HSC32 — Promote, monitor and maintain health, safety and security in the working environment			✓		✓	✓	✓			
HSC33 — Reflect on and develop your practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC34 — Promote the well-being and protection of children and young people	✓	✓		✓		✓	✓	✓		✓
HSC35 — Promote choice, well-being and the protection of all individuals	✓	✓		✓		✓	✓	✓	✓	
HSC38 — Support children and young people to manage their lives										✓
HSC39 — Support children and young people to achieve their educational potential										✓
HSC312 — Support the social, emotional and identity development of children and young people										✓

Units	1	2	3	4	5	6	7	8	9	10
HSC313 — Work with children and young people to promote their own physical and mental health needs										✓
HSC315 — Work with children and young people with additional requirements to meet their personal needs										✓
HSC317 — Prepare your family and networks to provide a home for children and young people										✓
HSC318 — Provide a home for children and young people										✓
HSC322 — Prepare, implement and evaluate group activities to address the offending behaviour of children and young people										✓
HSC323 — Contribute to child care practice in group living										✓
HSC325 — Contribute to protecting children and young people from danger harm and abuse										✓
HSC326 — Contribute to the prevention and management of challenging behaviour in children and young children										✓
HSC328 — Contribute to care planning and review									✓	
HSC350 — Recognise, respect and support the spiritual well-being of individuals							✓			
HSC374 — Provide first aid to an individual needing emergency assistance			✓							
HSC3103 — Contribute to raising awareness of health issues							✓			
HSC3111 — Promote the equality, diversity, rights and responsibilities of individuals		✓								✓
HSC3116 — Contribute to promoting a culture that values and respects the diversity of individuals		✓								✓

Units	11	12	13	14	15	16	17	18	19	20
HSC31 — Promote effective communication for and about individuals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC32 — Promote, monitor and maintain health, safety and security in the working environment		✓	✓	✓	✓	✓				✓
HSC33 — Reflect on and develop your practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC34 — Promote the well-being and protection of children and young people		✓					✓	✓	✓	✓
HSC35 — Promote choice, well-being and the protection of all individuals	✓	✓						✓	✓	✓
HSC331 — Support individuals to develop and maintain social networks and relationships	✓									
HSC332 — Support the social emotional and identify needs of individuals	✓									
HSC335 — Contribute to the protection of individuals from harm and abuse	✓									
HSC336 — Contribute to the prevention and management of abusive and aggressive behaviour	✓									
HSC337 — Provide frameworks to help individuals to manage challenging behaviour	✓									
HSC350 — Recognise, respect and support the spiritual well-being of individuals	✓								✓	
HSC356 — Support individuals to deal with relationship problems	✓									
HSC366 — Support individuals to represent their own needs and wishes at decision-making forums	✓									

Units	11	12	13	14	15	16	17	18	19	20
HSC367 — Help individuals identify and access independent representation and advocacy	✓									
HSC368 — Present individuals needs and preferences	✓									
HSC395 — Contribute to assessing, and act upon risk of danger, harm and abuse	✓									
HSC100 — Participate in inter-disciplinary team working to support individuals							✓	✓		
HSC3103 — Contribute to raising awareness of health issues		✓							✓	✓
HSC3111 — Promote the equality, diversity, rights and responsibilities of individuals	✓	✓								✓
HSC3116 — Contribute to promoting a culture that values and respects the diversity of individuals	✓	✓								✓

Units	21	22	23	24	25	26	27	28	29	30
HSC31 — Promote effective communication for and about individuals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC32 — Promote, monitor and maintain health, safety and security in the working environment	✓	✓	✓							
HSC33 — Reflect on and develop your practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC34 — Promote the well-being and protection of children and young people	✓	✓	✓	✓		✓	✓		✓	✓
HSC35 — Promote choice, well-being and the protection of all individuals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC336 — Contribute to the prevention and management of abusive and aggressive behaviour							✓			
HSC337 — Provide frameworks to help individuals to manage challenging behaviour							✓			
HSC354 — Counsel individuals about their substance use using recognised theoretical models				✓						
HSC392 — Work with families, carers and individuals during times of crisis					✓					
HSC100 — Participate in inter-disciplinary team working to support individuals					✓					
HSC3111 — Promote the equality, diversity, rights and responsibilities of individuals	✓	✓	✓			✓		✓		
HSC3116 — Contribute to promoting a culture that values and respects the diversity of individuals	✓	✓	✓			✓		✓		

