

**Pearson
BTEC Level 1 Award,
Certificate and Diploma in
Introduction to Health and
Social Care (Adults and
Children and Young People),
Early Years and Childcare
(Wales and Northern Ireland)**

Specification

BTEC qualification

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Issue 2

Edexcel, BTEC and LCCI qualifications

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This specification is Issue 2. Key changes are listed in the summary table on the next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com

These qualifications were previously known as:

Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland) (QCF)

The QNs remain the same.

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Summary of Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland) specification Issue 2 changes

Summary of changes made between previous issue and this current issue	Page/section number
All references to QCF have been removed throughout the specification	Throughout
Definition of TQT added	Section 1
Definition of sizes of qualifications aligned to TQT	Section 1
TQT value added	Section 2
GLH range removed and replaced with lowest GLH value for the shortest route through the qualification	Section 2
Reference to credit transfer within the QCF removed	Section 5
QCF references removed from unit titles and unit levels in all units	Section 12
Guided learning definition updated	Section 12

Earlier issue(s) show(s) previous changes.

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

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Purpose of this specification

The purpose of a specification as defined by Ofqual is to set out:

- the qualification's objective
- any other qualification that a learner must have completed before taking the qualification
- any prior knowledge, skills or understanding that the learner is required to have before taking the qualification
- units that a learner must have completed before the qualification will be awarded and any optional routes
- any other requirements that a learner must have satisfied before the learner will be assessed or before the qualification will be awarded
- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)
- the method of any assessment and any associated requirements relating to it
- the criteria against that learner's level of attainment will be measured (such as assessment criteria)
- any specimen materials
- any specified levels of attainment.

1 Introducing BTEC qualifications

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3 in a range of sectors. They give learners the knowledge, understanding and skills they need to prepare for employment in a specific occupational area. The qualifications also provide career development opportunities for those already in work. The qualifications may be offered as full-time or part-time courses in schools or colleges. Training centres and employers may also offer these qualifications.

Sizes of Specialist qualifications

For all regulated qualifications, we specify a total number of hours that learners are expected to undertake in order to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, we identify the number of Guided Learning Hours (GLH) that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

As well as guided learning, there may be other required learning that is directed by tutors or assessors. This includes, for example, private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

BTEC Specialist qualifications are available in the following sizes:

- Award – a qualification with a TQT value of 120 or less (equivalent to a range of 1–12 credits)
- Certificate – a qualification with a TQT value in the range of 121–369 (equivalent to a range of 13–36 credits)
- Diploma – a qualification with a TQT value of 370 or more (equivalent to 37 credits and above).

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 1 Award in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)
Qualification Number (QN)	601/4426/9
Date registrations can be made	1 September 2014
Age range that the qualification is approved for	14–16 16–18 19+
Credit value	12
Assessment	Centre-devised assessment (internal assessment)
Total Qualification Time (TQT)	120
Guided learning hours	101
Grading information	The qualification and units are at pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners can register for this qualification. However, centres must follow the Pearson Access and Recruitment Policy (see <i>Section 10, Access and recruitment</i>)

Qualification title	Pearson BTEC Level 1 Certificate in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)
Qualification Number (QN)	601/4427/0
Date registrations can be made	1 September 2014
Age range that the qualification is approved for	14–16 16–18 19+
Credit value	30
Assessment	Centre-devised assessment (internal assessment)
Total Qualification Time (TQT)	300
Guided learning hours	245
Grading information	The qualification and units are at pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners can register for this qualification. However, centres must follow the Pearson Access and Recruitment Policy (see <i>Section 10, Access and recruitment</i>)

Qualification title	Pearson BTEC Level 1 Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)
Qualification Number (QN)	601/4428/2
Date registrations can be made	1 September 2014
Age range that the qualification is approved for	14–16 16–18 19+
Credit value	39
Assessment	Centre-devised assessment (internal assessment)
Total Qualification Time (TQT)	390
Guided learning hours	329
Grading information	The qualification and units are at pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners can register for this qualification. However, centres must follow the Pearson Access and Recruitment Policy (see <i>Section 10, Access and recruitment</i>)

Qualification title and Qualification Number

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN are given on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. There is more information about certification in our *UK Information Manual*, available on our website, qualifications.pearson.com

3 Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)

Objectives of the qualification

Aims

The specific aims of the Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland) are to:

- provide a flexible and challenging programme of study related to the caring sectors that is suited to learners who have the general interest and aptitude to progress to further study
- broaden and deepen learner's understanding of careers in healthcare, social care and children's services
- provide a broad and balanced programme of study through the mandatory units that develops knowledge and understanding relevant to the caring sectors as a whole
- allow learners to develop their personal and employability skills through the provision of a broad range of optional units
- provide opportunities for the development of transferable skills related to study and vocational application that provide a platform for success
- support informed progression to Level 2 qualifications in health, social care or children's services
- give learners the potential opportunity to progress to employment, in due course, in a range of job roles in the caring sectors.

Mandatory units

The mandatory units in this qualification ensure that all learners will develop:

- knowledge and understanding of the range of services and roles within health and social care (adults and children and young people), early years and childcare
- awareness of health and safety in health and social care (adults and children and young people), early years and childcare
- knowledge and understanding of the principles and values in health and social care (adults and children and young people), early years and childcare
- knowledge and understanding of inclusion and disability.

Optional units

The optional units offer centres the flexibility to personalise the programme to meet a wide range of learner needs. These units may be selected to:

- give learners the opportunity to gain knowledge and understanding in more specialist areas of interest
- develop personal learning skills, for example by developing the skills and qualities needed when working in a team or developing entrepreneurial and enterprise skills.

Assessment approach

The Pearson BTEC Level 1 qualifications in Health and Social Care are internally assessed and externally quality assured.

Progression opportunities

The Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland) provide the knowledge, skills and understanding for Level 1 learners to progress to:

- other Level 1 vocational qualifications and related competence-based qualifications for the health and social care sector, for example the Pearson BTEC Level 1 Award in Preparing to Work in Adult Social Care
- Level 2 vocational qualifications, such as the Pearson BTEC Level 1/Level 2 First Award, Certificate, Extended Certificate or Diploma in Health and Social Care or Children's Play, Learning and Development
- related Level 2 academic qualifications, such as the Pearson Edexcel GCSE in Health and Social Care.

Stakeholder support

The Pearson BTEC Level 1 Award, Certificate and Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland) are supported by Skills for Care and Development (SfC&D), the sector skills council for people providing social work, social care and children's services to the people of the UK.

4 Qualification structures

Pearson BTEC Level 1 Award in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)

Learners will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	12
Number of credits from Group 1 that must be achieved	12

Unit	Unit reference number	Group 1: Mandatory units	Level	Credit	Guided learning hours
1	A/602/6187	Understand the Range of Service Provision and Roles within Health and Social care, Adults and Children and Young People, Early Years and Childcare	1	3	26
2	F/506/0234	Awareness of Health and Safety in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	25
3	A/506/0233	Understand the Principles and Values in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	26
4	K/506/0289	Awareness of safeguarding in health and social care (adults and children and young people), early years and childcare	1	3	24

Pearson BTEC Level 1 Certificate in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)

Learners will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	30
Number of credits from Group 1 that must be achieved	16
Number of credits from Group 2 that must be achieved	3
Minimum number of credits from Group 3 that must be achieved	11

Unit	Unit reference number	Group 1: Mandatory units	Level	Credit	Guided learning hours
1	A/602/6187	Understand the Range of Service Provision and Roles within Health and Social care, Adults and Children and Young People, Early Years and Childcare	1	3	26
2	F/506/0234	Awareness of Health and Safety in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	25
3	A/506/0233	Understand the Principles and Values in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	26
4	K/506/0289	Awareness of Safeguarding in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	24
5	F/602/6191	Introductory Awareness of Inclusion and Disability	1	2	19
6	J/506/0235	Introduction to Communication in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	2	19
Unit	Unit reference number	Group 2: Optional units	Level	Credit	Guided learning hours
7	A/506/1320	Introduction to Children and Young People's Development	1	3	26
8	Y/506/0238	Introduction to the Factors Affecting Older People	1	3	30

Unit	Unit reference number	Group 3: Optional units	Level	Credit	Guided learning hours
9	A/506/0250	Introduction to Dementia	1	3	30
10	T/506/0246	Introduction to the Physical Care of Babies and Young Children	1	3	30
11	D/506/1309	Encourage Children and Young People to Eat Healthily	1	2	16
12	H/602/6331	Exploring Connections with Sustainable Development and Global Citizenship	1	1	10
13	J/506/0249	Introduction to Creative Activities for Children's Development	1	3	17
14	K/602/6301	Understand the Importance of Engagement in Leisure and Social Activities in Health and Social Care	1	3	29
15	K/602/6315	Introduction to the Development of Children and Young People through Play	1	2	15
16	M/506/0262	Introduction to Partnership Working in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	2	20
17	M/506/0259	Introduction to Learning Disability	1	3	30
18	R/506/0254	Introduction to Sensory Loss	1	3	30
19	H/506/0257	Introduction to Physical Disability	1	3	30
20	R/506/0240	Introduction to a Healthy Lifestyle	1	3	26
21	Y/506/1308	Introduction to Language Immersion in an Early Years and Childcare Setting	1	2	19
22	K/506/0261	Introduction to Autistic Spectrum Condition	1	3	30
23	J/506/0252	Introduction to Mental Health	1	3	30
24	K/506/0292	Introduction to Balanced Diets for Individuals	1	3	22

Pearson BTEC Level 1 Diploma in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Childcare (Wales and Northern Ireland)

Learners will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	39
Number of credits from Group 1 that must be achieved	16
Number of credits from Group 2 that must be achieved	3
Minimum number of credits from Group 3 that must be achieved	20

Unit	Unit reference number	Group 1: Mandatory units	Level	Credit	Guided learning hours
1	A/602/6187	Understand the Range of Service Provision and Roles within Health and Social care, Adults and Children and Young People, Early Years and Childcare	1	3	26
2	F/506/0234	Awareness of Health and Safety in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	25
3	A/506/0233	Understand the Principles and Values in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	26
4	K/506/0289	Awareness of Safeguarding in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	3	24
5	F/602/6191	Introductory Awareness of Inclusion and Disability	1	2	19
6	J/506/0235	Introduction to Communication in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	2	19
Unit	Unit reference number	Group 2: Optional units	Level	Credit	Guided learning hours
7	A/506/1320	Introduction to Children and Young People's Development	1	3	26
8	Y/506/0238	Introduction to the Factors Affecting Older People	1	3	30

Unit	Unit reference number	Group 3: Optional units	Level	Credit	Guided learning hours
9	A/506/0250	Introduction to Dementia	1	3	30
10	T/506/0246	Introduction to the Physical Care of Babies and Young Children	1	3	30
11	D/506/1309	Encourage Children and Young People to Eat Healthily	1	2	16
12	H/602/6331	Exploring Connections with Sustainable Development and Global Citizenship	1	1	10
13	J/506/0249	Introduction to Creative Activities for Children's Development	1	3	17
14	K/602/6301	Understand the Importance of Engagement in Leisure and Social Activities in Health and Social Care	1	3	29
15	K/602/6315	Introduction to the Development of Children and Young People through Play	1	2	15
16	M/506/0262	Introduction to Partnership Working in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	1	2	20
17	M/506/0259	Introduction to Learning Disability	1	3	30
18	R/506/0254	Introduction to Sensory Loss	1	3	30
19	H/506/0257	Introduction to Physical Disability	1	3	30
20	R/506/0240	Introduction to a Healthy Lifestyle	1	3	26
21	Y/506/1308	Introduction to Language Immersion in an Early Years and Childcare Setting	1	2	19
22	K/506/0261	Introduction to Autistic Spectrum Condition	1	3	30
23	J/506/0252	Introduction to Mental Health	1	3	30
24	K/506/0292	Introduction to Balanced Diets for Individuals	1	3	22

5 Programme delivery

Centres are free to offer the qualifications using any mode of delivery (for example full time, part time, evening only, distance learning) that meets their learner's needs. Whatever mode of delivery is used, centres must make sure that learners have access to the resources identified in the specification and to the subject specialists delivering the units.

Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to make sure a course is relevant to learner's specific needs
- accessing and using non-confidential data and documents from learner's workplaces
- developing up-to-date and relevant teaching materials that make use of scenarios that are relevant to the sectors
- giving learners the opportunity to apply their learning in practical activities
- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment.

Centres must make sure that any legislation referred to in the units is up to date and current.

Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

General resource requirements

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualifications.
- Staff involved in the assessment process must have relevant expertise and occupational experience.
- There must be systems in place to make sure continuing professional development for staff delivering the qualifications.
- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualifications in accordance with current equality legislation.

Specific resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

Unit	Resources required
Unit 6: Introduction to Communication in Health and Social Care (Adults and Children and Young People), Early Years and Childcare	Learners need access to specialist communication equipment, such as screen readers and hearing aids.
Unit 10: Introduction to the Physical Care of Babies and Young Children	Learners need to use devices such as baby simulators to support roleplay activities.
Unit 11: Encourage Children and Young People to Eat Healthily	Some activities require the proper facilities and equipment for food preparation.
Unit 13: Introduction to Creative Activities for Children's Development	Learners require access to creative learning materials such as paints or collage materials.
Unit 19: Introduction to Physical Disability	Learners need access to tools and equipment that simulate physical disabilities.
Unit 22: Introduction to Autistic Spectrum Condition	Learners will benefit from access to examples of communication methods.
Unit 24: Introduction to Balanced Diets for Individuals	Some activities will require the proper facilities and equipment for food preparation.

6 Access to assessment

Centre-devised assessment (internal assessment)

All units within these qualifications are internally assessed. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' a learner must have successfully passed all the learning outcomes.

Guidance

The purpose of assessment is to ensure that effective learning has taken place to give learners the opportunity to:

- meet the standard determined by the assessment criteria and
- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres are encouraged where possible to employ practical application of the assessment criteria and to use realistic vocational scenarios that can make the maximum use of practical activities. Centres should enable learners to produce evidence in a variety of different forms that are appropriate to their learning and assessment needs (examples include; performance observation, presentations, projects, posters and writing) so long as the methods chosen allow learners to produce valid, sufficient and reliable evidence of meeting the assessment criteria.

The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

The assessment criteria must be clearly indicated in the assignments briefs. This gives learners focus and helps with internal verification and standardisation processes. It will also help to ensure that learner feedback is specific to the assessment criteria.

When designing assignments briefs, centres are encouraged to identify common topics and themes. A central feature of vocational assessment is that it allows for assessment to be:

- current, ie to reflect the most recent developments and issues
- local, ie to reflect the employment context of the delivering centre
- flexible to reflect learner needs, ie at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

7 Centre recognition, and approval and quality assurance

Centres that have not previously offered Pearson qualifications need to apply for, and be granted, centre recognition as part of the process for approval to offer individual qualifications. New centres must complete a Pearson Vocational Centre & Qualification Approval Form (VCQA).

Existing centres get 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by the new qualification and the conditions for automatic approval are met. Centres that already hold centre approval are able to apply for qualification approval for a different level or different sector via Edexcel Online, up to and including Level 3 only.

In some circumstances, qualification approval using Edexcel Online may not be possible. In such cases, guidance is available as to how an approval application may be made.

Approvals agreement

All centres are required to enter into an approval agreement that is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any associated codes, conditions or regulations. We will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

Quality assurance of centres

Quality assurance is at the heart of vocational qualifications. The centre assesses BTEC qualifications. The centre will use quality assurance to make sure that their managers, internal verifiers and assessors are standardised and supported. We use quality assurance to check that all centres are working to national standards. It gives us the opportunity to identify and provide support, if needed, to safeguard certification. It also allows us to recognise and support good practice.

For the qualifications in this specification, the Pearson quality assurance model will follow the processes listed below.

- an annual visit to the centre by a Centre Quality Reviewer to review centre-wide quality assurance systems
- Lead Internal Verifier accreditation. This involves online training and standardisation of Lead Internal Verifiers using our OSCA platform, accessed via Edexcel Online.

For further details please go to the *UK BTEC Quality Assurance Handbook* on our website.

8 Access to BTEC qualifications

Access and recruitment

Approved centres must select learners who will benefit from the qualification as judged by their interest, aptitude and progression expectations.

Our policy regarding access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- there should be no barriers that restrict access and progression
- there should be equal opportunities for all those wishing to access the qualifications
- there should be a fair and open access and recruitment process

Centres are required to recruit learners to BTEC qualifications with integrity.

Applicants will need relevant information and advice about the qualification to make sure it meets their needs.

Centres should review the applicant's prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during teaching and assessment of the qualification. The review must take account of the information and guidance in the section *Access to qualifications for learners with disabilities or specific needs*.

Recognition of Prior Learning and Achievement

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

We encourage centres to recognise learner's previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Further guidance is available in the policy document *Recognition of Prior Learning and Process Policy*, that is on our website.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's Equality Policy requires all learners to have equal opportunity to access our qualifications and assessments. It also requires our qualifications to be awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Learners taking a qualification may be assessed in British sign language or Irish sign language where it is permitted for the purpose of reasonable adjustments.

Details on how to make adjustments for learners with protected characteristics are given in the policy documents *Application of Reasonable Adjustment for BTEC and Edexcel NVQ Qualifications* and *Application for Special Consideration: BTEC and Edexcel NVQ Qualifications*.

The documents are on our website at qualifications.pearson.com

9 Units

Units have the following sections.

Unit title

This is the formal title of the unit that will appear on the learner's certificate.

Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

Credit value

When a learner achieves a unit, they gain the specified number of credits.

Guided learning hours

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Unit aim

This gives a summary of what the unit aims to do.

Unit introduction

The unit introduction gives the reader an appreciation 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 unit and the key knowledge, skills and understanding gained while studying the unit. The unit introduction also highlights any links to the appropriate vocational sector by describing how the unit relates to that sector.

Essential resources

This section lists any specialist resources needed to deliver the unit. The centre will be asked to make sure that these resources are in place when it seeks approval from Pearson to offer the qualification.

Learning outcomes

Learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning.

Assessment criteria

Assessment criteria specify the standard required by the learner to achieve each learning outcome.

Unit content

This section clarifies what a learner needs to know to achieve a learning outcome.

Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Delivery* – explains the content’s relationship to the learning outcomes and offers guidance on possible approaches to delivery.
- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.
- *Suggested resources* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.

Unit 1: Understand the Range of Service Provision and Roles within Health and Social Care (Adults and Children and Young People), Early Years and Childcare

Unit reference number: A/602/6187

Level: 1

Credit value: 3

Guided learning hours: 26

Unit aim

The aim of this unit is to assess learner knowledge and understanding of the range of services and roles within health and social care (adults and children and young people), early years and childcare.

Unit introduction

Many learners studying this unit will eventually enter and follow a career in one of the health and social care sectors. This unit gives learners the opportunity to develop knowledge of the services available in health and social care for adults, children and young people. Developing a knowledge and understanding of the range of service provision within health and social care, and the roles of service providers and their employees, is important for all learners. Learners will develop their knowledge of the types and purpose of provision, the difference between statutory and independent service provision and how voluntary and informal carers contribute to service provision.

Learners will develop their knowledge of the range and scope of job roles within the different health and social care sectors and will consider the skills needed to fulfil these job roles, and the career progression routes available to employees in the sector.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the range of service provision available in health and social care (adults and children and young people), early years and childcare	1.1	Identify the range of service provision for health and social care (adults and children and young people), early years and childcare in own local area
		1.2	Outline the purpose of provision offered by different types of service
		1.3	Give examples of who would access different types of service provision
		1.4	Outline the difference between statutory, and independent service provision
		1.5	Outline how informal care contributes to service provision
2	Know the range and scope of roles within the health and social care (adults and children and young people), early years and childcare	2.1	Identify the range of job roles within different types of service
		2.2	Identify the knowledge and skills required to work in a job role in the sector
		2.3	Outline a range of progression routes for a worker within the sector

Unit content

1 Know the range of service provision available in health and social care (adults and children and young people), early years and childcare

The range of service provision for health and social care (adults and children and young people), early years and childcare: statutory, e.g. community-based services for adults, children and young people, domiciliary services for adults, children and young people, day services for adults, residential services for adults, looked children and young people, children's centres, foster care, respite care, pre-school care, telecare, extra care, supported housing, self-directed support, acute hospital services, community hospitals, general practitioner services, district nursing, health visitors, pharmacy in hospitals and community, substance misuse services, community mental health support, complementary healthcare; independent, e.g. voluntary, not for profit or third sector, private provision; informal, e.g. family, friends, neighbours, community groups

The purpose of provision offered by different types of service: supporting the physical/intellectual/psychological/emotional/social development of individuals; building self-esteem and confidence; health education, e.g. maintenance, improvement; mental health support; promoting growth and development; promoting independence; safeguarding children, implementing the outcomes

Children and young people: Rights to Action in Wales or Every Child Matters in Northern Ireland; challenging discrimination; supporting older people and vulnerable groups, e.g. those with a disability and people with learning difficulties/disabilities

Examples of who could access different types of service provision: individuals, e.g. infants, children, adolescents, adults, people in later adulthood, people with specific needs

The difference between statutory and independent service provision: independent service provision, e.g. voluntary, not for profit or third sector, private provision; statutory provision provided by government, e.g. NHS, Public Health Agency in Northern Ireland; differences; size; structure; organisation; funding; pricing; quality of service; requirement for inspection and registration

How informal carers contribute to service provision: care supplied by, e.g. family, friends, neighbours, community groups; supporting and complementing the work of statutory agencies; physical support, e.g. personal care, household chores, assisting mobility, shopping; intellectual support, e.g. children and reading; emotional support, e.g. listening, sharing experiences, building and supporting self-esteem and confidence; social support, e.g. visits, social events, holidays, leisure, hobbies, personal development

2 Know the range and scope of roles within the health and social care (adults and children and young people), early years and childcare

The range of job roles in different types of service: domiciliary services, e.g. manager of residential home, care assistant; hospital services, e.g. nurse, midwife, nursing assistant, doctor, physiotherapist, occupational therapist, speech and language therapist, radiographer, hospital playworker, medical receptionist, cleaner, porter; GP; dentist; optician; dietician; community services, e.g. social worker, mobile meals staff, family support worker, community psychiatric nurse, youth worker, counsellor; children's services, e.g. childminder, early years practitioner, nanny, foster parent

The knowledge and skills required to work in a job role in the sector: job specific knowledge; skills; competence and qualifications; personal attributes, e.g. appearance/dress, attitude, confidence, punctuality, empathy, ability to work with others and autonomously; interpersonal skills; meeting basic needs; maintaining personal hygiene

The range of progression routes for a worker within a sector: career progression routes within different sectors, e.g. NHS nursing (nursing assistant, trainee nurse, nurse, ward manager), residential and nursing care sector (care assistant, senior care assistant, supervisor)

Information for tutors

Delivery

Learners will find aspects of this topic challenging at Level 1 and will need tutor input and support in developing their knowledge. The aim of the unit is to develop learner knowledge of the range of service provision available to meet people's needs and the roles of people who work with service users. Learners will benefit from the tutor explaining the range of service provision.

Learners will need to develop their knowledge of the differences between the statutory, private and voluntary sectors plus the roles and contribution made by informal carers. This could be through the use of a case study on an individual set by the tutor or from research on a family member where the learner identifies how different sectors contribute to meeting that individual's needs. Newspaper articles, professional magazines, accessing visiting speakers and adopting a group approach will all add to the process of enabling learners to understand the context of this unit.

Primary research would be useful as an approach to enable learners to appreciate the range and scope of job roles within the health and social care sector. This could be achieved through the use of work placements, visits to organisations, inviting speakers into the learning environment and, if applicable, completing case studies/interviews with relatives who have direct involvement with health and social care and/or early years services. In terms of progression routes within the sectors, learners are required to provide evidence for the routes available in only one sector.

Assessment

Learners will need to present evidence to meet the knowledge requirements of the range of service provision available in health and social care. Learners will also need to know the range and scope of job roles within health and social care (adults and children and young people), early years and childcare.

Evidence can be presented in a range of different formats such as written materials, case studies or direct work based on health and social care services in the local community. The learner should be encouraged to use ICT to enhance their presentation skills.

For assessment criteria 1.1 and 1.2, learners must identify the range of service provision for health and social care (adults and children and young people), early years and childcare in their own area and outline the purpose of this provision. To evidence assessment criterion 1.3, learners must give examples of who could access the different types of service provision.

The learner could produce a simple directory of services available in the local area. The directory may be in a paper based or computer generated format and agreed in advance with the tutor. The directory will have a title page and an index. The directory should be divided into sections dealing with adults, early years, children and young people. As well as contact details the learner will provide a short outline of the purpose of the identified provision and the target group who may access the provision.

For assessment criterion 1.4, learners must outline the difference between statutory and independent service provision. The learner may cover this by providing an Appendix to the directory of services that gives a definition of the two types of service provision.

To evidence assessment criterion 1.5, the learner must outline how informal carers contribute to service provision. To cover this assessment criterion, the learner could write a short case study of an adult, young person or child with health and social care needs. The case study will highlight how family, friends, neighbours and community groups can provide physical, emotional, intellectual and social support to the person identified in the case study and help to fulfil the identified needs.

To cover assessment criteria 2.1, 2.2 and 2.3, the learner could produce a PowerPoint presentation aimed at an audience of their fellow learners. The learner will choose two different types of service from adult residential/nursing care, hospital services, community services, children's services, early years practitioner. (these ideas are expanded on in the unit content for learning outcome 2 and could be given by the tutor as a guideline). The learner will give a simple explanation identifying the work of each chosen sector.

The learner will then identify one job role within each chosen service and identify the knowledge and skills needed to fulfil the job role. The progression routes for each job role will be outlined.

Suggested resources

Textbooks

Asbridge L, Lavers S, Moonie N, Scott J, Stretch B – *BTEC First Health and Social Care: Student Book Revised Edition* (Heinemann, 2008) ISBN: 978043550269

Hobart C and Frankel J – *A Practical Guide to Childcare Employment 2nd Edition* (Nelson Thornes, 2009) ISBN: 9781408504857

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Mackean D G – *Human Life* (John Murray, 1988) ISBN: 9780719545009

Meggitt C and Bruce T – *Children and Young People's Workforce* (Hodder Arnold, 2011) ISBN: 9781444135466

Roots J, Tann L, Winter L – *BTEC Entry 3/Level 1 Health & Social Care Student Book* (Edexcel, 2010) ISBN: 9781846909

Squire G – *Children's Care, Learning and Development* (Heinemann, 2007) ISBN: 9780435499099

Walsh M – *BTEC First Health & Social Care – Student workbook* (Collins, 2010) ISBN: 0007342667

Websites

www.actiononhearingloss.org.uk	Action on Hearing Loss
www.ageuk.org.uk	Age UK
www.ccwales.org.uk	Care Council for Wales
www.cwdcouncil.org.uk	Children's Workforce Development Council
www.dh.gov.uk	Department of Health
www.hearingworld.co.uk/rnid.html	Hearing World
www.kingsfund.org.uk	The King's Fund: minority concerns
www.ofsted.gov.uk/early-years-and-childcare	Information about early years and childcare
www.patient.co.uk/support/nct-national-childbirth-trust	National Childbirth Trust
www.rnib.org.uk	Royal National Institute for the Blind

Unit 2: **Awareness of Health and Safety in Health and Social Care (Adults and Children and Young People), Early Years and Childcare**

Unit reference number: F/506/0234

Level: 1

Credit value: 3

Guided learning hours: 25

Unit aim

The aim of this unit is to assess learner's awareness of health and safety in health and social care (adults and children and young people), early years and childcare.

Unit introduction

This unit will support learners in understanding the issues surrounding health and safety in a variety of residential and day care settings. Learners will examine key areas that are pertinent to health and safety and discuss relevant risks and hazards. Methods of transmitting infection are investigated, together with ways of preventing and controlling infection. Learners will also gain an understanding of the prescribed method of hand washing and hand care that contribute to the control and prevention of infection within health and social care, (adults, children and young people), early years and childcare settings. Learners will also gain an understanding of the uses and need for personal protective equipment in the promotion of health and safety.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know responsibilities of workers and employers for health and safety in a health and social care (adults and children and young people), early years and childcare setting	1.1	Outline employers' health and safety responsibilities for: <ul style="list-style-type: none"> □ security □ moving and positioning individuals □ moving and handling equipment and objects □ responding to incidents □ training
		1.2	Outline workers' health and safety responsibilities for: <ul style="list-style-type: none"> □ security □ moving and positioning individuals □ moving and handling equipment and objects □ responding to incidents
2	Understand the purpose of risk assessments in health and social care (adults and children and young people), early years and childcare settings	2.1	Outline the purpose of risk assessments
		2.2	Outline the components of a risk assessment
		2.3	Outline how risk assessments can support a person centred or a child centred approach
		2.4	Identify when a risk assessment is necessary

Learning outcomes		Assessment criteria	
3	Know what contributes to the reduction of the spread of infection in health and social care (adults and children and young people), early years and childcare settings	3.1	Describe how infection is spread
		3.2	Identify methods that reduce the spread of infection
		3.3	Describe the standard method of washing hands
		3.4	Identify when personal protective equipment should be used

Unit content

1 Know responsibilities of workers and employers for health and safety in a health and social care (adults and children and young people), early years and childcare setting

Key areas: fire safety; moving and handling; security; storage and handling of hazardous substances; managing biological spillages; storage and administration of medication; food storage and preparation; equipment; furniture; built environment

Employer's responsibilities: monitoring staff; monitoring procedures against legal requirements; organisational policy; provision of a written health and safety policy; maintaining equipment in good working order; provision of staff training; ensuring regular risk assessments; ensuring regular health and safety checks of the environment; management of risks

Worker's responsibilities: observation of procedures; taking reasonable care of own health and safety; conducting tasks according to procedures; avoiding unnecessary risk taking; timely reporting of incidents and accidents; accurate use of equipment

2 Understand the purpose of risk assessments in health and social care (adults and children and young people), early years and childcare settings

Hazards: biological spillages; faulty equipment, e.g. hoists; wheelchairs; unlocked storage cupboards for medication, hazardous substances; frayed carpets; unguarded fires; cooking equipment; inaccurate procedures for storage and preparation of food; uncovered plug sockets, broken toys (children); uncovered radiators

Definition of risk: likelihood of a hazard's potential being realised; unexpected outcomes that may harm individuals

Risk assessments: definition; purpose, ensuring health and safety, identifying hazards; identifying potential harm to individuals

Supporting a person-centred approach: identifying acceptable/unacceptable risks; promoting choice; informing the individual of activity choices with regard to lifestyle; children's health and development empowerment; as part of a person-centred plan; use of personal histories

When a risk assessment is necessary: activity choices relating to individual lifestyle; health and development (children); as part of person-centred planning; changes in health and wellbeing of an individual; changes to equipment, e.g. furniture, built environment

Key components of a risk assessment: identifying hazards; identifying risks; evaluating the risk; recording the findings; reviewing the assessment

Reducing risks and hazards: regular risk assessments; routine maintenance of equipment and built environment; adherence to health and safety procedures; health and safety training; locking of cupboards/storage facilities

3 Know what contributes to the reduction of the spread of infection in health and social care (adults and children and young people), early years and childcare settings

Methods of infection spread: chain of infection; poor personal hygiene; incorrect storage and preparation of food; incorrect waste management; unclean surfaces; incorrect usage/not using personal protective equipment

Methods to reduce infection spread: accurate hand washing; accurate hand care, e.g. use of plasters to cover cuts, use of hand cream to prevent cracking, nail care, thorough hand drying; use of gels; routine disinfection of surfaces; accurate labelling and use of cleaning equipment; personal protective equipment; isolation of source; barrier nursing

Standard hand washing method: the six steps; rinsing and drying thoroughly

Use of personal protective equipment: gloves; aprons; masks; hairnets; managing biological waste; hazardous substances; prevention of cross-infection

Information for tutors

Delivery

For learning outcome 1, taught input will be required to set the unit in context. Key areas of health and safety should be defined by the tutor, allowing input from learners who have had experience of health and safety in settings. Learners could be given photocopies of areas within settings and work in groups to identify key aspects of health and safety. A guest speaker providing an input on either worker responsibilities employer responsibilities, or both, will enhance learner understanding. The opportunity to question speakers is an essential part of the session.

For learning outcome 2, learners could apply what they have learned from the tutor input to case studies to consolidate their learning and demonstrate an understanding of the issues. Some tutor input will be required when considering the role of risk assessment as part of a person-centred approach. Learners will need to discuss acceptable and non-acceptable risks and how these may change in line with changes in lifestyle, health and child development. Tutors will need to outline the steps of a risk assessment, and the recommended text by Pat Ayling will provide all the necessary details for tutors and learners.

For learning outcome 3, tutors will need to provide an initial input to cover the chain of infection, spread and transmission of infection. Tutors could use Google Images, that provides graphic examples of various bacteria, fungi and their resultant infections. Tutors could allow learners to swab areas of the classroom and grow their own bacteria in a Petri dish. This will be subject to centre regulations regarding health and safety. Practical demonstrations of hand washing and the use of personal protective equipment (PPE) should be followed by learners practising these techniques themselves.

Assessment

Evidence for this unit can be generated in a variety of ways. For assessment criteria 1.1, 1.2 and 1.3, learners could produce a booklet that identifies at least four key areas of health and safety pertinent to the relevant settings. The booklet should also contain an outline of the responsibilities of workers and employers in relation to health and safety.

For assessment criteria 2.1–2.7, an information pack could be produced with a separate sheet for each assessment criterion. For assessment criterion 2.1, learners must identify at least eight hazards in a relevant setting. For assessment criterion 2.2, learners must define risk and, for assessment criterion 2.3, they must outline the purpose of risk assessments. For assessment criterion 2.4, learners must outline how risk assessments can support a person-centred or child-centred approach and, for assessment criterion 2.5, learners must identify four occasions when a risk assessment is necessary. For assessment criterion 2.6, learners must outline the key components of a risk assessment and tutors should ensure that learners have not merely copied this from a book. For assessment criterion 2.7, learners must describe the steps that can be taken to minimise hazards and risks. It is essential for 2.7 that learners include reasonable and achievable steps, with reference to the unit content.

For assessment criteria 3.1, 3.2, 3.3 and 3.4, learners could deliver a short PowerPoint presentation on the spread and control of infection. Learners who are unsure of 'public speaking' could choose to present this as a series of hand-outs. Learners could be given a choice of format for this assessment. The information must include how infection is spread, methods that reduce the spread of infection, the standard method of washing hands and the use of personal protective equipment.

Suggested resources

Textbooks

Ayling P – *Knowledge Set for Infection Prevention and Control, Theory and Practice for HealthCare Professionals* (Heinemann, 2009) ISBN: 978023054188

Burgess C, Pritchatt N and Shaw C – *Easy Steps S/NVQ Level 2 Health and Social Care* (Heinemann, 2007) ISBN: 9780435465278

Heighway P, Duncan M, Chadder P – *Health and Safety at Work Essentials* (Lawpack Publishing Ltd, June 2010) ISBN: 9781906971373

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.direct.gov.uk/en/Employment/healthandsafetyatwork	Advice on health and safety in the workplace and responsibilities
www.foodgov.uk	Food Standards Agency – information on hygiene
www.freenursetutor.com/	Interactive game to demonstrate the chain of infection
www.hse.gov.uk/welsh/about/hse.htm	Health and Safety Executive in Wales
www.hseni.gov.uk/	Health and Safety Executive in Northern Ireland
www.suzylamplugh.org	Training, information and awareness of personal safety
www.workingforhealth.gov.uk	Focus on health and wellbeing of people at work

Unit 3: Understand the Principles and Values in Health and Social Care, Adults and Children and Young People, Early Years and Childcare

Unit reference number: A/506/0233

Level: 1

Credit value: 3

Guided learning hours: 26

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of the principles and values in health and social care (adults and children and young people), early years and childcare.

Unit introduction

This unit will develop understanding of principles and values that underpin health and social care. Learners will investigate the reasons for these principles and values and the benefits to individuals of all ages. Learners will identify the links between principles, values and care practice that places individuals, (adults, children and young people), at its centre.

In light of media coverage of events within the sector, it is essential that learners develop a full understanding of the need to provide support and care that enables, empowers and promotes development in all users of the services.

Learners will examine confidentiality and the benefits to individuals who access the services of the health and social care sector.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the principles and values that underpin work in health and social care (adults and children and young people), early years and childcare	1.1	Identify the principles and values that underpin work in health and social care (adults and children and young people), early years and childcare
		1.2	Identify guidance and standards that underpin the principles and values
		1.3	Outline why workers in health and social care (adults and children and young people), early years and childcare, need to work to these values at all times
		1.4	Give examples where a worker's principles and values may conflict with those in health and social care (adults and children and young people), early years and childcare
		1.5	Explain what is meant by confidentiality in health and social care (adults and children and young people), early years and childcare
2	Know ways to respect and value those who access services in health and social care (adults and children and young people), early years and childcare	2.1	Describe why those who access services should be valued as individuals
		2.2	Give examples of ways to value adults who access services
		2.3	Give examples of ways to value adults who access services
		2.4	Outline what is meant by person centred practice or child centred practice
		2.5	Outline how individuals are respected and valued by maintaining confidentiality

Unit content

1 Understand the principles and values that underpin work in health and social care (adults and children and young people), early years and childcare

Principles and values: social justice; anti-discriminatory approach; empathy; consideration of ethics; doing good and not harm; honesty; adherence to guidance; rights of users of the service, e.g. respect, equal treatment, choice, dignity, inclusion, privacy, to be safeguarded and protected from harm; responsibilities of workers; paramountcy principle, e.g. children and young people

Guidance and standards – Wales: legislation, e.g. Human Rights Act 1998, Equality Act 2010, United Nations Convention on the Rights of the Child 1989; Welsh bodies, e.g. Equality and Human Rights Commission Wales, Care Council for Wales, NHS Wales Code of Conduct for SCHW, Children's Commissioner for Wales Children's Rights Scheme (Wales) Foundation Phase-Seven Areas of Learning; health professional and regulatory bodies, e.g. Nursing and Midwifery Council Codes of Practice

Guidance and standards – Northern Ireland: legislation, e.g. Human Rights Act 1998, Northern Ireland Act 1998 Sections 73.74 and 75, Sex Discrimination (Northern Ireland) 1976, Equality Act 2010, Race Relations (Northern Ireland) 1997, Fair Employment and Treatment (Northern Ireland) Order 1998; organisations, e.g. Northern Ireland Human Rights Commission, Equality Commission Northern Ireland, Northern Ireland Disability Council, Fair Employment Commission, Commission for Racial Equality (Northern Ireland), Northern Ireland Social Care Council (NISCC), Early Years Foundation Stage Northern Ireland

Adhering to values: to provide support to users of services; make sure that users of services rights are met; make sure children and adults are safe and free from harm; empower individuals; ensure that everyone is treated equally, comply with codes of practice in the workplace and legislation

Examples where workers' principles and values may conflict with users of service: safety of the individual and freedom of choice; safety of others and freedom and choice; empowerment and risk to health; right to make own choices to refuse medication and treatment; confidentiality and need to disclose information

Confidentiality: keeping information safe that is not meant to be given out; not sharing the information with anyone unless there is a need to know to protect others or the user of services

2 Know ways to respect and value those who access services in health and social care (adults and children and young people), early years and childcare

Valuing individuals: recognition of the individual; inclusion; anti-discriminatory practice; legal rights of the individual; person-centred approach; empowerment of the individual

Valuing adults and children: use of preferred method of communication; inclusive language; use of preferred names and titles; ensuring dignity and privacy; use of language at an appropriate level for the individual; promotion of choice; respecting decisions; involvement in the decision-making process; providing information at an appropriate level

Person-centred/child-centred practice: individual at the centre of the process; involvement of significant others where appropriate; supportive, non-threatening environment; accessible complaints procedure; incorporating the likes, wishes and needs of the individual where possible; use of positive verbal and non-verbal communication; use of active listening skills

Context of confidentiality: respecting confidence; disclosure of abuse in children and young people; gaining permission to share information with relevant personnel; not discussing matters with individuals outside of the setting; not promising to keep secrets where a client's wellbeing is being jeopardised

Individuals are respected and valued by maintaining confidentiality through: being aware centre's policies on confidentiality and privacy; workers following codes of practice on confidentiality; ensuring personal information is secured in locked cabinets and using passwords on computers; only sharing information on a need to know basis

Identify how confidentiality promotes respect for and values individuals: ensure individual feels able to share information; gives confidence that personal information will not be shared; promotes feelings of safety and security; right to a private life that will not be shared without permission

Information for tutors

Delivery

For learning outcome 1, learners will need a taught introduction as the topic may be unfamiliar to them. Tutors may wish to use made up case studies that are within an appropriate work-based setting such as an early years centre or care home, that will enable learners to apply principles and values to them. Visual aids such as newspaper clippings and cases currently in the media could also be used as a substantial amount of the content makes reference to legislation and organisations. Learners will need access to relevant guidance and standards and tutors may wish to provide support during research sessions by providing them with a list of useful websites that are also accessible to earners at this level.

For learning outcome 2, an introductory thought shower could stimulate discussion on respect for and value of users of services of all ages. Some taught input will be required but it is important that tutors ensure learners can apply knowledge to the various individuals. Learners could discuss their own experience of, for example, visits to the GP, asthma nurse or dentist. Tutors should be aware of any learners who have experienced negative attitudes from health and social care personnel and the topic will need sensitive management. Learners will need taught input on person-centred and child-centred practice and the use of gapped handouts will enable learners to consider the information in more detail.

Assessment

Evidence for this unit can be generated in a variety of ways. For assessment criterion 1.1, learners could produce a poster that identifies the principles and values underpinning care delivery in the relevant sectors.

For assessment criterion 1.2, learners could produce an information leaflet for either a care or early years setting on the relevant guidance and standards that are relevant to their home country.

For assessment criteria 1.3 and 1.4, centre could provide a case study, carry out roleplay or use pictures on that learners can respond to written questions on why workers need to work to these values and how sometimes these values may conflict with the user of services. It is important that assessment evidence is available for verification purposes.