Units	31	32	33	34	35	36	37	38	39	40
HSC31 — Promote effective communication for and about individuals	✓	✓	✓	✓	✓	✓	✓	✓		✓
HSC32 — Promote, monitor and maintain health, safety and security in the working environment	✓	✓	✓	✓	✓	✓	✓	✓	✓	
HSC33 — Reflect on and develop your practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC35 — Promote choice, well-being and the protection of all individuals										✓
HSC3103 — Contribute to raising awareness of health issues								✓		

Units	41	42	43	44	45	46	47	48	49
HSC31 — Promote effective communication for and about individuals	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC32 — Promote, monitor and maintain health, safety and security in the working environment	✓		✓	✓	✓				✓
HSC33 — Reflect on and develop your practice	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC34 — Promote the well-being and protection of children and young people				✓	✓			✓	✓
HSC35 — Promote choice, well-being and the protection of all individuals				✓	✓			✓	✓
HSC350 — Recognise, respect and support the spiritual well-being of individuals								✓	
HSC3103 — Contribute to raising awareness of health issues	✓							✓	

Annexe E

National Occupational Standards/mapping with NVQs

The following grid maps the knowledge covered in the BTEC National in Award, Certificate and Diploma in Health and Social Care against the underpinning knowledge of the Level 3 NVQ in Health.

KEY

✓ indicates that the Edexcel Level 3 covers all of the underpinning knowledge of the NVQ unit

\# indicates partial coverage of the NVQ unit

  a blank space indicates no coverage of the underpinning knowledge

Units	1	2	3	4	5	6	7	8	9	10
Unit CU6 — Maintain communications and records within the organisation	✓		✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN3 — Maintain health and safety in a clinical/therapeutic environment			✓		✓	✓				
Unit GEN12 — Reflect on and evaluate your own values, priorities, interests and effectiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN13 — Synthesise new knowledge into the development of your own practice.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit CHS19 — Undertake physiological measurements.					✓					
Unit CHS35 — Provide first aid to an individual needing emergency assistance			✓							
Unit CHS36 — Provide basic life support.			✓							

Units	11	12	13	14	15	16	17	18	19	20
Unit CU6 — Maintain communications and records within the organisation	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Unit GEN3 — Maintain health and safety in a clinical/therapeutic environment		✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN12 — Reflect on and evaluate your own values, priorities, interests and effectiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN13 — Synthesise new knowledge into the development of your own practice.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit CHS19 — Undertake physiological measurements.				✓						

Units	21	22	23	24	25	26	27	28	29	30
Unit CU6 — Maintain communications and records within the organisation	✓		✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN3 — Maintain health and safety in a clinical/therapeutic environment			✓							
Unit GEN12 — Reflect on and evaluate your own values, priorities, interests and effectiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN13 — Synthesise new knowledge into the development of your own practice.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Units	31	32	33	34	35	36	37	38	39	40
Unit CU6 — Maintain communications and records within the organisation	✓	✓	✓	✓	✓	✓	✓	✓		✓
Unit GEN3 — Maintain health and safety in a clinical/therapeutic environment			✓						✓	
Unit GEN12 — Reflect on and evaluate your own values, priorities, interests and effectiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit GEN13 — Synthesise new knowledge into the development of your own practice.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Units	41	42	43	44	45	46	47	48	49
Unit CU6 — Maintain communications and records within the organisation		✓	✓						✓
Unit GEN3 — Maintain health and safety in a clinical/therapeutic environment	✓								
Unit GEN12 — Reflect on and evaluate your own values, priorities, interests and effectiveness	✓	✓		✓	✓	✓	✓	✓	✓
Unit GEN13 — Synthesise new knowledge into the development of your own practice.	✓		✓	✓	✓	✓	✓	✓	✓

Units 5, 15 and 16 are also mapped to the relevant National Occupational Standards in Healthcare Science — details within the units.