For assessment criterion 1.5, learners could carry out assisted research to develop an explanation of what is meant by confidentiality. For assessment criteria 2.1–2.5, learners could produce an information pack that has a separate sheet for each assessment criterion. For assessment criterion 2.1, the sheet should contain a description of why professionals should value individuals who use the services, for assessment criterion 2.2, four examples of how to value adults who use the services, and for assessment criterion 2.3, four examples of how to value children who use the services. For assessment criterion 2.4, learners should outline what is meant by person-centred or child-centred practice. For assessment criterion 2.5, they should define confidentiality in the context of all relevant sectors.

Tutors should ensure that learners understand that there are occasions when information should be passed on.

Suggested resources

Textbooks

Asbridge L, Lavers S, Moonie N, Scott J, Stretch B – *BTEC First Health and Social Care: Student Book Revised Edition* (Heinemann, 2008) ISBN: 978043550269

Braye S, Preston – *Shoot, Empowering Practice in Social Care* (Open University Press 2009) ISBN: 9780230543188

Green S – *Children's Care, Learning and Development* (Nelson Thornes, 2007) ISBN: 9780748781973

Roots J, Tann L and Winter L – *BTEC Entry 3/Level 1 Health and Social Care Student Book*, (Pearson, 2010) ISBN: 978846909191

(This book was written to accompany the Pearson BTEC Entry Award and Level 1 Award/Certificate/Diploma in Health and Social Care (QCF), but some content may be relevant to these qualifications)

Squire G – *Children's Care, Learning and Development* (Heinemann, 2007) ISBN: 9780435499099

Tassoni P et al – *2010 Level 2 Certificate for the Children and Young People's Workforce* ISBN-13: 9780435031329

(this book was written to accompany the Pearson CYPW Course Level 2, however some of the content may be relevant)

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

wales.gov.uk/topics/equality/rightsequality/humanrights/?lang=en	Welsh Government human rights
www.ccwales.org.uk/	Care Council for Wales
www.childcom.org.uk/	Children's Commissioner for Wales
www.deni.gov.uk/index/support-and-development-2/early-years-education/learning-to-learn.htm	Learning to Learn Early Years for children
www.nickey.org/	Northern Ireland Commissioner
www.nissc.info	Northern Ireland Social Care Council
www.nurseryworld.co.uk/	The Nursing Times online community care magazine

Unit 4: Awareness of Safeguarding in Health and Social Care (Adults and Children and Young People), Early Years and Childcare

Unit reference number: K/506/0289

Level: 1

Credit value: 3

Guided learning hours: 24

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of safeguarding in health and social care (adults and children and young people), early years and childcare.

Unit introduction

In this unit, learners will explore what is meant by the protection and safeguarding of children and adults who are vulnerable. They will explore the different types of abuse and the signs to look for that may indicate that an individual is being harmed or abused. It is important that learners know what action to take if they have concerns about an individual's wellbeing, including the boundaries of confidentiality.

Learners will also explore the responsibilities of organisations to protect children and vulnerable adults and relevant sources of support and information.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand safeguarding in health and social care (adults and children and young people), early years and childcare	1.1	Define 'safeguarding of adults at risk'
		1.2	Define 'safeguarding children'
		1.3	Identify the policies and procedures that organisations must have to safeguard adults and children
		1.4	Outline the responsibility of self and others for safeguarding of adults and children
		1.5	Explain the term 'harm, abuse and neglect' in the context of: <ul style="list-style-type: none"> □ safeguarding adults □ safeguarding children
		1.6	Give examples of the indicators of harm, abuse and neglect
		1.7	Identify what actions should be taken if there are concerns about harm, abuse and neglect
		1.8	Describe the boundaries of confidentiality and when to share information
		1.9	Identify sources of support and information in relation to safeguarding

Unit content

1 Understand safeguarding in health and social care (adults and children and young people), early years and childcare

Definition of 'protection of vulnerable adults' and safeguarding adults at risk: protecting individuals over 18 years of age; protecting individual's health and human rights; keep vulnerable adults free from harm or neglect

Definition of 'safeguarding children': promoting children's wellbeing and development; preventing impairment of children's health or development; protecting children from maltreatment

Policies and procedures for protecting vulnerable adults and children – Wales: Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2013); Keeping you safe from harm and abuse and what happens when you report abuse (2012); Children – Working Together Under the Children Act 2004; All Wales Child Protection Procedures;

Policies and procedures for protecting vulnerable adults and children – Northern Ireland: Safeguarding Vulnerable Adults – A Shared Responsibility; Adult Abuse Guidance for Staff – Cooperating to Safeguard Children; Pastoral Care in Schools Promoting Positive Behaviour

Responsibility of self and others for safeguarding adults and children: shared responsibility for working with children and adults; listening to those at risk; minimising dangers; working closely with other agencies

Safeguarding adults: maltreatment; physical abuse, e.g. hitting, pushing; sexual abuse, e.g. rape, unwanted sexual activity; neglect, e.g. not giving help, support, medical care; emotional/psychological abuse, e.g. shouting, threatening; financial abuse, e.g. illegal or improper use of individual's money or belongings; self-harm or neglect; discrimination, e.g. racist, sexist because of disability or gender; institutional abuse

Safeguarding children: maltreatment; physical abuse, e.g. manhandling, pushing, pulling, hitting, shaking; sexual abuse, e.g. rape, showing child sexual images; neglect, e.g. not meeting needs of the child; emotional abuse, e.g. telling the child they are unloved and worthless; bullying, e.g. verbal intimidation, physical bullying; cyberbullying, e.g. social media, texting; self-harm; institutional abuse; abuse within an organisation or building; discriminatory abuse, e.g. religion, ethnic origin, gender, sexuality, age, disability

Indicators of harm, abuse and neglect: behavioural indicators, e.g. withdrawal, poor concentration, attention seeking behaviour, lack of confidence/self-esteem, not sleeping; signs of physical abuse, e.g. unexplained bruising, grasp or finger marks, burns or scalds, frequent fractures; self-harm, e.g. cuts and slashes on arms/wrists; neglect, e.g. constant hunger, stealing food, inappropriate clothing; sexual abuse, e.g. bruising around genitals, frequent urinary infections, sexually transmitted diseases; financial abuse, e.g. sudden inability to pay bills, loss of personal possessions, money suddenly withdrawn from accounts; not having normal home comforts

Actions to be taken if there are concerns about harm, abuse and neglect: what to do if you suspect vulnerable adult or child is at risk; the danger of making inappropriate judgements; concerns because of indicators or disclosure; listening to the individual; not questioning; reassuring; not promising to keep secret; reporting setting; who to report to, e.g. line manager, or person with safeguarding responsibility in the setting; children or adult social care

The boundaries of confidentiality and when to share information: principles of the Data Protection Act 1998; knowing the circumstances when information may be passed on; sharing information with people only on a need to know basis

Responsibilities for protecting vulnerable adults and safeguarding children: shared responsibility, e.g. all those working with children or vulnerable adults; working with individuals and families; working in partnership with agencies, e.g. adult or children's social services

What organisations should do to protect vulnerable adults and safeguard children: policies and procedures, e.g. ensure privacy, ensure dignity, ensure independence; appointing someone with safeguarding responsibilities; complaints; reporting procedures; a positive environment; protection of human rights; recruitment of suitable staff; provide training for staff in safeguarding

Sources of support and information in relation to protection and safeguarding: support for the person disclosing harm or abuse; support for the person receiving and reporting; line manager; person with safeguarding responsibility in the setting; third sector organisations, e.g. Society for the Prevention of Cruelty to Children (NSPCC), Action on Elder Abuse, Age UK, Area Child Protection Committees (Wales and NI) adult or children's social services

Information for tutors

Delivery

Tutors should be aware of the sensitive nature of this subject when delivering sessions and that some learners may be affected by it. Support should be available to learners.

The knowledge and understanding needed for this unit are likely to be delivered through guest speakers and case studies. Learners should, initially be, introduced to the terminology that will be used within the unit. They could produce a glossary of terms for their folder or workbook to include child; vulnerable adult; safeguarding; harm, abuse, neglect.

Activities such as matching descriptions of abuse to each 'type' or missing word activities could support learner understanding. To develop their understanding of the indicators that abuse may be happening, learners could sort indicators into 'physical signs' and 'behavioural signs'. Learners could work in small groups, with each group focusing on a different type of abuse, to produce a leaflet or poster that identifies the indicators. Case studies could be used for learners to identify if abuse has taken place and the type of abuse that has happened. A quiz based on true/false answers can be useful to dispel common misconceptions about safeguarding.

Guest speakers, with responsibility for safeguarding, from an adult care and from a childcare setting could outline what actions staff must take if they have concerns about an individual's welfare. They could also refer to the boundaries of confidentiality. It is important that learners understand that abuse can be institutional. Case studies used in earlier activities could be used again with learners going on to describe the actions that should be taken in different situations, where an individual has disclosed abuse and where signs have been observed. Scenarios could also be used for learners to identify whether information should or should not be passed on. Group discussions should follow with learners producing 'guidelines' for staff.

Learners must understand that those working with children and vulnerable adults have a shared responsibility for safeguarding their welfare. The person responsible for safeguarding in learner's own school or college could be invited to discuss their responsibility and that of others working in the setting, of families and of outside agencies such as social services. Learners could discuss these responsibilities in groups also identifying what organisations can do to protect individuals from harm or abuse. They might then produce a 'best practice' checklist for organisations. Learners could research organisations that provide support and information to individuals and people who work in the sector, sharing their information with their peers.

Assessment

To achieve assessment criteria 1.1 and 1.2, learners must define 'safeguarding of adults at risk' and 'safeguarding children'. They must demonstrate that they understand what 'adults at risk' means and the age groups involved. They should also show that they understand that safeguarding is about promoting wellbeing as well as working to prevent abuse.

For assessment criterion 1.3, learners should identify the policies and procedures for safeguarding that organisations must have in line with the policies of their home country.

For assessment criterion 1.4, learners should identify their own and others' responsibilities towards safeguarding adults and children. A poster or chart could be used to demonstrate knowledge of the definitions of safeguarding and then identify the policies and their own responsibilities towards safeguarding both adults and children at risk.

A case study of a child and an adult at risk experiencing different types of abuse could be used to generate evidence for assessment criteria 1.5 and 1.6.

To achieve assessment criterion 1.6, learners must give examples of the indicators that each individual may show, including at least four physical and three behavioural indicators. Learners must then identify the actions that should be taken if they are concerned (assessment criterion 1.7). They must show that they understand the importance of listening, reassuring and reporting concerns. They should also show that they understand they must not question further or promise to keep information secret.

For assessment criterion 1.8, learners must describe the boundaries of confidentiality including an understanding that information must be passed on to an appropriate person if there are concerns that an individual is being harmed or may be at risk of harm. If case studies are not used evidence could be captured in a booklet for learners to refer to in future.

To achieve assessment criterion 1.8, learners must identify at least four things that organisations should do to protect vulnerable adults and safeguard children. Evidence could be through a presentation to the group or learners could produce an advice leaflet for organisations.

For assessment criterion 1.9, learners should identify at least five sources of support and advice. These should be listed with information on details contact, for example telephone numbers or web addresses, and could be in the form of an information booklet or directory. At least two sources should be related to safeguarding children and two to protecting adults at risk.

Suggested resources

Textbooks

Bickerton S – *Principles of Safeguarding and Protection for Learning Disability Workers* (Learning Matters Ltd, 2011) ISBN: 9780857255068

Lindon J – *Safeguarding Children and Young People: Child Protection 0-18 Years* (Hodder Education, 2008) ISBN: 9780340947401

Journals and/or magazines

Safeguarding Disabled Children – Practice guidance (www.education.gov.uk, 2009)

No Secrets Guidelines (Department of Health, 2000)

Working Together to Safeguard Children (www.education.gov.uk, 2010)

What to do if You're Worried a Child is Being Abused (www.education.gov.uk, 2006)

Websites

ssiacymru.org.uk/home.php?page_id=8297	Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2013)
ssiacymru.org.uk/resource/k_1_keeping-people-safe-from-harm-and-abuse-english-easy-read.pdf	Keeping you safe from harm and abuse and what happens when you report abuse (2012)
www.artswales.org.uk/about-us/governance/corporate-policies/child-protection	Arts Council of Wales Child Protection Policy
www.dhsspsni.gov.uk/hss/child_care/child_protection/child_protection_guidance.htm	Child safeguarding
www.dhsspsni.gov.uk/safeguarding_vulnerable_adults-resourcelibrary	Adult safeguarding
www.nidirect.gov.uk/adultawpublic.pdf	Adult abuse
www.nspcc.org.uk/Inform/policyandpublicaffairs/wales/framework-wales_wda92073.html	Child Protection Framework in Wales

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of inclusion within health and social care (adults and children and young people), early years and childcare	1.1	Define the term 'inclusion'
		1.2	Outline how inclusion underpins the principles and values health and social care (adults and children and young people), early years and childcare
2	Know the factors that promote inclusion of disabled children, young people and adults	2.1	Define the term 'disability'
		2.2	Identify barriers in a local environment that may prevent inclusion
		2.3	Suggest how barriers to inclusion may be overcome
		2.4	Describe behaviours that would promote inclusion

Unit content

1 Know the importance of inclusion within health, social care (adults, children and young people), early years and childcare settings

Definitions of 'inclusion': empowerment; goals and objectives that equate to other people in society; belonging within a group; society changes to encompass people with a range of disabilities; equal access to community services and provision; positive recognition of diversity and difference; tolerance and understanding

Inclusive principles and values: choice; rights of the individual; respect and value for the individual and their contribution to society; individuality; privacy; dignity; confidentiality; emotional needs; independence; valuing people

2 Know the factors that promote inclusion of disabled children, young people and adults

Definitions of 'disability': long-term and short-term impairment – sensory, physical, learning/intellectual, mental capacity

Barriers to inclusion: discriminatory behaviour, prejudice, labelling, stereotyping; assumptions of inability; inappropriate physical environments; use of discriminatory language

Overcoming barriers: staff training and education; challenging attitudes; challenging discriminatory behaviour; adaptation of environments; provision of aids

Promoting inclusion: participating in training; promoting choice; use of preferred methods of communication; activities that build on current abilities; involvement of individuals in plans; use of inclusive language; valuing the contribution of all people to society; celebrating achievement in business/sport etc

Information for tutors

Delivery

Tutors should be aware of the sensitive nature of this subject when delivering sessions and that some learners may be affected. Support should be available to learners.

The knowledge and understanding needed for this unit are likely to be delivered through guest speakers and case studies. Some learners may be able to draw on the experiences of family members, their peers or neighbours, especially when considering short-term disabilities. Short-term disabilities could be caused by trauma, disease. Learners should, initially, be introduced to the acceptable terminology that will be used within the unit. They could begin by discussing unacceptable terms and then produce a glossary of terms for their folder or workbook to include acceptable terminology.

The terms 'stereotyping', 'prejudice' and 'discrimination' will be defined and discussed with examples from 'real life' included. Learners and/or their family and friends may have experience of this.

The tutor could introduce different models of disability, for example medical and social, and generate a discussion on the historical progress that has been made and still needs to be made in the area of inclusion.

An interesting subject to discuss could be the phasing out of workhouses and long-term institutional care for people with learning disabilities and how this provision has developed. Tutors could also include the inclusion of children with disabilities in mainstream education.

Assessment

Evidence for this unit can be generated in a variety of ways.

For assessment criteria 1.1 and 1.2, learners could produce a leaflet that first defines inclusion and then outlines how inclusion underpins the principles and values in all the required settings. Learners must refer to health, social care (adults, children and young people), early years and childcare.

For assessment criteria 2.1–2.4, learners could produce a local access guide to their community that highlights that buildings and services, fulfil the various needs of people of all ages with a disability. Begin by defining 'disability'. This could have different sections highlighting physical access, information and services for children and adults, those with a physical impairment, those with a sensory impairment, or a learning/intellectual disability. Learners could work in small groups to design the 'perfect environment' to address the needs of people with disabilities. The tutor will need to support learners in these tasks.

Alternatively, for assessment criteria 2.1–2.4, learners could produce a newspaper article or leaflet on promoting inclusion. Learners must introduce the work by defining the term 'disability', identify four physical barriers to inclusion in named local environment (that could be small shops, community buildings, stately home, pubs, clubs, theatres, swimming pools, cinema, leisure centres) and identify how each of these named barriers could be overcome. They would then identify two behaviours by staff that would promote inclusion. Learners may need support with this assessment and the provision of a checklist by tutors could help.

Suggested resources

Textbooks

Asbridge L, Lavers S, Moonie N, Scott J, Stretch B – *BTEC First Health and Social Care: Student Book Revised Edition* (Heinemann, 2008) ISBN: 978043550269

Hobart C and Frankel J – *A Practical Guide to Childcare Employment 2nd Edition* (Nelson Thornes, 2009) ISBN: 9781408504857

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Mackean D G – *Human Life* (John Murray, 1988) ISBN: 9780719545009

Meggitt C and Bruce T – *Children and Young People's Workforce* (Hodder Arnold, 2011) ISBN: 9781444135466

Roots J, Tann L, Winter L – *BTEC Entry 3/Level 1 Health & Social Care Student Book* (Edexcel 2010) ISBN: 9781846909

Squire G – *Children's Care, Learning and Development* (Heinemann, 2007) ISBN: 9780435499099

Walsh M – *BTEC First Health & Social Care – Student workbook* (Collins, 2010) ISBN: 0007342667

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

Living Life Magazine (Age UK)

Websites

www.ageuk.org.uk	Deals with later life issues and problems
www.direct.gov.uk/en/DisabledPeople	Government website providing information for people who have a disability
www.disabilitynow.org.uk	Website for, about and by people with disabilities
www.disabledgo.com	Detailed access information to a huge range of public places
www.ed.ac.uk/schools-departments/equality-diversity/	A hub for information about equality and diversity across Edinburgh University
www.learningdisabilitytoday.co.uk/ldt_magazine.aspx	Regular insights into how to support the lives of individuals with learning disabilities
www.livingwithcerebralspalsy.com	An online support group for people with cerebral palsy
www.ind.org.uk/	Advice and support to empower anyone experiencing a mental health problem
www.scope.org.uk	Cerebral palsy charity

Unit 6: Introduction to Communication in Health and Social Care (Adults and Children and Young People), Early Years and Childcare

Unit reference number: J/506/0235

Level: 1

Credit value: 2

Guided learning hours: 19

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of communication in health and social care (adults and children and young people), early years and childcare.

Unit introduction

This unit will give learners knowledge of a range of communication methods, barriers to communication and how various methods may be used to overcome barriers to communication. Learners will investigate how communication can be promoted, explore active listening and how the communication and language needs, wishes and preferences of individuals can be identified.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know different methods of communication	1.1	Identify a range of communication methods
2	Understand how to communicate with individuals	2.1	Outline how to identify an individual's communication and language needs, wishes and preferences
		2.2	Identify a range of barriers to communication
		2.3	Identify factors that promote communication and overcome barriers
		2.4	Outline what is meant by active listening

Unit content

1 Know different methods of communication

Methods of communication: verbal; non-verbal, e.g. eye contact, posture, gestures, appropriate use of touch, personal space, facial expression; emphasis, tone of voice; clothing; Makaton; British Sign Language (BSL); Braille; talking books; use of signs and symbols, e.g. Bliss; written word; email; social media; text phone; loop system; telephone

2 Understand how to communicate with individuals

Identifying communication needs: involvement of the individual, e.g. interview using preferred method of communication; use translators, e.g. interpreters, specialist communication methods; knowledge of medical history; involvement of family, friends and carers

Barriers to communication: environmental, e.g. seating needs to emphasise eye contact, lighting too dim, too bright, external noise, situation of the setting; emotional issues: shyness, low self-esteem; psychological, e.g. mental ill health; sensory, e.g. hearing and sight impairment; speech and language barriers, e.g. following strokes, Parkinson's disease, confusion/dementia; cerebral palsy; cultural, e.g. related to gender, inappropriate use of gestures; English as an additional language

Promotion of communication: use of preferred language including British Sign Language; use of human aids, e.g. interpreters, translators; use of technological aids, e.g. hearing aids, induction loops, Braille software; cultural awareness; active listening skills; the need to give individuals time to respond; speech and language therapy; commitment; simple straightforward use of instructions/information; if abbreviations used must be also explained in the text; use recommended text, e.g. format, font size, font and background colour, text alignment

Active listening: feedback and paraphrase speaker's message; focus; be attentive; avoid distractions; confirms understanding for both parties

Information for tutors

Delivery

For learning outcome 1, the tutor could begin by asking learners to contribute to a spidergram and look for verbal and non-verbal communication. Verbal communication would include the use of appropriate words and phrases, tone of voice, emphasis on different words that can change the sense of a sentence, use of jargon, abbreviations. Non-verbal communication would include posture, gestures, eye contact, touch, personal space, facial expression, clothing and paralanguage. Learners could discuss the mismatch of verbal and non-verbal messages that sometimes occurs.

Alternative methods of communication could be explored in a tutor-led discussion giving examples of Makaton, Bliss, Braille, specialist computer software, BSL. The tutor may invite a visiting speaker for more expert input on the use of these alternative communication methods.

A visit to a disabled living centre, that has interactive displays of communication aids, would be a valuable experience for learners. Alternatively, a speech and language therapy department could be a venue for a class visit.

Learners could 'experience' some measure of communication difficulty by trying to communicate wearing noise cancelling headphones or ear plugs, or wearing specialist spectacles that mimic visual loss, trying to write or use a computer mouse/keyboard with their non-dominant hand.

For learning outcome 2, learners could work through a number of tutor-generated case studies and identify the possible communication needs. Examples for case studies could be a middle-aged person who has experienced a stroke that has paralysed their dominant hand and also resulted in Aphasia (loss of speech); a young person with cerebral palsy and a moderate learning disability; a lady from Eastern Europe with English as an additional language. The tutor will stress that each person is an individual and that they are the main source of information about their needs, wishes and preferences. Supplementary sources could be relatives, friends, carers, medical professionals or care workers

Using the same case studies learners could go on to identify the barriers to communication. This could be promoted by roleplay to encourage understanding of the issues. The tutor could then lead a discussion on the remaining barriers not highlighted in the case studies.

For learning outcome 2, tutors are advised to include the use of training DVDs such as those obtainable from Mulberry House (www.mulho.com) to enhance delivery.

The choice of typeface used in written text is less important than contrast, type size, weight and the spacing of characters.

Quirky, unusual script is inappropriate for legible continuous text.

Serif faces are regarded as more 'readable' in continuous text for regular reading. This may equally apply to large print texts.

For the partially sighted 9–12pt type, is suggested as a minimum by the RNIB. Sometimes 16pt or 18pt (giant print) may be needed by some visually impaired readers.

The Royal National Institute for the Blind aims to set all its texts for usual readers in 12pt.

The tendency has been for setting text in bold because of its contrast on a white page. However, more recent findings suggest that a medium weight or semi-bold text may be more legible.

Traditional italic type should not be used for continuous text for any group of readers. As a means of emphasising important words or phrases it may be appropriate (source: RNIB).

To promote communication, learners could be divided into three small groups to produce a short leaflet giving information about the learning venue in different formats. One group would produce a leaflet in a format that is difficult to read for an individual with a sight impairment; another group a leaflet that is accessible for those with a learning disability (illustrated, simple language); another group a leaflet giving information about support for those with hearing loss and who have English as an additional language.

Overarching all work in communication is the topic of active listening. Active listening is a communication technique that requires the listener to feed back what they hear to the speaker. This can be done by repeating or paraphrasing what they have heard in their own words. This verifies what they have heard and confirms the understanding between the speaker and the listener. When communicating, people often form their reply, rather than listening attentively. They might also be distracted by noise, passers-by, or their own thoughts. Non-verbal clues are also used to confirm understanding. Active listening is a structured way of listening and responding to others, focusing attention on communicating objectively.

The tutor could divide the group into pairs and ask each one in turn to discuss with their partner a topic such as the weather using active listening. The groups will then debrief and discuss as a large group.

Assessment

Evidence for this unit may be generated in a variety of ways. For assessment criterion 1.1, learners could produce an individual (PowerPoint) presentation, that identifies different methods of communication. Learners must include six examples of ways to communicate. The presentation will use design and illustration/animation to highlight the content and the learner will give a short, spoken explanation of the slides. The tutor will develop a mark sheet for this and confirm that all the work presented is original.

For assessment criterion 2.1, the learner could develop a poster outlining ways to identify an individual's communication and language needs, wishes and preferences. The poster will be informative and use accessible language for an audience of their peers. Areas emphasised will be the individual at the centre of the assessment, the use of interpreters, translators, sources of medical and social information, involvement of family, friends, professional and informal carers and specialist communication methods. Manufacturer's leaflets could be attached to give examples of alternative systems for communication.

For assessment criterion 2.2, the learner could produce a leaflet outlining barriers to communication. This will use simple, straightforward language without jargon and abbreviations and a text format, font size, font and background colour and text alignment recommended for individuals with a sight impairment. The barriers identified will reflect the unit content, i.e. environmental, psychological, medical, sensory, cultural, and English as an additional language.

For assessment criteria 2.3 and 2.4, the learner will produce a case study of a person with four barriers to communication, a 76 year old man from the Indian subcontinent who has recently arrived in the country. His use and understanding of English is very limited. This is compounded by a hearing impairment and cataracts and an inability to read and write English script. He is a former teacher who has an excellent command of his own language but has become a little confused after a recent illness. He lives with his grandchildren who are fluent in English.

The learner will outline the factors that could promote communication in their case study and link these to the barriers experienced by the individual. This will show their understanding of the relationship between the two areas. A clear explanation of active listening will be included in the work.

Suggested resources

Textbooks

Hayes N – *A First Course in Psychology* (Nelson, Surrey 3rd edition)
ISBN 17-448181-0

Moss B – *Communication Skills in Health and Social Care 2nd edition* (SAGE, 2012)
ISBN: 978-1446208182

Roots J, Tann L and Winter L – *Entry 3/Level 1 BTEC Health and Social Care Student Book* (Pearson, 2010) ISBN: 9781846909191

Walsh M – *BTEC First Health & Social Care – Student workbook* (Collins, 2010)
ISBN: 0007342667

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.downs-syndrome.org.uk

Down's Syndrome Association

www.dlf.org.uk

Disabled Living Foundation – resource identifying a large range of communication aids and adaptations

www.literacytrust.org.uk

National Literacy Trust

www.makaton.org

Makaton charity

www.mulho.com

Mulberry House – suppliers of training materials/DVDs

www.rnib.org.uk/information-everyday-living-using-technology-beginners-guides/beginners-guide-assistive-technology

A video guide to assistive technology for people with a visual impairment

Unit 7: **Introduction to Children and Young People's Development**

Unit reference number: A/506/1320

Level: 1

Credit value: 3

Guided learning hours: 26

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of children and young people's development.

Unit introduction

Knowing how children and young people develop is essential to all aspects of providing care. Knowledge of children and young people's development enables adults to provide a safe, reassuring environment and appropriate activities and experiences that encourage development, support learning and promote wellbeing. Awareness of the factors that may affect development is helpful in understanding how to meet the individual needs of children and young people.

In this unit learners will be introduced to the main stages of children and young people's development and then go on to study the different factors that may affect development.

Finally, learners will consider how all areas of the development of children and young people can be supported.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the stages of children and young people's development	1.1	Outline the expected pattern of development for children and young people from birth to 19 years to include: <ul style="list-style-type: none"> □ physical development □ communication □ cognitive development □ social, emotional and behavioural development
2	Know factors that affect children and young people's development	2.1	Identify factors that affect children and young people's development to include: <ul style="list-style-type: none"> □ background □ health □ environment
3	Know how to support children and young people's development	3.1	Outline ways to support children and young people's development in relation to: <ul style="list-style-type: none"> □ physical development □ communication □ intellectual development □ social, emotional and behavioural development

Unit content

1 Know the stages of children and young people's development

Age ranges: 0 to 3 years; 3 to 7 years; 7 to 12 years; 12 to 19 years

Pattern of physical development from birth to 19 years: sequence of development; average age at that physical skills are gained; development of movement; gross motor skills, e.g. sitting, crawling, climbing, running, jumping, kicking, riding a bicycle; fine motor skills, e.g. picking up small objects, holding a spoon, grasping a pencil, using scissors, drawing, writing, sewing, tying shoelaces

Pattern of communication development from birth to 19 years: sequence of development; average age at that language skills are gained; development of communication, e.g. listening, responding to speech, cooing, making repetitive sounds, first words, short sentences, complex sentences, fluent language, pitch and tone, grammar;

Pattern of cognitive development from birth to 19 years: development, e.g. usual progress in development of thought processes/concepts; thinking, e.g. sequence developing attention span, reasoning, logic; memory, e.g. can do two or more things at once; understand abstract concepts, reading to themselves, making connections

Pattern of social, emotional and behavioural development: development, e.g. usual progress in relationships, expression of emotion, skills for independence attachment to carers, fear of strangers, development of friendships, ways feelings are expressed, development of self-help skills, relationships with significant adults, fit in with peer groups, have same-sex friends, interest in opposite sex

2 Know factors that affect children and young people's development

Factors that affect children and young people's development: factors, e.g. background personal history, culture and religion, language preference, family relationships; health, e.g. diabetes, asthma, ear infections, genetics, environment poor housing, pollution, poverty, wealth

3 Know how to support children and young people's development

Ways to support physical development: provide toys appropriate to developmental level, e.g. tunnel to crawl through, brushes and paint; outdoor activities; ball games; team games; adult encouragement and praise

Ways to support communication: listen to babies, children and young people; eye contact; provide running commentary; read stories and rhymes; provide books; activities and games

Ways to support intellectual development: provide toys and activities appropriate to developmental level; puzzles, sorting and matching games, computer games; ask open questions

Ways to support social, emotional and behavioural development: develop positive relationships; provide welcoming, reassuring environment; children to develop friendships; realistic expectations of behaviour; help children to express feelings; involve children in choices

Information for tutors

Delivery

When delivering this unit, tutors need to ensure that the underpinning knowledge of child development is related to working with children. This unit gives tutors the opportunity to use a wide range of active learning methods. Delivery methods that will help learners to consolidate knowledge and can include group work, case studies, presentations, videos and quizzes.

The tutor could start delivery of the unit by introducing the different areas of development and how they are interrelated and interdependent. Tutors may wish to introduce the 'milestones' for the four age ranges within the unit content. It is appropriate to use videos and case studies as well as quizzes.

Learning outcomes 1 and 3 could be delivered concurrently, with the pattern of development for each age range and how to support development being examined together. This would help learners working with children to understand ways to support development across the four age ranges. Learners could conduct tutor-supported research on the expected sequence of development using books and websites and feedback their findings to the whole group. Researching appropriate ways to encourage the development of children and young people could be a group activity using a range of resources such as websites, books, catalogues. Visits to early year's settings, schools and out-of-school settings, such as after school clubs, would provide opportunities for learners to observe the development of children and young people and how development can be supported. Alternatively, video clips could be used to strengthen knowledge.

For learning outcome 2, learners could work in pairs to consider case studies of children and young people whose development has been affected by a range of different factors. Each pair could present their findings to other learners supported by tutor-led discussion to clarify the effects of these factors.

Assessment

Assessment criteria 1.1 and 3.1 could be combined into one assignment task. The information could be presented through a range of evidence including factsheets, posters, leaflets and charts as factsheets about the pattern of development and how to support development for the age ranges 0 to 3, 3 to 7, 7 to 12 and 12 to 19.

For assessment criterion 1.1, the learner will need to outline the essential features of the expected pattern of physical development, communication, intellectual development and social, emotional and behavioural development from birth to 19 years.

To achieve assessment criterion 2.1, the learner will need to identify two factors that affect children's development in respect of background and health and environment. Evidence may be presented as answers to questions in response to case studies

For assessment criterion 3.1, the learner must outline two different ways to support children's development in each of the following four areas; physical development, communication, intellectual development, social, emotional and behavioural development. The information may be included on the factsheet provided as evidence for assessment criterion 1.1.

Suggested resources

Textbooks

Lunt I, Sylvia K – *Child Development A First Course* (1992) ISBN: 0631194290

Meggit C – *Child Development: An Illustrated Guide, DVD Edition* (Heinemann, 2012) ISBN: 0435899875

Websites

faculty.mccneb.edu/JFAUCHIER/psy121jf/Projects_SS04/Jenni%20Powers/PSY121jf/milestones.html Developmental milestones for children

learning.wales.gov.uk/learningpacks/mep/module2/?lang=en#/learningpacks/mep/module2/lang=en Child and adolescent development 0 to 19

www.beststart.org/OnTrack_English/2-factors.html Factors affecting child development

www.nhs.uk/Tools/Pages/birthtofive.aspx Child development: birth to 5

Unit 8: **Introduction to the Factors Affecting Older People**

Unit reference number: Y/506/0238

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of a range of factors affecting older people and their place in society.

Unit introduction

Many learners studying this unit will enter and pursue a career in the health and social care sector. Getting older is a natural progression in life and this unit gives learners the opportunity to explore a range of issues affecting older people. Learners will develop knowledge of the changes that may occur in a range of aspects of life and the effects these can have on an older person. Society's attitude towards older people, the subject of discrimination, the negative attitudes and how to challenge them will be identified. Learners will develop a knowledge and understanding of the importance of independence and control for older people.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the impact of the ageing process on older people	1.1	Outline changes that may come with ageing to include: <ul style="list-style-type: none"> <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> social <input type="checkbox"/> cognitive <input type="checkbox"/> environmental <input type="checkbox"/> financial/economic
		1.2	Identify the impact of changes associated with ageing on older people
2	Understand attitudes of society towards older people	2.1	Identify how society discriminates against older people
		2.2	Outline how society's attitudes impact on older people
		2.3	Describe how to challenge negative attitudes towards older people
3	Know the importance of independence for older people	3.1	Identify why independence is important for older people
		3.2	Outline how older people are supported to maintain independence
		3.3	Identify how older people can be in control of the support they access to meet their care needs

Unit content

1 Know the impact of the ageing process on older people

Changes that come with ageing: physical, e.g. wrinkles, grey hair, male pattern-baldness; could develop age-related illness and/or disease; tend to become physically weaker; can develop sensory impairments that affect physical well being, become frail and fragile; social, e.g. could be pleased to retire; expand social circle as have more time; lose place in society and self-identity when retire or give up work due to ill health; social isolation; emotional, e.g. live up to society's expectations of an old person; time to develop new interests and friends; rediscover an interest in life; may lose partner due to divorce/separation/death – feel lonely; geographically separated from family so lose close ties; cognitive; may find memory failing; lose some ability to make quick decisions; problem solving takes longer; environmental, e.g. more susceptible to cold, damp conditions; difficulty with stairs and heavy doors; financial, e.g. may have a high income; may have a reduced income; having to exist on a state pension; need to spend more on heating home as mobility reduced

Impact of changes: physical, e.g. the use of medication and sensory aids spectacles, hearing aids, walking sticks can improve quality of life; may have painful or life-limiting problems that entail the use of medication and its subsequent side effects; may be a little slower and less balanced; fragile bones leading to fractures; have joint replacements; social, e.g. happy to retire, more time to follow interests and make new friends; old friends die or go into care; more time to see grandchildren, lose identity if this has been career or family orientated; join clubs for like-minded people – can be linked to physical and mental exercise; carry out voluntary work; emotional, e.g. decide to lead an active, energetic, healthy lifestyle and please themselves what they do; ignore the expectations and prejudices that others put on them; decide to be old and resign themselves to being old; cognitive, e.g. have a wealth of experience, wisdom and expertise; decide to exercise grey power politically; take a little longer to learn but still can develop skills and knowledge; embrace change; decide that they are too old to learn; resist change; environmental, e.g. may need to move to a more physically accessible property; qualify for grants and 'warm homes' help to improve home environment; financial, e.g. contribute expertise and time as volunteers and save the government money: special insurance deals for older people on motoring and household; unable to afford a decent standard of living; making the choice between heat and eat, unable to carry out hobbies; if have a decent pension free to travel, free to indulge hobbies and interests; can release equity from house and 'downsize'

2 Understand attitudes of society towards older people

How society discriminates against older people: deny people medical treatment due only to age, e.g. joint-replacement operations, cancer surgery; elderly abuse from unsupported carers; age barriers in employment; forced to take early retirement; neglect and psychological ill-treatment; financial exploitation; violence; denied the right to make decisions; denied the right to learn new technologies; age-related stereotypes; become the butt of jokes

How society's attitudes impact on older people: feel undervalued; can be socially isolated; can feel they have nothing to contribute; feel they have to go into care to relieve the family; can rebel and become politically involved to change perceptions; vote against those perpetrating prejudice; march against discrimination in health and care provision; can be inspired to join a pressure group to change society's attitudes

How to challenge negative attitudes: older people join support and action groups, e.g. Age UK; be assertive; refuse to use negative terminology; challenge the use of negative terminology; teach younger people to value and respect older generations; discourage the use of stereotypes; more positive, non-condescending media stories involving older people; more social contact between the generations

3 Know the importance of independence for older people

Why independence is important for older people: promoting independence promotes control for the individual; enrichment of life; normalises life; promotes wellbeing; raises self-esteem; positive self-concept; maintenance of self-identity; reduction of workload for family and carers; empowerment and enablement of the individual; promotes older people as a valued part of society not second-class citizens; enables individual to function in a wide range of social/leisure, physical and employment environments

How older people are supported to maintain independence: availability of aids and adaptations to maintain mobility, tasks of daily living, hearing, sight; provision of care in the home so a person can stay in own home; access to medication to prevent progress of age-related conditions; availability of age related benefits, e.g. mobility component; personalised budgets

How older people can be in control of the support they access to meet their care needs: be involved in the planning and decision-making process; take control of personalised budget; ensure the individual is paramount in the decision-making process; recognise older person knows support needed, e.g. give choice to prioritise care provision; have the right to refuse care

Information for tutors

Delivery

The tutor must ensure that both positive and negative aspects of ageing are discussed equally, as it is very easy to concentrate on loss rather than gain. The subject could be introduced by trying to identify 'how old is old?'. This may well depend on the overall age of the learners, with those in their teens seeing 30 as 'old'. A brief discussion on historical aspects of ageing establishing how in Victorian times the age of 40 was seen as old due to the prevalence of disease, infection, accidents and poor sanitation. Improvements in health and hygiene and medical advancements have contributed to extending life expectancy and quality into the 21st century. Tutors could access the BBC *Learning Zone* and YouTube for visual examples that will match the taught input. Some older role models could be mentioned, Mary Berry, Richard Branson and Elton John.

For learning outcome 1, could involve small group work; the tutor could encourage learners to carry out research on the various sections highlighted in assessment criterion 1.1. Each group takes one section and explores the changes that may come with ageing and then the impact of these changes: assessment criterion 1.2. Each group will debrief and discuss with the other groups. It will be apparent that each section has an impact on the other sections, pain from arthritis (physical) may restrict socialising and make someone unhappy or bad-tempered (emotional) and limit the desire to learn (cognitive).

Support groups for older people produce lots of information booklets, that could be useful in this exercise as would be the consideration of learner's older relatives and their lifestyle, if applicable. A visit to a local shop supplying aids to daily living and adaptations for improving the quality of life would be interesting and show how a positive outcome can be achieved for older people with health problems.

For learning outcome 2, the tutor could introduce the subject of negative attitudes towards older people by asking the group to come up with two lists of terms for older people; one used positively and one used negatively. To start the list the tutor could write 'seniors' for one and 'coffin dodgers' for the other. It will be stressed that the negative terms are not to be recommended. Small-group work could then discuss and identify how the use of negative terminology, and the attitude it promotes, affects older people and their place in society.

Negative terminology contributes to age-related stereotypes (there may be many more negative terms identified than positive ones). Special attention could be paid to the way this makes older people feel. This can lead on to a discussion on how, in general, older people are discriminated against by society. There is a connection here to the social and medical models of disability that could be introduced and discussed. The tutor could define and explain discrimination, prejudice and stereotyping for learners. Within this discussion the tutor could introduce the different attitudes towards older people displayed in different cultures.

A case scenario written by the tutor could highlight a number of ways society could discriminate against an older person (could refer to unit content), in which learners could then identify the discrimination and think of ways to challenge the negative attitudes underlying the discrimination. The skills needed to challenge discrimination can be highlighted and include an understanding of how discrimination works, information about rights and regulations, assertiveness, communication skills and empathy.

The delivery of learning outcome 2 could end by quoting 'If we allow all of this (discrimination) to take root in our consciousness, that a person's real age is not the one written in his passport but the one expressed in what he does and who he is, then we will have made a great step forward and one that will be the foundation for a humane and dignified encounter with elderly people in their respective social environments'.

For learning outcome 3, tutors could introduce the subject of independence. The tutor could ask learners to make a list or devise a roleplay of all the activities of living that they carry out on their own. With this in mind, learners should imagine they are an older person with a disability and/or illness. Contrasting the activities of the younger and older person will lead on to a tutor-led discussion on the importance of maintaining independence and how this can be supported in older people. How would learners feel if they lost their independence? Topics that will be developed will be power and control, older person's involvement in decision making, personalised budgeting, support from qualified carers who are trained in promoting independence and challenging discrimination, listening to the person and valuing their contribution as a member of society.

Assessment

Evidence for this unit could be generated in a variety of ways.

For learning outcome 1, a mini case study could be carried out on an older person as depicted in a soap opera, Dot Cotton, Peggy Mitchell, Emily Bishop. The learner can concentrate on one character or use a combination to illustrate their points. The learner will identify the changes that come with ageing using the areas identified in assessment criterion 1.1, i.e. physical, social, emotional and then identify the possible effects of these changes (assessment criterion 1.2). The work will be presented in the form of a table.

For learning outcome 2, the learner could develop an information leaflet on 'Discrimination against Older People – How to Challenge it'. This will be written for first time carers of older people. The format will be agreed with the tutor.

The leaflet could open by defining the term 'discrimination' in straightforward terms. This will ensure readers have a clear perception of the topic to be explored. The first section of the leaflet will deal with how society discriminates against older people giving five examples (assessment criterion 2.1). The learner will then outline the impact that society's attitudes can have on older people (assessment criterion 2.2). The learner will give two positive reactions from older people to balance two possible negative reactions. The third section will give advice on how to challenge negative attitudes (assessment criterion 2.3) giving five examples of a challenge, for example hearing someone described as an 'old bag' and assertively challenging this term; disagreeing with someone who says that older people cannot learn about technology.