Annexe F

BTEC National in Health Studies old (specification end date 31st August 2007)/BTEC National in Health and Social Care new (specification start date 1st September 2007) — unit mapping overview

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25
Unit 1	F																								
Unit 2		F																							
Unit 3			F																						
Unit 4				P																					
Unit 5					P																				
Unit 6						X																			
Unit 7												P													
Unit 8				P																					
Unit 9																									
Unit 10																									
Unit 11																									
Unit 12							F																		
Unit 13																									
Unit 14																				F					
Unit 15																									
Unit 16																									

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25
Unit 17																									
Unit 18																									
Unit 19																									
Unit 20																									
Unit 21											F														
Unit 22								X																	
Unit 23															P										
Unit 24																F									
Unit 25																									
Unit 26																									
Unit 27																									
Unit 28																									
Unit 29																									
Unit 30																									P
Unit 31																			P						
Unit 32																					F				
Unit 33																									
Unit 34																						F			
Unit 35																							P		
Unit 36																									

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25
Unit 37																			P						
Unit 38																								F	
Unit 39																									
Unit 40																									
Unit 41																									
Unit 42																									
Unit 43													P												
Unit 44																F									
Unit 45																	F								
Unit 46																									
Unit 47																									
Unit 48																									
Unit 49																									

KEY

P — Partial mapping (Some topics from the old unit appear in the new unit)

F — Full mapping (Topics in old unit match new unit exactly or almost exactly)

X — Full mapping + New (All the topics from the old unit appear in the new unit, but new unit also contains new topic(s))

BTEC National in Care old (specification end date 31st August 2007)/BTEC National in Health and Social Care new (specification start date 1st September 2007) — unit mapping overview

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21
Unit 1	F																				
Unit 2		F																			
Unit 3			F																		
Unit 4				P																	
Unit 5					P																
Unit 6						X															
Unit 7												P									
Unit 8																					P
Unit 9							P														
Unit 10									P												
Unit 11										P											
Unit 12																					
Unit 13																					
Unit 14																					
Unit 15																					
Unit 16																					
Unit 17																			P		
Unit 18																					

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21
Unit 19																					
Unit 20																					
Unit 21											F										
Unit 22								X													
Unit 23															P						
Unit 24																F					
Unit 25																				F	
Unit 26																					
Unit 27																					
Unit 28																					
Unit 29																					P
Unit 30																					
Unit 31																					
Unit 32																					
Unit 33																					
Unit 34																					
Unit 35																					
Unit 36																					
Unit 37																					
Unit 38																					

Old units New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21
Unit 39																					
Unit 40																					
Unit 41																					
Unit 42																					
Unit 43														P							
Unit 44																	F				
Unit 45																		F			
Unit 46																					
Unit 47																					
Unit 48																					
Unit 49																					

KEY

P — Partial mapping (Some topics from the old unit appear in the new unit)

F — Full mapping (Topics in old unit match new unit exactly or almost exactly)

X — Full mapping + New (All the topics from the old unit appear in the new unit, but new unit also contains new topic(s))

Annexe G

Wider curriculum mapping

Study of the Edexcel Level 3 BTEC Nationals in Health and Social Care gives learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of environmental issues, European developments, health and safety considerations and equal opportunities issues.

The Edexcel Level 3 BTEC Nationals in Health and Social Care makes a positive contribution to wider curricular areas as appropriate.

Spiritual, moral, ethical, social and cultural issues

The specification contributes to an understanding of:

- spiritual issues — these are implicit throughout the Edexcel Level 3 BTEC Nationals in Health and Social Care

- moral and ethical issues — these are implicit throughout the Edexcel Level 3 BTEC Nationals in Health and Social Care

- social and cultural issues — these are implicit throughout the Edexcel Level 3 BTEC Nationals in Health and Social Care.