For learning outcome 3, the learner could write an imaginary case scenario of an older person who has lost their independence due to age-related disabilities and sensory impairment, for example arthritis in hands, knees and hips, reduced hearing and failing sight. The scene will be set by the learner naming the disabilities and sensory impairment. How the disabilities and impairment could limit independence will be identified here.

The learner will identify why it is important for the older person to stay as independent as possible (assessment criterion 3.1) and give five reasons. The learner will discuss how the person could be supported to maintain their independence (assessment criterion 3.2) ensuring the examples given are relevant for the disabilities and impairments used. Illustrations of aids and adaptations will be useful here.

The learner will then outline how the older person can take control of the support they need to stay independent. The strategies given (three examples) will directly relate to the person's condition (assessment criterion 3.3).

The format of the assessment will be agreed with the tutor.

Suggested resources

Textbooks

Hayes N – *A First Course in Psychology 3rd edition* (Nelson) ISBN: 0-17-448181-0

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Roots J, Tann L and Winter L – *Entry 3/Level 1 BTEC Health and Social Care Student Book* (Pearson, 2010) ISBN: 9781846909191

Walsh M – *BTEC First Health & Social Care – Student workbook* (Collins, 2010) ISBN: 0007342667

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.actiononhearingloss.org.uk	Hearing loss rights
www.ageuk.org.uk	Old age issues and support
www.arthritiscare.org.uk/	High quality information and support for arthritis sufferers
www.bbc.co.uk.learningzone/clips	Video learning website
www.dlf.org.uk	National charity providing impartial advice, information and training on independent living
www.nidirect.gov.uk/the-independent-living-fund	The Independent Living Fund (ILF) provides money to help people with disabilities live an independent life in the community
www.rnib.org.uk	Royal National Institute for the Blind

Unit 9: Introduction to Dementia

Unit reference number: A/506/0250

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of dementia.

Unit introduction

This unit will contribute towards preparing learners to work with individuals with dementia. Learners will examine the importance of valuing and recognising individuals with dementia as a person first. This concept will be linked with a person-centred approach to the support and care of individuals with dementia.

Definitions and causes of dementia will be examined, together with the effects on individuals, family and carers.

Learners will also investigate the benefits of effective communication for individuals with dementia, techniques for facilitating this and the effects of memory loss on spoken language.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person-centred approach when working with individuals with dementia	1.1	Outline why it is important to value an individual with dementia as a person first
		1.2	Give examples of how to use a person-centred approach when working with individuals with dementia
2	Know the main causes and effects of dementia	2.1	Outline what is meant by the term 'dementia'
		2.2	Outline the causes of dementia
		2.3	Outline the effects of dementia on individuals, families and carers
3	Understand the importance of effective communication for individuals with dementia	3.1	Identify the impact of effective communication on the lives of individuals with dementia
		3.2	Outline how memory loss affects the use of spoken language in an individual with dementia
		3.3	Give examples of techniques that can be used to facilitate communication with an individual with dementia

Unit content

1 Know the importance of a person-centred approach when working with individuals with dementia

Importance of a person-centred approach: definition; individual at the centre of plans, working with the individual rather than for them; involvement of family, friends and carers; recognition of personhood; promotion of wellbeing; taking account of needs, wishes and preferences; avoidance of dislikes; empowerment and enablement of the individual; focus on current abilities, e.g. a positive approach; valuing the individual's contribution to society

Using a person-centred approach: full assessment including personal and medical history; involvement of family and friends; using acceptable language; consideration of cultural needs; active promotion of wellbeing; matching key worker to individual; use of care and support plans as communication tools; evaluation of plans with the individual; importance of set routines, e.g. clear instructions, use of well-learned tasks

2 Know the main causes and effects of dementia

Defining dementia: decline in intellectual functioning; effects on memory, e.g. language, physical functions; introduction of term 'chronic brain failure'; types of dementia, e.g. Alzheimer's disease, vascular dementia, Diffuse Lewy Body Disease variant of dementia, Korsakoff's syndrome; rarely as an outcome of Parkinson's disease; can be associated with Down's syndrome

Causes of dementia: changes to brain structure and chemistry; vascular, e.g. series of small strokes (multi infarct type); excessive long-term alcohol intake; presence of infectious agents, e.g. prions; long-term effect of syphilis; brain tumours; AIDS; Huntington's disease; lack of oxygen to the brain: Trisomy 21 in Down's syndrome

Effects of dementia: on the individual, e.g. loss of intellectual functioning, memory; loss of language; effects on physical functioning; depression; wandering behaviour; aggression; distress; withdrawal; lose interest in hobbies and activities; slow at grasping ideas; difficulty making decisions and plans; disorientated in time and space; loss of identity; loss of lifestyle; loss of independence; need assistance with dressing, hygiene, keeping personal effects; inability to recognise friends, family, familiar objects

Effects of dementia on family and carers: increased demands on time; loss of relationships; need for support; financial implications; changes to lifestyle; stress on relationships, e.g. frustration, tired, may see individual affected as unreasonable, awkward, hard work; respite for the family when professional care is accessed; distress as fact and fantasy merge for the individual; feel the person has 'already died' as there may be nothing of the personality left towards the end; need to take care of the individual's estate/effects; guilt when they feel that nothing they do helps

3 Understand the importance of effective communication for individuals with dementia

Benefits: reduction of frustration; helping with understanding; encouraging honesty; supporting the preservation of personal identity; promotes inclusion; promotion of overall wellbeing; more use of non-verbal skills, that remain longer than verbal skills; maintains sense of companionship and closeness

Effects of memory loss on the use of spoken language: inability to remember common words; use of wrong words; incomplete thought patterns affecting spoken language; importance of understanding that hearing loss may be an additional factor; calling relatives by the wrong name; apathy; inability to orientate self

Facilitating communication: gaining the individual's attention; gaining approval to proceed; using eye contact; giving the individual opportunities to recognise you; eliminate unnecessary sources of stimulation: ensure spectacles and hearing aids, dentures are checked regularly; use short simple sentences; be encouraging when the wrong word is used – try not to contradict; hold the individual's hand; offer simple decisions: stay calm; speak clearly; use non-verbal communication; use memory boards etc as aids to communication

Information for tutors

Delivery

For learning outcome 1, tutors could begin with taught input on the person-centred approach and its importance when working with individuals who have dementia. Although dementia is an oft-used term each person is unique. Tutors could illustrate this by contrasting the effects on a person with Down's syndrome who develops dementia in middle age with an older person who develops the condition in their late 70s/early 80s. Learners could then be led in discussion about the use of a person-centred approach. It is suggested that tutors use a video clip from the BBC *Learning Zone*, to illustrate the points made in the taught session. A brief class discussion could follow.

For learning outcome 2, taught input will be required to define dementia and outline the most common causes in sufficient detail. The tutor should give an alternate term that may be encountered – chronic brain failure. This helps to establish the brain as an organ of the body that is subject to failure as are the other organs. The aim is to try and dispel myths and prejudices around illnesses affecting the psyche. The less common causes may be mentioned to increase awareness. Sensitive discussion of the 'long bereavement' experienced by relatives and friends of individuals with dementia.

Supported internet research will allow learners to obtain further information on the effects of the condition on the person and their family. The often insidious onset of the condition needs to be highlighted. The tutor could devise a hypothetical case study of an individual and their family for discussion with the group. The behaviours that could be expected from a person with dementia may be stressed here. The tutor could discuss the respite obtained by the family when specialised care is accessed – this sometimes is accompanied by guilt that the family cannot cope. This will also link with the research carried out by learners and consolidate their findings.

A guest speaker from a dementia charity or residential setting could provide an insight into the effects of dementia on individuals, families and carers. This will be an excellent opportunity for learners to ask questions relating to the care of people with dementia. Learners may have experience of dementia affecting their own family or neighbours. Sharing this can enhance learning and make it more person centred but care must be taken to treat any information given in a sympathetic manner and not cause distress.

For learning outcome 3, tutor input could include the benefits of effective communication for individuals with dementia. The group could discuss the skills needed to facilitate effective communication speaking slowly and clearly, remaining calm; ensuring any sensory barriers are dealt with, for example poor hearing, trying to smile when communicating, pointing or demonstrating an action to promote understanding, using an adult-adult approach, showing respect and being patient.

The tutor could discuss with the group the pros and cons of reality orientation and validation. The use of menu boards, calendar boards, activity lists, pictures on doors indicating use rather than labels and colour identification of rooms are all ways of prolonging meaningful communication.

Thoughtshowers to encourage independent consideration of issues, internet research and case studies to enable the application of knowledge are all recommended for this learning outcome.

Assessment

Evidence for this unit could be generated in a variety of ways.

For assessment criteria 1.1 and 1.2, learners could, individually, research, produce and deliver a short PowerPoint presentation on the importance of using a person-centred approach with individuals who have dementia. The learner will define the term and identify six points of importance for using a person-centred approach to care.

Five examples of using a person-centred approach to individuals with dementia will be outlined. The presentation will be linked by reference to hypothetical personal histories, involvement of family, friends and carers and cultural issues. This will provide a focus for the information presented.

It is essential that tutors ensure that PowerPoint presentations are the learner's own work and not downloaded from the internet.

For assessment criteria 2.1, 2.2 and 2.3, learners could write a short magazine article on the definitions, main causes and effects of dementia on the individual, families and carers. The audience for the magazine will be the learner's peer group. The definition of dementia will be straightforward and accessible for the proposed audience.

Learners will identify four causes of the condition and briefly explain how dementia can affect the individual and those in the relationship circle. Learners will stress the effects of providing care within the family and the possible effects when 'outside' specialist help is accessed.

Learners may need some guidance with regard to format and could use appropriate popular magazines as a format. Care must be taken not to include any pictures of vulnerable individuals.

For assessment criteria 3.1, 3.2 and 3.3, learners could produce a booklet on communicating with individuals who have dementia. The booklet will be an introduction for relatives of newly diagnosed individuals with dementia.

Learners will need to identify four benefits of effective communication using a narrative style of writing.

A case study outlining the effects of memory loss on the spoken communication of a person with dementia, using appropriate, sensitive terminology, will lead on to a short outline on how communication may be facilitated. Six examples of ways to facilitate communication will be identified.

It is important that the learner uses a narrative style for this booklet, not a series of lists, and writes in a sensitive manner.

Suggested resources

Textbooks

Bartle C – *Knowledge Set for Dementia* (Heinemann, 2007) ISBN: 9780435402303

Brooker – *Person-centred Dementia Care: Making Services Better*, (Jessica Kingsley Publishers, 2006) ISBN: 9781843103370

Buijssen J – *The Simplicity of Dementia* (Jessica Kingsley Publishers, 2005) ISBN: 9781843103219

Talbot M – *Keeping Mum: Caring for Someone with Dementia* (Hay House Publications, 2011) ISBN: 9781848502918

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.alzheimers.org.uk/

Alzheimer's Society

www.bbc.co.uk/learningzone/clips/dementia

BBC Learning Zone video clips on dementia

www.dementiafriends.org.uk/

Exploring effects of dementia

www.nhs.uk/Conditions/dementia-guide/Pages/dementia

NHS guide to dementia

www.nursingtimes.net

The Nursing Times online

Unit 10: **Introduction to the Physical Care of Babies and Young Children**

Unit reference number: T/506/0246

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of the physical care of babies and young children.

Unit introduction

In preparation for caring for babies and young children, it is essential that learners gain a knowledge and understanding of the physical care needs of babies and young children 0-3 years. At first they must identify the range of basic care needs and then consider ways in that adults support and engage with the baby or young child while attending to their needs.

Learners will explore what makes a safe and secure environment in that babies and young children can develop their skills and know what action to take when there are concerns about a baby or child. Learners will investigate the nutritional needs of babies and young children, giving examples of balanced meals. They must also show an awareness of possible allergies that babies and young children may experience.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the physical care needs of babies and young children	1.1	Identify care needs for babies and young children's: <ul style="list-style-type: none"> □ skin □ hair □ teeth □ nappy area
2	Know how to support physical care routines for babies and young children	2.1	Outline how to show respect and sensitivity to babies or young children during physical care routines
		2.2	List ways of engaging with babies or young children during physical care routines that make the experience enjoyable
		2.3	Outline the principles of toilet training
3	Know how to support safe and protective environments for babies and young children	3.1	Describe how to provide a safe and hygienic environment for babies and young children
		3.2	Outline how to safely supervise babies or young children whilst allowing them to explore and develop their skills
		3.3	Identify what to do if concerned about the well being of babies and young children

Learning outcomes		Assessment criteria	
4	Know the nutritional needs of babies and young children	4.1	Outline the nutritional needs of babies
		4.2	Outline the nutritional needs of young children
		4.3	Give examples of healthy balanced meals for young children
		4.4	Outline nutritional allergies that may be experienced by babies and young children

Unit content

1 Know the physical care needs of babies and young children

Skin: different skin types; washing; thorough drying; use of oils and moisturisers; sun protection; be alert for sensitivities to soaps/products

Hair: hair types; combing and brushing; baby shampoos; methods for washing and rinsing

Teeth: cleaning as soon as teeth appear; importance of removing plaque; suitable brush, e.g. soft baby toothbrush; baby toothpaste; brushing method, e.g. brushing away from gum; teething; encouraging children to brush own teeth; avoiding sugary food and drinks

Nappy area: regular nappy change; topping and tailing routine; using moist swabs or baby wipes; patting dry; drying skin creases; use of baby lotions and protective creams; be alert for signs of nappy rash

2 Know how to support physical care routines for babies and young children

How to treat babies or young children with respect and sensitivity during physical care routines: following parents' wishes; not rushing routines; gentle handling; talking to babies and children about what is happening; reassuring; encouraging young children to be independent; respecting individuality

Ways of engaging with babies or young children during physical care routines that make the experience enjoyable: positive body language and facial expressions; singing and rhymes; using favourite toys; talking about things familiar to the child

The principles of toilet training: being relaxed; recognising that there is no 'set age'; not expecting child to sit on a potty for long periods; praising the child when they have used the potty or toilet; waiting for signs of readiness, e.g. interest when passing urine or bowel motion, indicating when they want to pass urine or bowel motion, when bowel movements begin to happen at regular times of the day

3 Know how to support safe and protective environments for babies and young children

Describe how to provide a safe and hygienic environment for babies and young children: handwashing; use of personal protective equipment; safe disposal of hazardous waste; checking the physical environment for hazards; routines for cleaning equipment and toys; cleaning and care of sterile equipment; safe storage of food and drink; safeguarding babies and young children

How to safely supervise babies or young children whilst allowing them to explore and develop their skills: adult/baby and adult/child ratios; observing babies and child at all times; being unobtrusive; knowing when to intervene; encouraging activities appropriate to the age of child; wise choice of toys and play equipment

What to do if concerned about the wellbeing of babies and young children: lack of well being, e.g. persistent crying, not communicating, not sleeping, delayed development, difficulties in gross motor or fine motor control; under or overweight; presence of persistent bruising; what to do, e.g. recording concerns; reporting to manager or supervisor; contacting parents; when to call emergency services

4 Know the nutritional needs of babies and young children

The nutritional needs of babies: Baby Friendly Initiative (UNICEF); breastfeeding; constituents of breast milk; constituents of formula milk; when to wean; first foods

The nutritional needs of young children: starchy foods, e.g. pasta, rice, potatoes; fresh fruit and vegetables; proteins, e.g. lean meat, fish; pulses, eggs; calcium, e.g. full-fat milk, dairy; fats; water; importance of vitamin A, C, D; importance of iron

Healthy, balanced meals for young children: 'Eatwell plate'; meals; snacks; drinks; including five food types; correct proportions; guidelines on salt

Nutritional allergies that may be experienced by babies and young children: milk, e.g. casein protein, lactose; wheat/gluten; peanuts; eggs

Information for tutors

Delivery

It is important that active teaching strategies are used to deliver this unit. For learning outcomes 1 and 2, learners should not carry out physical care routines with babies or young children but it would support their knowledge and understanding if they use roleplay and simulated activities related to the care of skin, hair, teeth and nappy changing. DVDs and visits to settings to observe care routines would also benefit learners. Learners may have experience of caring for siblings or their own children, that could promote discussion.

Learners should be challenged by the tutor to consider routines from the perspective of the baby or young child, for instance thinking how they would feel if they were whisked away suddenly for someone to wash them! Learners could then work in groups to discuss and produce information on the importance of treating babies and young children with respect and sensitivity. The tutor should also emphasise the importance of safeguarding, appropriate touching and how not to put themselves at risk of accusations of abuse.

Learners could go on to research ways to engage with children, including learning simple songs and rhymes. A simulated care routine, using a baby care manikin, would consolidate what has been learned. Learners could then reflect on their knowledge and understanding, either watching a recording of the activity and/or receiving feedback from their peers and tutor. Learners could ask family members and friends questions about how their children were potty trained. Tutor input should follow to ensure that learners understand the principles of toilet training and stress the point that there is no set age for achieving this.

To introduce learning outcome 3, learners could work in groups to identify the different elements of health and safety. Learners could then work in pairs to research and produce a poster to present and display for the whole group. One group of learners might research the stages of hand washing and give a demonstration. Learners must understand the importance of the constant supervision of babies and young children but also the need for them to play and explore to promote development. They could discuss suitable toys, equipment and activities for babies and young children at different stages in groups. A guest speaker, for instance a childcare practitioner or paediatric nurse, could provide information including when there may be concerns about a child's emotional, psychological or physical development and what action should be taken.

Learning outcome 4 could be introduced through an input from the tutor and supported by a guest speaker such as health visitor or family support worker. Learners should find out about the constituents of breast milk and look at packaging for formula milk to find the nutritional values. Learners should understand that babies need additional nutrition when they reach six months and how to gradually introduce these new foods. Learners should be introduced to the five food groups from the 'eatwell plate' (Food Standards Agency). They could then go on to produce their own 'plate' with foods suitable for young children using pictures from magazines.

Learners must be made aware of the common foods that may cause allergies in babies and young children. Almost 1 in 12 young children suffer from a food allergy. Most serious food allergies start in infancy and early childhood. They are caused by a relatively small number of different foods. Milk and egg allergies are

the most common; peanut and tree nut allergies. Food allergies are more common amongst children who come from families where other members suffer from the allergy. Babies who suffer from eczema are particularly at risk of having food allergies. Learners could produce an advice leaflet for parents with a list of the potential problem foods. A quiz is a useful tool to consolidate learning from this section.

Assessment

Evidence for learning outcomes 1 and 2 is closely linked.

To achieve assessment criterion 1.1, learners must identify the physical care needs of babies and young children in relation to their skin, hair, teeth and nappy area. Evidence could be generated through an illustrated poster or by producing a 'goodie bag' containing samples of suggested products and equipment along with a guide to their use. The guide will be suitable for a group of their peers beginning a career in childcare.

For assessment criteria 2.1 and 2.2, learners must outline three ways to treat babies and young children with respect and sensitivity during care routines and list four examples of how to engage with them to make the experience enjoyable. This evidence could be generated through an advice leaflet for childcare students

Alternatively, learners could write a case study on a baby and a child outlining how to treat each with respect and sensitivity, giving three examples. The ages of the baby and child will be identified. The learner will give four examples of how to engage with the baby and child to make the experience enjoyable.

To achieve assessment criterion 2.3, learners must outline the principles of toilet training. They should demonstrate knowledge that adults should be patient with children, that there is no set age and give an example of 'readiness'. Evidence could be generated by giving advice to parents in a leaflet that is informative, not condescending and gives clear information on the principles of toilet training.

Alternatively, learners could carry out a roleplay exercise of giving advice to parents on toilet training, using appropriate verbal and non-verbal language. This could be supported by the production of a short handout summarising the principles of toilet training.

To achieve assessment criterion 3.1, learners must describe a safe and hygienic environment for babies and young children. They must include information on hygiene (hand washing, cleaning routines, safe storage of foods, PPE) safety (checking for hazards, disposing of hazardous waste) and safeguarding children from harm or abuse. Evidence could be generated on a plan of a nursery, including kitchen and toileting areas, that learners annotate.

Alternatively, the learner could produce an illustration of an unsafe, unhygienic environment, probably a nursery. This would then be presented as an exercise in spotting the hazards and mistakes in the environment. The learner would then produce a key to identify the hazards etc, and how to correct them. The areas identified would be hand washing; use of personal protective equipment – gloves and plastic apron; safe disposal of hazardous waste; hazards in the physical environment; clean equipment and toys; cleaning and care of sterile equipment; safe storage of food and drink; safeguarding babies and young children

For assessment criterion 3.2, learners must outline how to supervise babies and young children safely, demonstrating that they understand adult and baby or child ratios and the need for constant supervision. This could be done by producing an advice leaflet for use in induction training for first time workers in the childcare

sector. The leaflet will outline how to supervise babies and young children safely, the need for continual supervision and recommended ratios of adult to baby or children. The leaflet will then outline the correct response to deal with any concerns found (assessment criterion 3.3).

Evidence for assessment criteria 3.2 and 3.3 could also be generated through a response to a case study written by the tutor.

Learners could produce a booklet to generate evidence for assessment criteria 4.1, 4.2, 4.3 and 4.4.

In the introduction they must identify the nutritional requirements of a baby of 0–1 year and a child of 1–3 years. This will be presented as a table.

They must include three examples of healthy meals for young children. The examples must demonstrate a balanced diet, with appropriate proportions from the five food groups. The meals will be examples of a hot and a cold meal and a healthy snack. These could be illustrated in the manner of the Eatwell plate using internet-generated pictures, hand drawn illustrations or pictures from magazines.

In the final part of the booklet, learners must outline four nutritional allergies that by babies and children may experience. The point will be made that babies with eczema are more likely to develop food allergies.

Suggested resources

Journals and/or magazines

Nursery World (Haymarket Media)

Websites

www.askbaby.com/home-hygiene.htm	Hygiene guide for parents with babies and small children
www.dh.gov.uk	Information on weaning and nutrition
www.food.gov.uk	The 'eatwell plate' and advice on nutritional needs for children
www.hpa.org.uk	Health Protection Agency – guidance for schools and childcare settings
www.nhs.co.uk	Information on nutritional requirements for babies and young
www.nhs.uk/Conditions/food-allergy/Pages/Intro1.aspx	NHS food allergy guide
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/food-safety-hygiene.aspx#close	Baby feeding hygiene advice from the NHS
www.nicurriculum.org.uk/foundation_stage/	Foundation Stage Northern Ireland

Unit 11: Encourage Children and Young People to Eat Healthily

Unit reference number: D/506/1309

Level: 1

Credit value: 2

Guided learning hours: 16

Unit aim

The aim of this unit is to assess learner's knowledge and understanding encouraging children and young people to eat healthily.

Unit introduction

Healthy eating is essential for growth, development and health. It is fundamental, therefore, to know the constituents of a healthy diet for children and young people. Eating habits and preferences are influenced by a range of different factors and it is important to take these into account when supporting children and young people to eat healthily. Children and young people can be encouraged to try new foods and make healthier food choices through involvement in a wide range of enjoyable activities and experiences.

In this unit, learners will examine healthy eating principles for children and young people and investigate the factors that influence food choice.

The different activities and experiences that can be used to encourage children and young people to eat healthily are also explored in the unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know about healthy eating for children and young people	1.1	Identify healthy eating principles for children and young people
		1.2	Outline factors that influence food choice
2	Know about activities to encourage children and young people to eat healthily	2.1	Outline a range of activities that encourage children and young people to eat healthily

Unit content

1 Know about healthy eating for children and young people

Healthy eating principles for children and young people: balanced diet for growth and health; include all nutrients, e.g. carbohydrates, protein, fat, vitamins, minerals; variety of foods, e.g. from different food groups (meat and fish, pulses and beans, bread, rice and pasta, eggs, dairy products, fresh fruit and vegetables); water; portion size suitable for age and energy needs; avoid added salt; reduce added sugar to keep teeth healthy; avoid additives; avoid food colouring

Factors that influence food choice: marketing and advertising; television, magazines; peer pressure; availability and cost; presentation; family circumstances; poverty, food requirements related to religious beliefs, cultural preferences; preference for vegetarian or vegan diet, cooking skills

2 Know about activities to encourage children and young people to eat healthily

Activities that encourage children to eat healthily: cooking/food preparation activities, e.g. making bread, sandwiches, wraps, soup, fruit salads, meatballs, oat biscuits, smoothies; experiences, e.g. food tasting; shopping (supermarket, market), farm visits, gardening (growing vegetables/herbs), pick your own fruit; games, books (stories and rhymes); creative activities

Activities that encourage young people to eat healthily: eating healthy, e.g. looking at how food is made and processed, looking at food ingredient labels, TV programmes about diet and eating healthily, food preparation and cooking, food tasting comparisons

Information for tutors

Delivery

This unit focuses on activities that may be appropriate to use with children and young people to encourage them to eat healthily. Tutors delivering this unit have the opportunity to use a wide range of techniques including presentations, seminars, practical workshops, simulations, external trips and guest speakers. As many practical activities as possible should be included to help learners relate to the content of the unit.

A quiz on healthy eating could be used to introduce the unit. To gain an understanding of how principles of healthy eating apply to children and young people, learners could then work in groups to research suitable menus for children and young people.

A dietician could be invited to talk to the group about what is needed, and what should be avoided, to ensure that diets for children and young people in different age groups are healthy.

For learning outcome 1, learners could prepare questions to ask family members about their food choices and what influenced their choices. Learners could be encouraged to share their own food choices and influences with the group.

Other factors influencing food choice could be outlined and explored through case studies. Learners could look at television and magazine advertisements for food products high in salt and sugar directed at children and young people and then work in groups to plan an advertisement for a healthy food product such as bananas or a yoghurt.

For learning outcome 2, learners need to be introduced to a wide range of possible activities and experiences that could encourage children and young people to eat healthily. This may be achieved in a variety of ways including research using websites, visits to different settings for children and young people to observe and, if possible, participate in activities and experiences to encourage children and young people to eat healthily, practical activities in the classroom such as food preparation (sandwich- or smoothie making), creative activities, interactive games. A practitioner from a setting for children and young people could be invited as a guest speaker to share ideas about possible activities and experiences that would be suitable for children and young people of different ages. Learners could keep a record of appropriate activities that will help them to meet the requirements of assessment criterion 2.1.

Assessment

For assessment criterion 1.1, learners need to identify the main features of healthy eating that apply to children and young people. Evidence may be provided in the form of a leaflet for parents or a poster.

For assessment criterion 1.2, learners must outline at least three different factors that influence food choices. Evidence may be provided in the form of written evidence or a one-to-one discussion with the tutor. It is important that all documentation is retained for verification purposes should the assessment be oral.

To meet assessment criterion 2.1, learners need to outline at least two activities that encourage children and at least two activities that encourage young people to eat healthily.

Suggested resources

Textbooks

Fordham H – *Healthy Food for Young Children* (Usborne, 2008)
ISBN: 9780746077962

Musters F, Kidd S – *Cook and Learn Together* (Step Forward Publishing, 2004)
ISBN: 9781904575009

Websites

change4lifewales.org.uk/supporters/resources/downloads/healthyeating/?lang=en	Change for Life Wales
hwb.wales.gov.uk/cms/hwbcontent/Shared%20Documents/vtc/healthy_eating/eng/Introduction/default.htm	Healthy Eating Wales
www.bbc.co.uk	BBC – healthy eating for children
www.bbc.co.uk/northernireland/schools/4_11/uptoyou/	BBC NI Healthy Eating
www.foodafactoflife.org.uk	Resources to help children and young people learn about healthy eating including interactive games
www.letsgetcooking.org.uk	Cooking activities in schools
www.nhs.uk	National Health Service – healthy eating
www.nidirect.gov.uk/healthy-eating	NI Direct – healthy eating
www.nutrition.org.uk	British Nutrition Foundation
www.pre-school.org.uk	Pre-school Learning Alliance – healthy eating

Unit 12: Exploring Connections with Sustainable Development and Global Citizenship

Unit reference number: H/602/6331

Level: 1

Credit value: 1

Guided learning hours: 10

Unit aim

The aim of this unit is to assess learner's understanding of the links between health and social care and sustainable development and global citizenship.

Unit introduction

Understanding the links between sustainable development and global citizenship and health and social care is important for all learners. Young people who are entering a career in health and social care will need to consider some of the big issues facing the world and how they relate to their work.

This unit gives learners an understanding of how the seven Education for Social Development and Global Citizenship (ESDGC) themes: identity and culture, wealth and poverty, consumption and waste, climate change, choices and decisions, health and wellbeing and the natural environment, are connected to the field of health and social care.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand links between ESDGC themes and current area of study	1.1	Identify connections between current area of learning and the following ESDGC themes: <ul style="list-style-type: none">□ identity and culture□ wealth and poverty□ consumption and waste□ choices and decisions□ climate change□ health and wellbeing□ the natural environment

Unit content

1 Understand links between ESDGC themes and current area of study

Connections between identity and culture and health and social care: related to, e.g. age, ethnicity, gender; morbidity patterns across different gender and ethnic groups; lifestyle choices, e.g. safe sex practices, dietary choices, related to cultural traditions, religion, ethnicity

Connections: wealth and poverty; health and social care; birth rates; weight loss and gain; morbidity and mortality rate differences; housing conditions, e.g. over-crowding, unfit housing; lifestyle choices, e.g. smoking, drug use, alcohol abuse, diet, exercise, leisure activities

Connections between consumption and waste and health and social care: measures, e.g. water conservation, renewable energy, energy conservation projects and targets, waste disposal practices (frequency of refuse collection services); the consequences of pollution, e.g. the burning of fossil fuels; unclean/unsafe local environments, e.g. accidents, injuries, health effects of poor air quality

Connections between climate change and health and social care: effects on health of hotter and colder weather; heating costs; sunbathing and increase in rate of skin cancer; increased pressure on health and social care services as a result of weather changes; carbon footprint reduction schemes, e.g. walk to work, car share, bicycle subsidy schemes

Connections between health and wellbeing and health and social care: health promotion work; emotional and social wellbeing, e.g. changes in types of employment, unemployment, longer working hours, work/life balance, stress and anxiety, increased life expectancy; demands related to the ageing process

Connections between the natural environment and health and social care: efficient energy saving; legal need to protect biodiversity; food without chemicals; nature; natural environment promotes health; environmental pollution and disease; increase in asthma and allergies

Information for tutors

Delivery

Learners could be introduced to this topic by tutor input. Some of the themes in this unit are quite complex and learners will need support throughout the process. Tutors may find it beneficial to firstly explain the concepts of sustainable development and global citizenship. The seven ESDGC connections could be explored through class discussion work, with understanding being developed through considering real-life examples, examples from the media and through tutor-generated case studies. Group work could be used effectively with each group focusing on one of the themes and presenting their work to the entire class.

Each of the ESDGC themes need to be considered explicitly.

Assessment

Learners need to present evidence to identify the connections between health and social care and the ESDGC themes. Each learner will need to demonstrate their understanding of all the ESDGC themes. Learners must identify at least two connections for each of the seven themes.

Evidence for assessment can be provided through the following. Learners could generate PowerPoint presentations, answer written questions or use case studies to demonstrate their understanding of the assessment criteria. Group or one-to-one discussions can be used and should be evidenced through witness testimonies and material that learners have produced such as written notes and diagrams. It is important that all documentation is retained for internal and external verification.

Suggested resources

Textbooks

Asbridge L, Lavers S, Moonie N, Scott J, Stretch B – *BTEC First Health and Social Care: Revised edition* (Heinemann, 2008) ISBN: 9780435500269

Baines J – *Food For Life (Sustainable Futures)* (Evans Brothers Ltd, 2011) ISBN: 9780237539191

Bruce T, Meggitt C, Grenier J – *Child Care and Education 5th Edition* (Hodder Education, 2010) ISBN: 978 1444117981

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Inskipp C – *Conserving Fresh Water (Sustainable Futures)* (Evans Brothers Ltd, 2011) ISBN: 9780237539184

Page M (editor) – *The Human Body* (Dorling Kindersley, 2005) ISBN: 9780751335149

Watson S – *Global Citizenship* (Macmillan World Library, 2011) ISBN: 9781420269512

Wright D – *Human Physiology and Health* (Heinemann, 2000) ISBN: 9780435633042

Journals and/or magazines

Child Care, Health and Development (Blackwell Publishing)

Health Service Journal (Public Sector Management)

Websites

hwb.wales.gov.uk/Find%20it/Pages/Home.aspx	Welsh government learning resource
www.neelb.org.uk/teachers/cass/environment-and-society/esd/	Northern Ireland –
www.niscc.info/	Northern Ireland Social Care Council
www.ntfw.org	Classroom activities for global citizenship
www.nursingtimes.net	<i>The Nursing Times</i>
www.scie.org.uk/publications/ataglace/ataglace28.asp	Sustainable social care and the natural environment
www.teachingexpertise.com	Teaching resources for ESDGC Wales
www.unesco.org.uk/uploads/Brief%209%20ESD%20March%202013.pdf	Education for Sustainable Development (ESD) in the UK – current status, best practice and opportunities for the future

Unit 13: Introduction to Creative Activities for Children's Development

Unit reference number: J/506/0249

Level: 1

Credit value: 3

Guided learning hours: 17

Unit aim

The aim of this unit is to assess the learners' knowledge and understanding of, and skills in creative activities for children's development.

Unit introduction

Creative activities that are open ended are extremely beneficial to children's confidence and skill in learning. Opportunities that allow children to explore and express their ideas help them to understand their world and solve problems. It is essential, therefore, to know about appropriate activities that will promote and encourage children's creativity and self-expression.

This unit focuses on developing learner knowledge of how to prepare the environment and provide resources to encourage children's creativity and how to support children during the activities to maximise the benefit to children's learning.

In this unit learners will examine why creative development is important to children's learning and ways to contribute to children's creative development. Learners will consider activities suitable for creative development and show how to contribute to preparing activities and how to support and encourage children to take part. Learners will demonstrate their role in keeping the environment safe during creative activities.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of creative development	1.1	Identify why creative development is important to children's learning
2	Be able to contribute to children's creative development	2.1	List activities that will support children's creative development
		2.2	Contribute to preparing activities for creative development
		2.3	Contribute to supporting children taking part in creative activities
		2.4	Give children encouragement and praise when taking part in creative activities
		2.5	Contribute to maintaining a safe environment

Unit content

1 Know the importance of creative development

Why creative development is important to children's learning: creative development, e.g. developing imagination and imaginative play, responding to experiences, expressing ideas, exploring media and materials; helps children give meaning to things; allows children to explore; encourages problem solving; aids concentration; gives children motivation to learn; for emotional development, e.g. pleasure from creating, no right or wrong, freedom to make choices

2 Be able to contribute to children's creative development

Activities that will aid children's creative development: range, e.g. drawing, collage, painting, printing, puppets, modelling, crafts, roleplay, drama, dance, music

Preparing activities for creative development: follow plans of setting; prepare in advance, e.g. before children arrive; ensure range of different creative experiences; provide wide range of resources, e.g. different sizes of paper, large and small brushes; set out to enable children to make own choices, e.g. on correct height shelves, labelled; preparation of materials, e.g. paper, play dough, paint; have sufficient resources

Supporting children to take part in creative activities: know children's interests; suggest different activities; offer choices; sit alongside children and show them ways of exploring resources; give children time; join in if requested; offer help to children; ensure enough resources; talk and ask questions to encourage learning

Giving children encouragement and praise when taking part in creative activities: praise all efforts; display or photograph products

Maintaining a safe environment: ensure resources are appropriate to children's age and stage of development; supervise children; observe children; help children who are having difficulty, e.g. using scissors; mop up spills; remove equipment that has become unsafe; report safety issues to line manager

Information for tutors

Delivery

As many practical activities as possible should be included to help learners relate to the unit content. In addition, a wide range of delivery methods may be used such as roleplay, simulations, visits, guest speakers and DVDs.

The tutor could introduce the unit with a discussion to identify the features of creative experiences including free choice, enjoyment in exploration, and pleasure in creating something. A question and answer session could be used to introduce ways in that creative development contributes to learning and why it is important.

A practical activity such as junk modelling could be used to help learners to understand the importance of having a variety of resources available, having time to explore, solve problems, taking pride in the final product and how these support learning.

To introduce learning outcome 2, learners could work in pairs to research activities to aid creative development using books and websites.

A guest speaker, such as a manager of an early years setting or out of school group, could be invited to speak about the activities provided in their setting to support children's creative development. Learners could visit settings or watch DVDs to observe how adults support children to take part in creative activities and give praise and encouragement.

Practical sessions could be used to help learners learn how to prepare activities for creative development such as making play dough, mixing paints, preparing collage materials. Learners could then experience the creative activities to understand why careful preparation of resources is essential.

Roleplay could be used to develop learner knowledge of how to support children to take part in creative activities. Feedback following the roleplay could focus on helpful approaches and why the approaches would encourage creativity and learning.

In groups, learners could examine scenarios of children of different ages involved in a range of creative activities to consider what is needed to keep the environment safe.

Learners may be aged between 14 and 16 and may therefore be potentially vulnerable. Where learners are required to spend time in and be assessed in work settings, as is the case for learning outcome 2, it is the centre's responsibility to ensure that the work environment they go into is safe.

Assessment

For assessment criterion 1.1, the learner will need to identify at least three different reasons why creative development is important to children's learning. Evidence could be provided in a one-to-one discussion with a tutor or through written evidence. If discussions are used as an assessment method, it is important that documentation be retained for verification.

To meet assessment criterion 2.1, the learner needs to list at least five different activities that would support children's creative development.

Assessment criteria 2.2, 2.2, 2.4 and 2.5 may be combined into one assignment task. Evidence may be provided in response to a given scenario and roleplayed in the classroom. Alternatively, learners may be able to demonstrate their contribution to children's creative activities in a work setting or with children invited into the classroom. Witness testimonies, observation records, videos of learner participation in roleplay may be used to provide the evidence for these criteria.

For assessment criterion 2.2, the learner will need to contribute to preparing at least two activities for creative development.

To meet assessment criterion 2.3, the learner will need to contribute to supporting children to take part in creative activities. This may include ways such as suggesting different activities, offering children choices, sitting with children and showing them ways to explore resources, talking and asking questions, replacing/replenishing resources.

For assessment criterion 2.4, the learner will need to give children encouragement and praise during creative activities.

To meet assessment criterion 2.5, the learner needs to contribute to keeping the environment safe by supervising activities and responding to unsafe situations.

Suggested resources

Textbooks

Compton A, Johnston J, Nahmad-Williams L and Taylor K – *Creative Development (Supporting Development in the Early Years Foundation Stage)* (Continuum, 2010) ISBN: 9781441172228

Frankel J, Hobart C and Walker M – *A Practical Guide to Activities for Young Children 4th Edition* (Nelson Thornes, 2009) ISBN: 9781408504864

Meggitt C – *Child Development: An Illustrated Guide, DVD Edition* (Heinemann, 2007) ISBN: 9780435899875

Websites

www.activityvillage.co.uk	Activity Village – activities and resources
www.teachingideas.co.uk	Free lesson ideas and teaching resources
www.tes.co.uk	Times Education Supplement site – resources for creative development for early years
www.underfives.co.uk	Pre-school education and learning information and resources

Unit 14: Understand the Importance of Engagement in Leisure and Social Activities in Health and Social Care

Unit reference number: K/602/6301

Level: 1

Credit value: 3

Guided learning hours: 29

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of leisure and social activities in health and social care.

Unit introduction

Children and adults using health and social care services derive great benefits from taking part in a range of leisure and social activities. This unit introduces learners to the many types of activity that are available and their importance in promoting and maintaining the wellbeing of individuals.

Learners will explore the concept of putting the individual at the centre of planning activities, recognising the benefits of taking into account the individual's needs and preferences. Learners must consider these needs when considering the types of support individuals may need to participate fully in activities in the community or their own home.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand why leisure and social activities are important for an individual's well being and relationships	1.1	Outline why leisure and social activities are important for an individual's well being
		1.2	Outline how leisure and social activities support relationships
2	Know a range of leisure and social activities	2.1	Identify a range of leisure and social activities that take place within: <ul style="list-style-type: none"> □ a local community □ a person's own home □ a residential or group living home □ day-care provision
3	Understand how a person centred approach supports individuals in leisure or social activities	3.1	Describe how to find out about the interests and preferences of individuals
		3.2	Outline the benefits for individuals of a person centred approach when taking part in leisure or social activities
		3.3	Describe different types of support that individuals may need to take part in leisure and social activities within: <ul style="list-style-type: none"> □ the community □ their own home □ a residential home or group living arrangement
		3.4	Give examples of how to promote independence through leisure and social activities

Unit content

1 Understand why leisure and social activities are important for an individual's well being and relationships

Why leisure and social activities are important for an individual's wellbeing: individuals, e.g. child, young person, adults; emotional, e.g. building self-esteem; making new friends; preventing isolation; psychological, e.g. promoting learning, mental stimulation, developing confidence, making decisions; physical, e.g. helping to maintain independence, promoting and maintaining mobility, promoting and maintaining dexterity

How leisure and social activities support relationships: making new friends through joining clubs, classes or visits; maintaining existing relationships by enjoying activities and supporting others

2 Know a range of leisure and social activities

Within a local community: community activities, e.g. theatre, restaurants/cafes, interest clubs, youth clubs, amateur dramatics, exercise and dance classes, swimming, museums, art galleries, cinema, concerts, taking part in or watching sport

A person's own home: recreation, e.g. reading (books, newspapers, magazines) gardening, television and radio, art and crafts such as sewing, knitting, model making, painting, puzzles such as crosswords and sudoku, DIY, photography, computing, listening to music, playing an instrument

A residential or group living home: activities, e.g. music and exercise sessions, visiting speakers, art and craft activities, social activities such as quizzes and bingo, shopping visits, theatre trips, holidays, cooking, computing

Day-care provision: provision, e.g. meals, music and exercise, dancing, art and craft activities such as sewing, pottery, painting, quizzes, visits to local attractions, guest speakers

3 Understand how a person centred approach supports individuals in leisure or social activities

How to find out about the interests and preferences of individuals: involving individuals in choosing leisure or social activities; knowing the background of individuals; involving families; holding residents' meetings; seeking feedback after activities have taken place

The benefits for individuals of a person-centred approach when taking part in leisure or social activities: person centred, e.g. individuality, wishes, preferences and safety; the benefits, e.g. activities are appropriate for the individual, enjoyment, adapted to meet individual needs, safety requirements; knowing when additional support is needed

Different types of support that individuals may need to take part in leisure and social activities: support within the community, e.g. financial, transport, mobility aids, information through posters, leaflets, online or verbal; support in their own home, e.g. mobility aids; specialist equipment, e.g. talking books, large print books, speech recognition software, kitchen equipment, easy-grip tools for gardening or DIY

Information for tutors

Delivery

Learners could be introduced to learning outcome 1 by reflecting on their own leisure and social needs and preferences. Working in small groups they could identify the activities they take part in. Ideas could then be fed back to the tutor who could display the list for future reference. A case study of an individual with health or care needs could then be introduced, that describes their leisure and social activities preferences. Learners could then be invited to discuss how these preferences could be met. This would support learners in focusing on how the individual's well being is promoted and how taking part in activities can support the individual to make new relationships and maintain existing relationships.