Environmental issues

Learners are led to appreciate the importance of environmental issues through the experience of the health and social care sectors, in particular in *Unit 38: Environmental Health*.

European developments

Much of the content of the Edexcel Level 3 BTEC Nationals in Health and Social Care applies throughout Europe, even though the delivery is in a UK context. The European dimensions of health and social care are specifically addressed in legislation requirements of a number of units, such as *Unit 2: Equality, Diversity and Rights in Health and Social Care*.

Health and safety considerations

The Edexcel Level 3 BTEC Nationals in Health and Social Care are practically based and health and safety issues are encountered throughout the units. Learners will develop awareness of the safety of others as well as themselves in all practical activities. Learners will also explore health and safety issues across the health and social care sectors, particularly in *Unit 3: Health, Safety and Security in Health and Social Care*.

Equal opportunities issues

Equal opportunities issues are implicit throughout the Edexcel Level 3 BTEC Nationals in Health and Social Care.

Wider curriculum mapping

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18
Spiritual issues		✓										✓						
Moral and ethical issues						✓			✓	✓	✓	✓						
Social and cultural issues	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓					✓	✓
Environmental issues																		
European developments																		
Health and safety considerations			✓		✓	✓							✓	✓	✓	✓		

	Unit 19	Unit 20	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25	Unit 26	Unit 27	Unit 28	Unit 29	Unit 30	Unit 31	Unit 32	Unit 33	Unit 34	Unit 35	Unit 36
Spiritual issues		✓	✓	✓														
Moral and ethical issues		✓	✓	✓	✓											✓		
Social and cultural issues	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Environmental issues																		
European developments																		
Health and safety considerations					✓								✓	✓	✓	✓	✓	✓

	Unit 37	Unit 38	Unit 39	Unit 40	Unit 41	Unit 42	Unit 43	Unit 44	Unit 45	Unit 46	Unit 47	Unit 48	Unit 49
Spiritual issues													✓
Moral and ethical issues													✓
Social and cultural issues				✓						✓	✓	✓	✓
Environmental issues													
European developments													
Health and safety considerations	✓	✓	✓		✓	✓	✓						

Annexe H

Mapping to NHS Knowledge and Skills Framework

Unit	Core dimension					
	Core dimension 1: Communication	Core dimension 2: Personal and people development	Core dimension 3: Health, safety and security	Core dimension 4: Service improvement	Core dimension 5: Quality	Core dimension 6: Equality and diversity
1	✓	✓				✓
2	✓	✓				✓
3		✓	✓			
4	✓	✓				✓
5	✓	✓	✓			
6	✓	✓	✓			✓
7	✓	✓				✓
8	✓	✓				✓
9	✓	✓				✓
10	✓	✓				✓
11	✓	✓				✓
12	✓	✓	✓			✓
13	✓	✓	✓			
14	✓	✓	✓			
15	✓	✓	✓			

Unit	Core dimension 1: Communication	Core dimension 2: Personal and people development	Core dimension 3: Health, safety and security	Core dimension 4: Service improvement	Core dimension 5: Quality	Core dimension 6: Equality and diversity
16	✓	✓	✓			
17	✓	✓				✓
18	✓	✓				✓
19	✓	✓				✓
20	✓	✓	✓			✓
21	✓	✓	✓			✓
22	✓	✓	✓			✓
23	✓	✓				✓
24	✓	✓				✓
25	✓	✓				✓
26	✓	✓				✓
27	✓	✓				
28	✓	✓				✓
29	✓	✓				✓
30	✓	✓				✓
31	✓	✓	✓			
32	✓	✓	✓			
33	✓	✓	✓			

Unit	Core dimension 1: Communication	Core dimension 2: Personal and people development	Core dimension 3: Health, safety and security	Core dimension 4: Service improvement	Core dimension 5: Quality	Core dimension 6: Equality and diversity
34	✓	✓	✓			
35	✓	✓	✓			
36	✓	✓	✓			
37	✓	✓	✓			
38	✓	✓	✓			
39		✓	✓			
40	✓	✓				✓
41		✓	✓			
42	✓	✓				
43		✓	✓			✓
44	✓	✓	✓			✓
45	✓	✓	✓			✓
46	✓	✓				
47	✓	✓				
48	✓	✓				✓
49	✓	✓	✓			✓

The table has a spanning header "Core dimension" above the six dimension columns.