Learning outcome 2, requires learners to find out about the range of leisure and social activities that are available in the community, for individuals in their own homes, in residential or day care centres. It is important to give some initial tutor input into the type of residential, group living and day care centres and why individuals access these different types of health and care setting. This should include facilities for children, young people and adults at different stages of life and with different needs. For example, residential, group living or day centres for people with sensory impairment, for young people with learning disabilities or older people.

Learners could produce a questionnaire, with support, and use this to find out the leisure and social preferences of different age groups. When discussing the range of social and leisure activities it is important that the tutor challenges any stereotyping, for instance that all older people enjoy bingo or young people will only enjoy popular music. To find out about activities in the local community learners could visit different organisations, asking questions about what is available for different groups of individuals and also the support available. For instance, if the local swimming pool has a hydraulic chairlift to enable people with disabilities to enter the water easily.

For learning outcome 3, there should be some tutor input to introduce learners to the concept of individuals at the centre of planning. Taking part in roleplay would support their understanding of how this should work in practice. Guest speakers, who work with children or adults who use health and care settings, could give information on the benefits of a person-centred approach and the support that is available for individuals to take part in leisure and social activities.

Assessment

To generate evidence for this unit, learners could produce an information pack for an identified group of individuals, for instance older people or young people with physical or learning disabilities.

To achieve assessment criterion 1.1, learners must outline at least three reasons why leisure and social activities are important for an individual's wellbeing. They must include at least one reference to one emotional, one psychological and one physical benefit. For assessment criterion 1.2, learners must outline how leisure and social activities support the development of new relationships and how they help to maintain existing relationships. A poster or information sheet could be produced to insert into their information pack.

To achieve assessment criterion 2.1, learners must identify a range of leisure and social activities that take place in different settings. They should identify at least three activities for each setting; the local community, an individual's own home, a residential or group living home, and day care provision. Learners could provide evidence through a map of the local area on that they identify leisure and social activity opportunities or by producing a directory of what is available. For ideas for social or leisure activities that can be undertaken in the home, or offered in a residential or day care setting, information leaflets could be produced and included in the pack.

To achieve assessment criteria 3.1 and 3.2, learners must describe at least three ways to find out about the interests and preferences of individuals. For assessment criterion 3.2, they should demonstrate that they understand the concept of a person-centred approach by outlining at least three benefits for individuals. They could complete a pre-prepared worksheet or present their information to their peers supported by witness testimony.

To achieve assessment criterion 3.3, learners must describe different types of support that can help individuals to take part in leisure and social activities in the community and in their home. To achieve assessment criterion 3.4, they must give examples of how to promote independence through leisure or social activities. This evidence could be illustrated with pictures from journals, magazines or catalogues. At least three types of support should be described for each setting and at least three examples of how to promote independence given.

Suggested resources

Textbooks

Agar K – *How to Make your Care Home Fun: Simple Activities for People of All Abilities* (Jessica Kingsley, 2008) ISBN: 9781843109525

Banks B W – *Activities for Older People: a Practical Workbook of Art and Craft Projects* (Butterworth Heinemann, 2000) ISBN: 978-0750647410

Hobart C Walker M – *A Practical Guide to Activities for Young Children 4th Edition* (Nelson Thornes, 2009) ISBN: 9781408504864

Lloyd P – *Lets All Listen: Songs for Group Work in Settings that Include Students with Learning Difficulties and Autism* (Jessica Kingsley, 2007) ISBN: 9781843105831

Journals and/or magazines

Child Education (Scholastic Education)

Community Care Magazine (Reed Business Publishing)

Creative Steps (Bubbles Publishing Ltd)

Nursery World (Haymarket Media)

Websites

www.ageuk.org.uk	Age UK – information on leisure and lifestyle for older people
www.ageuk.org.uk/northern-ireland/travel--lifestyle/leisure/	Leisure for older adults Northern Ireland
www.communitycare.co.uk	Charity to widen access to activities for children with disabilities
www.dsni.co.uk/	Disability sports
www.healthimprovementteam.co.uk/our-services/mental-health/socialise-well/	Benefits of socialising
www.housingcare.org/service/type-2-socialising.aspx	Importance of socialising
www.learningdisabilities.org.uk	Foundation for people with learning disabilities
www.mencap.org.uk	Support and recreational opportunities for people with learning disabilities
www.napa-activities.co.uk	National Association of Providers of Activities for Older People
www.nhs.uk/CarersDirect/yourself/timeoff/Pages/Accessibleleisureactivities.aspx	Accessible leisure activities
www.nidirect.gov.uk/sport-and-leisure	Sport and leisure activities
www.rda.org.uk	Riding for the Disabled
www.rnib.org.uk	Royal National Institute of Blind People
www.rnid.org.uk	Royal National Institute for Deaf People

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of play for children and young people's development and well being	1.1	Identify how play supports children and young people's development and well being
		1.2	Outline the difference between adult directed play and child initiated play
2	Know factors that promote inclusive and stimulating play environments	2.1	Outline what is meant by inclusive and stimulating play
		2.2	Describe an environment that supports inclusive and stimulating play
		2.3	Identify a range of activities that promote inclusive and stimulating play

Unit content

1 Know the importance of play for children and young people's development and well being

How creative play supports children and young people's development and wellbeing: creative play, e.g. free expression, painting, junk modelling, collage; role in supporting physical development, e.g. practising fine motor skills; role in supporting intellectual development, e.g. developing imagination, encouraging concentration; role in supporting emotional development, e.g. expressing feelings; role in supporting psychological development, e.g. sense of control, feeling of achievement; role in supporting communication and language; role in supporting physical development, e.g. coordination, balance, gross and fine motor skills

How physical play supports children and young people's development and wellbeing: physical play, e.g. obstacle course, ball games, dancing; role in supporting physical development, e.g. practise physical skills, exercise for health; improves stamina, gross and fine motor skills, balance; role in supporting emotional development, e.g. sense of enjoyment; role in supporting psychological development, e.g. provides challenge, sense of achievement; role in social development; sharing, cooperating, building social relationships

How imaginative play supports children and young people's development and wellbeing: imaginative play, e.g. dressing up, small-world play, drama; role in supporting physical development, e.g. fine motor skills when manipulating small world toys, fastening dressing up clothes; role in supporting emotional development, e.g. act out feelings; role in supporting psychological development, e.g. understanding roles, sense of identity; role in supporting communication and language, e.g. drama, imaginative play, giving and following instructions

How environmental play supports children and young people's development and wellbeing: environmental play, e.g. opportunities to play freely in and around natural environments, tree climbing, den building, splashing in streams; role in supporting physical development, e.g. practise physical skills, healthy outdoor exercise; role in supporting emotional development, e.g. sense of freedom; role in supporting psychological development, e.g. provides challenge, spatial awareness

The difference between adult-directed play and child-initiated play: adult-directed play, e.g. planned by adult, adult shows or tells children what to do, structured activities planned to help children gain new skills; child-initiated play, e.g. decided on by the child, children make decisions about what they want to do, where, with whom, and what resources they will need, involves exploration and investigation, adults provide support and encouragement

2 Know factors that promote inclusive and stimulating play environments

Inclusive and stimulating play: inclusive play, e.g. every child has opportunity to be included in play, providing support for each child to play according to their needs; stimulating play, e.g. selecting resources appropriate to stage of development, organising play resources attractively, supporting play to encourage learning and development

An environment that supports inclusive and stimulating play: indoor and outdoor environment; needs of all children are taken into account; children's interests are considered; safe and secure; variety of resources and opportunities; attractive, e.g. children's work displayed; organised to enable children to make choices; adults support children's play, e.g. join in when asked

Activities that promote inclusive and stimulating play: range of accessible activities indoors and outdoors, e.g. roleplay, drama, sand and water, den building, music

Information for tutors

Delivery

A wide range of delivery methods may be used to deliver this unit, including presentations, DVDs, guest speakers, visits, visitors. This unit provides an opportunity to use practical activities.

The unit could be introduced by asking learners to reflect on their own play experiences to help them relate to the content of the unit and understand the importance of free choice, challenge, sense of freedom and enjoyment.

DVDs of children and young people playing could be used to examine how play experiences can support areas of development and well being.

To introduce learning outcome 1, practical sessions could be used to explore a range of different types of play and play opportunities offered to children and young people to look at how development and wellbeing is supported. Observations of play will help to consolidate learning. This could include watching DVDs, examining case studies and photographs, visits to early years settings, out-of-school clubs, children's playgrounds or observations of family members and friends.

The difference between adult-directed and child-initiated play could be introduced through practical activities. Learners could be given an adult-directed craft activity and then be given a range of collage resources with the freedom to produce what they wish to help them understand the difference between the two experiences and how the child-initiated activity supported creativity, imagination, concentration.

To introduce learning outcome 2, tutors could use different scenarios that describe situations in that children and young people are excluded from joining in play opportunities in different ways. A guest speaker, such as a manager of an early years setting or out-of-school group, could be asked to speak about how they ensure an inclusive and stimulating environment. A visit to an early years centre, nursery or out-of-school club, to observe inclusive and stimulating provision, DVDs and photographs would all help learners to relate theory to practice.

Learners could work in groups, supported by the tutor, to plan the layout of a stimulating and inclusive environment for a group of children or young people and suggest suitable play activities.

Assessment

Assessment criteria 1.1 and 1.2 could be combined into one assignment task. Learners could provide evidence for assessment by preparing an information leaflet for parent A.

To meet assessment criterion 1.1, the learner needs to give an example of each of the following types of play, creative play, physical play, imaginative play, environmental play, and for each example identify one way in that the type of play supports the development and wellbeing of children and young people.

For assessment criterion 1.2, the learner will need to outline the difference between adult-directed and child-initiated play. Examples of play activities may be given to support the response.

Assessment criteria 2.1, 2.2 and 2.3 could be combined into one assignment task. Learners could present plans for an inclusive and stimulating environment for a given scenario/setting. Plans could be illustrated and annotated to describe the environment that supports inclusive and stimulating play and then provide examples of four different activities to promote inclusive and stimulating play. For assessment criterion 2.2, the learner could draw plans with notes to describe the features that make the environment inclusive.

Suggested resources

Textbooks

Frankel J, Hobart C and Walker M – *A Practical Guide to Activities for Young Children 4th Edition* (Nelson Thornes, 2009) ISBN: 1408504864

Meggitt C – *Child Development: An Illustrated Guide, DVD Edition* (Pearson, 2012) ISBN: 9780435078805

Tassoni P – *BTEC Level 2 Firsts in Children's Play, Learning and Development Student Book* (Pearson, 2013) ISBN: 9781447944614

Websites

www.deni.gov.uk/index/support-and-development-2/early-years-education.htm	Early Years Development NI
www.inclusiveplay.co.uk	Resources to support inclusive play
www.natll.org.uk	National Association of Toy and Leisure Libraries
www.ncb.org.uk	National Children's Bureau
www.playingoutdoors.org/	Outdoor play resources
www.playwales.org.uk/eng/playworkprinciples	Playwork Principles Wales

Unit 16: Introduction to Partnership Working in Health and Social Care (Adults and Children and Young People), Early Years and Childcare

Unit reference number: M/506/0262

Level: 1

Credit value: 2

Guided learning hours: 20

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of partnership working in health and social care (adults and children and young people), early years and childcare.

Unit introduction

In this unit, learners will develop knowledge of the essential nature of partnership working in health and social care. Learners will investigate a variety of partnerships and their benefits to individual users of services, families and carers. Learners will also examine the boundaries of confidentiality in the context of partnerships, with reference to the relevant legislation.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand partnership working in health and social care (adults and children and young people), early years and childcare	1.1	Identify features of successful partnerships
		1.2	Outline what partnership working means in health and social care
		1.3	Identify a range of partners to include: <ul style="list-style-type: none"> <input type="checkbox"/> professionals/workers <input type="checkbox"/> families/carers <input type="checkbox"/> communities <input type="checkbox"/> individuals
		1.4	Describe benefits of partnership working for: <ul style="list-style-type: none"> <input type="checkbox"/> individuals <input type="checkbox"/> families/carers
		1.5	Give examples of ways of working in partnership with: <ul style="list-style-type: none"> <input type="checkbox"/> professionals / workers <input type="checkbox"/> families/carers <input type="checkbox"/> communities <input type="checkbox"/> individuals
		1.6	Outline the meaning of confidentiality in the context of partnership working

Unit content

1 Understand partnership working in health and social care (adults and children and young people), early years and childcare

Features of successful partnerships: positive outcomes; management of conflict; regular communication; sharing of information; honesty; mutual respect for partners; respect for the skills of others; observation of clear boundaries

Planning in health and social care: joint planning; recording of information; safe storage of information including electronic storage; multidisciplinary approach to partnerships; recognition of the rights of users of the services; the planning process; monitoring and review; reference to relevant legislation, e.g. Care Standards Act 2000, Mental Capacity Act 2005 and Codes of Practice, Children Act 2004, Working Together to Safeguard Children (2010); statutory guidance in the country relevant to the learner's situation, Essential Standards of Quality and Safety (2010), Children, Schools and Families Act 2010

Partners: professionals/workers, e.g. hospital-based nurse, care and support workers, manager, physiotherapist, occupational therapist; dementia nurse, counsellor, play therapist, social worker, tutor, early years practitioner; health visitors; GPs, practice nurse; district nurse; mental health worker; families/carers, e.g. sibling, spouse/civil partner, parent, grandparent, neighbour; communities, e.g. members of church, temple, mosque, local interest group, voluntary group, charity; individuals, e.g. users of services; multidisciplinary/multi-agency teams

Benefits of partnerships: obtaining relevant and up-to-date information; maintenance of relationships/relationship circles; use of personal histories; consistency of approach; reduction of misunderstanding/conflicts; promotion of positive communication; positive outcome; holistic approach; non-duplication of input

Examples of working in partnership: planning care and support; monitoring and reviewing plans; obtaining personal histories; assessing risk; resolving conflict; providing holistic care

Boundaries of confidentiality: issues of safety; legal requirements, e.g. Data Protection Act 1998, Freedom of Information Act 2000 (FOI Regulatory Framework – implemented in 2005), Freedom of Information Act (FOI) 2000; Human Rights Act; Common Law Duty of Confidentiality; gaining permission; the need to know basis for sharing information; seeing confidentiality as one of the main tenets of professionalism

Information for tutors

Delivery

For learning outcome 1, tutors may wish to begin by delivering a taught input on features of successful partnerships and what exactly the term 'partnership' means. Learners could produce a spidergram highlighting the positive features for reference. Tutors could then open a discussion on the topic relating this to learner's experiences of partnerships, for example between the different professionals in a health centre, Sure Start centre. The underpinning legislation for working together in the various care sectors will be presented by the tutor in a basic format. This will promote an understanding of the regulation that promotes good practice.

Guest speakers who could provide information on planning in health and social care, children and young people's settings across the spectrum would give learners a valuable insight into the systems. When the individual's needs have been assessed planning looks at 'who will do what, when, where and how'. Effective communication is a vital part of successful partnership working.

Speakers could give information at Level 1 and stress the adage 'Fail to Plan, Plan to Fail' and how this relates to providing, for example care in the community for an older person or a child with a medical condition. The holistic approach to care provision is encouraged by partnership working. The role of the family and informal carers can be clarified here. Learners would benefit from the opportunity to ask questions and take brief notes.

There could also be input from voluntary groups, support groups for specific medical conditions, mums and toddlers groups, and faith groups who provide valuable support to enable partnerships to succeed.

Supported internet research would enable learners to obtain more information about the roles and functions of the partners in health and social care. This research could be fed back as short presentations to the class or as a series of case studies identifying all the professionals and informal carers who could work together to achieve a positive outcome for an individual. This would also support the development of communication skills.

Tutor input on the benefits of partnership working, for example. obtaining relevant and up-to-date information on all aspects of the individual's condition and circumstances; using personal histories to strengthen understanding; making timely referrals to other sectors; providing a consistent approach; reduction of misunderstandings; promotion of positive communication; identifying and achieving a positive outcome; holistic approach; non-duplication of input, could be discussed and supported by tutor-developed case studies. A realistic approach to partnership working can be discussed by the tutor stressing the commitment required by all those involved.

Tutor input on boundaries of confidentiality in the context of the relevant settings is essential. The tutor can begin by providing a definition of confidentiality to ensure the learners understand the basis for discussion. There could be an exercise in 'What is confidential?' where a list of situations/issues is presented and the learner decides whether or not the situation is confidential, for example medical notes in a GP surgery; results of an STD test; results of a haemoglobin (iron) test; how much you paid for a dress; how much you earn; you think your neighbour is abusing their child; your birthday. This will lead to a discussion on the guidance available on confidentiality.

The Data Protection Act 1998 is important legislation that requires workers to look after recorded information that may be held, that relates to an individual's personal and private life. The tutor can give a handout of the main points of the Data Protection Act and how this can apply to the health and care sector. Some sector specific examples would be useful here.

It must be stressed that there is no one piece of legislation i.e. written Act of Parliament, dealing with confidentiality rather that the right to confidentiality is embedded in case law, i.e. it has been established over a period of time through the courts as a ruling by various judges in a wide range of cases.

It recognises that some information has a 'quality' of confidence, that means that the individual or organisation that provided the information has an expectation that it will not be shared with or disclosed to others. The information that meets the criteria to have a quality of confidence must not be easily available; it must not be trivial; it must be sensitive to some degree and been given for a specific limited purpose where an obligation of confidence can be assumed. Examples could be a patient's health notes, communications between solicitor and client.

Tutor could stress that in some rare circumstances confidentiality may have to be broken for the safety of the individual. An example would be if a child or adult said they were going to tell you a secret and you must not tell anyone and then disclosed abuse. This must be reported. As the learner becomes more experiences they would tell the child or adult that the secret could not be kept if it meant they were at risk.

Assessment

Evidence for this unit may be generated in a variety of ways. However, in view of the fact that there is only one learning outcome, it is suggested that learners produce an information resource that covers all the assessment criteria. The audience for this resource will be a group of learners beginning a career in health and social care. The resource could be in the form of an individually-generated PowerPoint presentation or a small-group presentation using a range of resources. The tutor will develop a mark sheet for this and confirm that all the work presented is original.

The resource must begin by outlining the meaning of partnership working in the context of health and social care (assessment criterion 1.2). This will be a straightforward-accessible definition suitable for the identified audience.

The next section will deal with identifying six features of successful partnerships (assessment criterion 1.1), that could be in the form of a spidergram or an animated transition slide. Whatever style of presentation is chosen by learners, each feature will be accompanied by a short explanation to clarify the terms used.

The range of partners potentially involved in partnership working will be identified next. The learner will provide three examples of professionals/workers in the hospital setting and three examples from those working from a community base, for example district nurse. For each example the learner will identify the role carried out.

The learner will highlight the valuable input provided by members, for example church, temple, mosque, voluntary group, charities, families and individuals (assessment criterion 1.3).

For assessment criterion 1.4, learners will give three benefits of partnership working for the individual involved and two benefits for the individual's family/carer. This can be shown by giving an example in the form of a mini case scenario, for example an older person with multiple disabilities living alone or a parent of a child with a life affecting illness (assessment criterion 1.5).

For assessment criterion 1.6, the learner could produce a definition of confidentiality. This could be accompanied by a simple handout on the Data Protection Act and the Common Law Duty of Confidentiality. An interactive quiz for the audience asking them to decide that of the issues presented is confidential could close the resource.

Suggested resources

Textbooks

Barker R Ed – *Making Sense of Every Child Matters: Multi-professional Practice Guidance* (Policy Press, 2008) ISBN: 9781847420114

Burgess C, Pritchatt N and Shaw C – *Easy Steps S/NVQ Level 2 Health and Social Care* (Heinemann, 2007) ISBN: 9780435465278

Glasby J, Dickinson H – *Partnership Work in Health and Social Care* (Policy Press 2008) ISBN: 9781847420169

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Nursery World (Haymarket Media)

Websites

www.communitycare.com	<i>Community Care Magazine</i> online
www.mcgrawhill.co.uk/openup/chapters/0335214371.pdf	Understanding partnerships and collaboration
www.nspcc.org.uk	National Society for the Prevention of Cruelty to Children
www.nursingtimes.net	<i>The Nursing Times</i> online
www.ofsted.gov.uk	Inspectorate and regulatory body for care and education of children and young people
www.scie.org.uk	Social care online – news, videos, case studies for health and social care workers

Unit 17: **Introduction to Learning Disability**

Unit reference number: M/506/0259

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner’s knowledge and understanding of learning disability.