Unit	Health and Wellbeing dimension				
	HWB1	HWB2	HWB3	HWB4	HWB8
5					✓
9		✓			
12	✓				
14	✓				
16					✓
20	✓			✓	
21	✓			✓	

Annexe I

Mapping to Skills for Care/Northern Ireland Social Care Council Induction Standards

Unit	Induction Standards					
	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6
1	✓			✓		✓
2	✓	✓				✓
3	✓	✓	✓			✓
4	✓					✓
5	✓					✓
6	✓	✓		✓		✓
9	✓	✓		✓		✓
10	✓	✓		✓	✓	✓
11	✓	✓		✓	✓	✓
49	✓					✓

Annexe J

Key words and concepts from Health and Social Care National Occupational Standards

Abuse	Abuse is causing physical, emotional and/or sexual harm to an individual and/or failing/neglecting to protect them from harm.
Active support	Support that encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages people with disabilities to maximise their own potential and independence.
Appropriate people	Those people from whom you need to gain permission to access records according to legal and organisational requirements.
Communication and language needs and preferences	The individual's needs and preferences in terms of communicating with you, and you communicating with and responding to them.
Danger	The possibility that harm may occur.
Harm	The effects of an individual being physically, emotionally or sexually injured or abused.
Hazard	A hazard is something with potential to cause harm.
Individuals	The actual people requiring health and care services. Where individuals use advocates and interpreters to enable them to express their views, wishes or feelings and to speak on their behalf, the term individual within this standard covers the individual and their advocate or interpreter.
Key people	Those people who are key to an individual's health and social wellbeing. These are people in the individual's life who can make a difference to their health and wellbeing.

Rights	The rights that individuals have to:
	• be respected
	• be treated equally and not be discriminated against
	• be treated as an individual
	• be treated in a dignified way
	• privacy
	• be protected from danger and harm
	• be cared for in the way that meets their needs, takes account of their choices and also protects them
	• access information about themselves
	• communicate using their preferred methods of communication and language.
Risks	A risk is the likelihood of the hazard to be realised. It can be to individuals in the form of danger, harm and abuse and/or to the environment by danger of damage and destruction.

Annexe K

Contextualised Grading Grid for Unit 47: Academic Literacy in the Health and Social Care Sectors

Assessment

For M1, learners should broaden their study to include the range of influences on the literature presented in two key debates, and analyse the different approaches. It is likely that learners will develop their work for P1 and P2 using concepts of validity in their analysis.

M2 requires learners to analyse styles of writing and this task is likely to develop from P1, P2 and M1. Learners should ensure that they briefly cover all the styles of writing and should work with examples from the sector context. Advantages and disadvantages should be considered in terms of purpose, intended audience and understanding.

For M3, analysis should involve a detailed examination in order that learners can fully compare the two theories. This analysis will be supported if learners apply theories to their own learning. The analysis should move a stage further than the comparison required in P4, ensuring that learners begin to make value judgments of the theories.

D1 requires learners to assess the value of literature in key debates and learners should use evidence from analysis and a holistic view of the influences affecting content.

D2 requires learners to use theories of learning in understanding how they learn. They should draw conclusions for future development from the evaluation.

Grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 describe the use of style and format to present two key debates in health and social care	M1 analyse and compare the influences affecting the content of literature that contributes to two key debates	D1 evaluate the contribution of literature to two key debates
P2 examine the validity of texts that contribute to a key debate		
P3 use grammar, punctuation, vocabulary and format appropriate for health and social care	M2 analyse styles of writing, detailing advantages and disadvantages	
P4 compare two theories of learning	M3 analyse two theories of learning.	D2 evaluate two theories of learning in relation to own learning.
P5 analyse local resources and their appropriateness for health and social care		
P6 produce a personal development plan for own learning.		