Unit introduction

This unit will give learners an understanding of the issues surrounding learning disability. They will examine definitions and causes, together with reasons for taking a person-centred approach to support and care. Learners will also investigate methods of effective communication to promote inclusion and the empowerment of individuals.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person centred approach when working with individuals with a learning disability	1.1	Outline why it is important to value an individual with a learning disability as a person first
		1.2	Give examples of how to use a person centred approach when working with individuals with a learning disability
2	Know the main causes of learning disability	2.1	Outline what is meant by the term 'learning disability'
		2.2	Give examples of causes of learning disability
3	Understand the importance of effective communication for individuals with a learning disability	3.1	Identify the impact of effective communication on the lives of individuals with a learning disability
		3.2	Outline why it is important to use language that is appropriate for age and ability when communicating with individuals with a learning disability
		3.3	Give examples of different methods of communication that can be used where individuals have difficulty with spoken language

Unit content

1 Know the importance of a person-centred approach when working with individuals with a learning disability

Valuing a person with a learning disability as a person first: positive self-image; promotion of self-esteem; retention of self-identity; empowerment of the individual; promotion of wellbeing; recognition of personhood; promotes choice; promotes dignity; improves self-confidence; promotes person as a valued member of society and values their contribution; recognises and values diversity and difference

A person-centred approach: placing the individual at the centre of the care and support situation; promoting individuality; respect for personhood; rights of the individual to respect, dignity; methods: speak directly to the individual, use of personal histories to take account of needs, likes, dislikes and wishes; involvement of individual in planning; involvement of family and carers in planning; planning activities that use the abilities and strengths of the individual; use of inclusive language; use of preferred names and titles; normalising the approach

2 Know the main causes of learning disability

Definition: significantly reduced ability to understand new or complex information, to learn new skills, reduced ability to cope independently that starts before adulthood with lasting effects on development; delay or disorder in the acquisition of verbal and non-verbal reasoning skills

Causes: genetic, e.g. Down's syndrome, global delay; biological, e.g. foetal alcohol syndrome disorder; acquired, e.g. as result of illness, abuse, and trauma

3 Understand the importance of effective communication for individuals with a learning disability

Impact on the lives of individuals: inclusion in activities; promotion of self-esteem, self-identity; enabling and empowering; promotion of understanding; promotion of learning; promotes inclusion in society; reduces social isolation

Use of appropriate language: promoting a response; use of current abilities and strengths; recognition of the individual; promotion of opportunities to learn; promotion of rapport, relationships; encouragement of active listening skills

Methods of communication: use will depend on the individual's needs and abilities; Makaton sign language; signs and symbols, e.g. Bliss symbols; interactive communication boards; computer software; communication cue cards; conversation books; picture timetables/diaries; objects of reference

Information for tutors

Delivery

This unit should be delivered by a suitably qualified and experienced tutor. Learners will require taught input, but also access to examples of the different methods and equipment that may be used to augment verbal communication. It is essential that learners fully understand the person-centred approach and its purpose in supporting individuals who have a learning disability. Learners should have opportunities to explore their own understanding and challenge any stereotypes/prejudice in a safe environment.

For learning outcome 1, the tutor could give some historical background to the past where people with learning disabilities were not valued by society. Many people with a learning disability were 'put away' from society in institutions and deemed to have no contribution to make. This could be developed by relating the terms used in the past, for example, cretin, mongol, imbecile, that were used in a pejorative way. These terms are unacceptable now.

The tutor could clarify the difference between a learning difficulty and a learning disability and also introduce the term intellectual disability, that is viewed as more acceptable in some countries, for example, USA. A *learning difficulty* for example is dyslexia. A definition of Learning Disability will set the scene and give learners the opportunity to clarify any myths and understanding that they hold. The Department of Health's *Valuing People: A New Strategy for Learning Disability for the 21st Century* (2001) gives a very straightforward definition: 'significantly reduced ability to understand new or complex information, to learn new skills, reduced ability to cope independently that starts before adulthood with lasting effects on development'.

Taught input will also be required to define a person-centred approach, followed by class discussions relating to how this may be applied in practice. The use of case studies is recommended to enable learners to apply information to practice. Reference to media cases could highlight the need for a person-centred approach with individuals who have a learning disability.

For learning outcome 2, tutors will expand on the Department of Health definition, followed by a discussion of the main causes of learning disability. It can be stressed that in many cases the cause of the disability is hard to medically diagnose. Discussion of the more common causes of, for example, Down's syndrome, foetal alcohol syndrome, Asperger's syndrome and autism spectrum, conditions will be valuable.

Tutors are advised to encourage discussion to allow learners to explore their understanding and any preconceived ideas they may hold within a safe environment in small groups. Small group work- the groups could research the myths associated with people with a learning disability on the internet and by asking colleagues and other learners. They could then debrief and discuss as a large group. Examples of myths and prejudices could be: 'They are really loving, just like children', 'They can't work', 'They are all child', 'They are all over-sexed, especially the boys', 'They can't live on their own', 'They die young', 'They should not be let out on their own', 'They can't learn anything', and 'They are violent'. Stress how people are referred to as 'THEY'.

It is estimated that in England in 2011 1,191,000 people had a learning disability. This includes 905,000 adults aged 18+ (530,000 men and 375,000 women). (Source: People with Learning Disabilities in England 2011). Exploring this statistic will encourage learners to recognise that people with a learning disability are a substantial minority in society and need to be valued for their contribution.

For learning outcome 3, visiting speakers with experience of working with individuals who have a learning disability will give learners valuable insights into the benefits of effective communication. The tutor could also access resources produced by the British Institute of Learning Disabilities (BILD).

Communication is vital in ensuring that people can express themselves and make sense of the world around them. For a person with learning disabilities this is even more important as they may not be able to make sense of what is going on around them as easily as others can.

The inability to express yourself can lead to frustration when you cannot make your needs known. There may also be a difficulty with understanding what people say, only being able to understand key words and phrases or not being able to understand either. It can be stressed here that people with a learning disability have varying communication abilities.

Many people with learning disabilities interpret body language and non-verbal signals to deal with everyday communication. It is also good practice to give people time to process what has been said and use simple language. When appropriate, pictures, images, large font print and symbols can improve and support communication.

There are a number of communication systems and methods that support communication. The tutor could direct learners to access a range of methods and then give them a few simple messages to relay to the each other in their chosen communication method. This could be introduced as a roleplay exercise. A visiting speech and language therapist could give guidance to learners in using the communication systems and some valuable insights into working with people with learning disabilities to assess and support communication needs. There may be a disabled living centre in the local area that has an interactive display of communication aids. This would provide a venue to visit and be a worthwhile resource.

Assessment

To generate evidence for this unit, learners may present their work in a variety of ways.

For assessment criteria 1.1 and 1.2, individual learners could produce and deliver a PowerPoint presentation on the importance of recognising and valuing an individual as a person first, giving four examples of how a person-centred approach could be used in practice. The learner could base this on a hypothetical case study presented in the first slide. This will make the presentation more relevant. Tutor assessment should include a completed observation record that states how the learner has met the assessment criteria.

For assessment criterion 2.1, learners could produce an eye-catching poster giving an informative definition of learning disability at the top. For assessment criterion 2.2, attached to the lower part of the poster will be three small envelopes each labelled with the name of one of the causes of learning disability. Within each 'envelope' will be a card with a basic outline of the cause and contact details for a relevant support group, for example, Mencap, Down's Syndrome Association, British Institute of Learning Disabilities. The audience for the poster will be a group of the learner's peers.

For learning outcome 3, learners could write a case study of a person of their own age who has a learning disability and difficulties with spoken language. The age and abilities of the individual will be outlined. The first page will have pictures of Makaton symbols saying 'Good morning' and 'Hello'.

The learner will identify the importance of effective communication in the life of their subject and outline four examples of the impact effective communication has on their subject (assessment criterion 3.1). The learner will give three examples of appropriate language that must be used when communicating with an individual with a learning disability and why this is important (assessment criterion 3.2).

The learner will identify four examples of different communication methods and support each one with a manufacturer's leaflet, samples of the system, for example, cue cards, or a reference to computer software (assessment criterion 3.3).

To end the case study the learner will add pictures of Makaton symbols saying 'Thank you' and 'Goodbye'.

Learners should demonstrate a clear understanding at Level 1 of the impact on individuals and the importance of effective communication.

Suggested resources

Textbooks

Grove N – *See What I mean: Guidelines to Aid Understanding of Communication by People with Severe and Profound Learning Disabilities* (British Institute of Learning Disabilities, 2003) ISBN: 9781902519418

Hardie E, Tilly L – *An introduction to supporting people with a learning disability (Supporting the Learning Disability Worker)* (Learning Matters, 2012) ISBN: 0857257099

Nolan Y, Burgess C, Shaw C – *Level 2 Health and Social Care Diploma: Candidate Book (Level 2 Work Based Learning Health and Social Care)* (Heinemann, 2011) ISBN: 0435031945

Sonnet H – *Activities for Adults with Learning Disabilities: Having Fun, Meeting Needs* (Jessica Kingsly Publishers, 2009) ISBN: 9781843109754

Tilly L – *Person-centred approaches when supporting people with a learning disability* (Learning Matters, 2011) ISBN: 0857256254

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.bild.org.uk	British Institute of Learning Disabilities – aiding people with learning disabilities to be valued equally
www.bris.ac.uk/cipold/how-you-can-help-us/notify-the-team/learning-disability-criteria.pdf	A working definition of learning disabilities
www.downs-syndrome.org.uk	Information and support on living with Down's syndrome
www.learningdisabilities.org.uk/help-information/about-learning-disabilities/definition-learning-disability/	Foundation for people with learning disabilities
www.makaton.org/about/resources.htm	Makaton resources
www.mencap.org.uk	Charity supporting those with learning disabilities
www.nas.org.uk	UK charity for people with autism (including Asperger's syndrome) and their families.

Unit 18: Introduction to Sensory Loss

Unit reference number: R/506/0254

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of sensory loss.

Unit introduction

This unit will enable learners to investigate issues related to sensory loss: hearing, sight and deafblindness. Causes and factors that may affect communication are investigated, together with the reasons for taking a person-centred approach. The benefits of effective communication for individuals are also considered.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person-centred approach when working with individuals with sensory loss	1.1	Outline why it is important to value an individual with sensory loss as a person first
		1.2	Give examples of how to use a person centred approach when working with individuals with sensory loss
2	Know the main causes of sensory loss	2.1	Outline the main causes of sensory loss
3	Understand the importance of effective communication for individuals with sensory loss	3.1	Outline factors that need to be considered when communicating with individuals with: <ul style="list-style-type: none"> □ sight loss □ hearing loss □ deafblindness
		3.2	Identify the impact of effective communication on the lives of individuals with sensory loss
		3.3	Outline how information can be made accessible to individuals with sensory loss

Unit content

1 Know the importance of a person-centred approach when working with individuals with sensory loss

Importance of valuing and recognising an individual as a person first: respect and value for the individual; promotion of self-identity; recognition of individuality; recognition of contribution to society; inclusion; rights of the individual; a person-centred approach; promoting the social model of disability

Examples of a person-centred approach: preparation of a sensitive environment; thoughtful planning; use of preferred method of communication; appropriate use of touch; inclusive non-verbal communication, e.g. eye contact, posture, facial expressions; using activities to promote skills

2 Know the main causes of sensory loss

Sensory loss: defined as, e.g. sight loss, hearing loss; deafblindness

Causes of sight loss: inheritance/genetics, e.g. retinitis pigmentosa, glaucoma; ageing process, e.g. age-related macular degeneration, cataracts; biological, e.g. as a result of maternal infection; meningitis; traumatic due to injury or specific physical trauma; as a result of illness, e.g. as result of diabetes (diabetic retinopathy); social, e.g. use of illegal substances, malnutrition

Hearing loss: exposure to high levels of noise, e.g. music, industrial noise; ageing process; infection, e.g. meningitis, mumps, measles; disease, e.g. Ménière's disease; physical trauma; genetics

Deafblindness: ageing process; maternal infection, e.g. rubella (German measles); genetics, e.g. Usher Syndrome; congenital causes, e.g. premature birth; combination of causes of deafness and blindness as above

3 Understand the importance of effective communication for individuals with sensory loss

Factors for communication: use of preferred methods of communication; need for reassurance for individuals; training for staff, families and carers; training for individuals; respect for individuals; enabling and empowerment; use of technological aids; maintenance of technological aids; adaptation of the environment, e.g. reduction of noise, furniture and fittings in bright colours to enable individuals to move safely; physical, e.g. facing the person to allow lip reading, not shouting so that the shape of the words is not distorted; social, inclusion of individuals in conversations and activities, provision of information in an appropriate format, e.g. Braille, large print, audio presentations, non-judgemental approach

Benefits of effective communication: inclusion in activities of daily living; promotion of self-esteem, self-identity; opportunities for development; promotion of relationships, friendships; being part of society; enabling and empowerment of the individual; reduces social isolation; promotes learning

Accessing information: national and local support groups, e.g. RNIB, Action on Hearing Loss; research appropriate resources; use of Braille; computer software; audio books, British Sign Language; manual alphabet finger spelling; hearing aids; cochlear implants; Minicom; text messaging; enlarged lettering; aids to daily living

Information for tutors

Delivery

Learners will need additional input from experts in this field or attend places of relevant interest to enable a full understanding of the issues. Examples of alternative communication methods such as Braille software, hearing aids and text messaging will enhance learning.

The tutor could introduce the subject by discussing the terms 'sensory impairment' and 'sensory loss'. These are general terms used to describe loss of the distance senses, i.e. sight and hearing. The majority of sensory loss is caused by increasing age. This discussion will be extended when exploring learning outcomes 2 and 3.

For learning outcome 1, some taught input will be required as learners may lack experience of contact with individuals who have a sensory loss. However, it is essential that learners gain an understanding of the reasons for valuing and recognising an individual as a person first, before they begin to investigate the types and causes of sensory loss. Learner's perceptions of individuals with a sensory loss could be explored here and any misconceptions or myths clarified by the tutor.

A person-centred approach is a specific way of working with individuals that places a person at the centre of all planning and delivery. The tutor could explore the individual experiences of people who experience sensory loss using case studies. The different feelings engendered by a gradual loss, a sudden loss or congenital conditions are important to recognise. The tutor could explore this using small-group work asking each group to consider how an individual approach (person centred) could differ for each person. Issues to be highlighted could be: not making assumptions of skills; an appreciation of loss of self-identity after a sudden loss; changes to activities of daily living after gradual loss and sudden loss; attitudes of others; being seen as 'disabled' first and a person second; a need to be respected and not pitied; a positive approach; promotion of dignity and individuality; an open minded approach.

This could be followed up by large-group work discussing how to approach an information gathering interview with a person with sensory loss. Topics to cover would be knowledge of the sensory condition; preparation of the environment; appropriate communication techniques; sensitivity; active listening; encouraging the individual to lead the process; if unsure ask the person!

Learners may have knowledge of sensory loss, especially a gradual loss, within their relationship and/or friendship circle and may share this with the group.

For learning outcome 2, learners will need some taught input.

The largest cause of sensory impairment is the ageing process with over 65s more likely to experience some level of sensory loss. Many of the learners will have older relatives to whom they can relate in terms of sensory loss. To discover other causes learners can access paper-based and e-based information provided by organisations such as RNIB, Action on Hearing Loss, Deafblind Association and the NHS. Learners could be divided into three groups and each take one area of sensory loss.

On completion of the task, the groups could debrief and discuss their findings with the rest of the group, with any extra input or clarification provided by the tutor. For learning outcome 3, learners will benefit from a visit to a relevant centre, for

example a disabled living centre that has an interactive display of aids for communication, a centre for individuals with a visual impairment, a centre for individuals with a hearing loss, an education venue for deafblind children.

The focus for these visits would be to have 'hands-on' experience of aids for communication including technology and the simple adjustments to the environment to make communication effective. This will also provide knowledge on how individuals with a sensory loss can access information in a variety of formats. There is a legislative responsibility to ensure information is made available in a variety of accessible formats for those with alternative communication needs.

Access to and input from experts would provide extra information. Examples could be for communicating with an individual with hearing loss: check if a loop system would be appropriate; ascertain the person's preferred communication method; provide BSL interpreters, lip speakers, as appropriate; face the person with the light on your face; speak clearly, don't shout; repeat or rephrase; write down what you want to say; keep the area quiet.

An individual with a visual impairment could identify themselves as they go into the room, for example using names to identify people, that is very important in a meeting of different individuals. They could inform the individual if people move around the room. They should not point, use gestures and pointed facial expressions. They should provide information in alternative formats, for example a CD, an email, an extra large, on audio tape, in Braille and large print.

For a deafblind individual the advice would be to implement a combination of approaches taking into account that each person will be treated as an individual. It could also be mentioned here that some people are born deafblind, whereas others may be born deaf and lose their sight, others will be born with a visual impairment and become deaf or lose both senses due to trauma or illness.

The benefits of effective communication could be discussed with the expert and identified as normalising life, promoting relationships, enhancing learning, contributing to and being valued as a member of society, giving power and control to the individual and reducing social isolation. This could be expanded to discuss the effects on daily life of having a sensory loss.

As an alternative, the group could carry out research on the internet and discuss this with the tutor or consider a range of tutor-generated case studies.

Assessment

To generate evidence for this unit, learners may present their work in a variety of ways.

Evidence for assessment criteria 1.1 and 1.2 may be presented as a written resource on the reasons for valuing and recognising an individual with sensory loss as a person first. The resource should include three examples of how to use a person-centred approach when working with individuals with a sensory loss. The learner will use a simple case study to give the resource relevancy. This could be a mature adult who has lost both hearing and sight due to a severe head injury or an older person who has age-related macular degeneration and an occupational hearing loss. The learner will be expected to identify the importance of valuing and recognising an individual as a person first, the audience for the resource will be their peer group.

For assessment criterion 2.1, learners could produce a (PowerPoint) presentation that outlines the main causes of sensory loss, i.e. blindness, deafness and deafblindness. Learners must include two examples for each of the following causes: inheritance, biological, ageing, traumatic; illness and social for blindness; two examples for each of the following causes of deafness: occupational, age related, infection, disease. For deafblindness the learner will give three examples of causes.

The (PowerPoint) presentation will use illustration/animation and design to enhance the message produced. The learner will give a short spoken outline for the presentation. The tutor will develop a mark sheet to give feedback to the learner. The use of ICT to produce the booklet will support the development of Functional Skills.

As evidence for assessment criteria 3.1, 3.2 and 3.3, the learner could produce a handbook on Promoting Communication for People with a Sensory Loss. The audience for this will be their peers. The first section will be a floor plan of how to arrange the environment when communicating with people with a sensory loss. This will be colour coded to differentiate, for example, different placement of furniture, placing of seats in relation to light for different sensory losses.

Along with the floor plan will be a 'Top Tips' section giving advice on how the speaker should change their methods of communication for each type of sensory loss. Also, provide information on planning, for example, book interpreters, arrange for alternative formats for communication to be available (assessment criterion 3.1).

To supplement this section the learner will give six examples of alternative communication aids for people with a sensory loss that could be used when giving information. This could be enhanced by including manufacturers' leaflets for the available technology. Each aid will be related to the relevant sensory loss (assessment criterion 3.2).

The last section of the handbook will be a poster identifying the benefits of effective communication for people who have a sensory loss. This could use illustrations to emphasise points, for example, a picture of a group of friends to exemplify promotion of friendships and relationships, a picture of a classroom to exemplify promotion of learning.

An appendix will give contact information for national and local charities and support groups for people with a sensory loss.

Suggested resources

Textbooks

Burgess C, Pritchatt N and Shaw C – *Easy Steps S/NVQ Level 2 Health and Social Care* (Heinemann, 2007) ISBN: 9780435465278

Fowler S – *Sensory Stimulation: Sensory-Focussed Activities for People with Physical and Multiple Disabilities* (Jessica Kingsley Publishers, 2006) ISBN: 9781843104551

Hull J – *Touching the Rock an Experience of Blindness* (Vintage Books, 1992) ISBN: 9780679735472

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.actionhearingloss.org.uk

National charity supporting individuals with hearing loss. Produces a catalogue of aids that contribute to supporting those with a hearing loss

www.deafblind.org.uk

National charity that offers support to individuals who are deaf and blind

www.rnib.org.uk

Royal National Institute for the Blind

Unit 19: Introduction to Physical Disability

Unit reference number: R/602/6311

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of physical disability.

Unit introduction

This unit will give learners a wider understanding of the issues surrounding physical disability. Learners will investigate causes and effects and also examine how individuals may become independent, taking control of their own care needs. Learners will examine ways in that inclusion for individuals with a physical disability may be promoted in society.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person centred approach when working with individuals with a physical disability	1.1	Outline why it is important to value an individual with a physical disability as a person first
		1.2	Give examples of how to use a person centred approach when working with individuals with a physical disability
		1.3	Identify how individuals with a physical disability can be in control of the support they access to meet their care needs
		1.4	Outline the importance of promoting the independence of individuals with physical disability
		1.5	Give examples of ways to promote the inclusion of individuals with physical disability in society
2	Know the main causes of physical disability	2.1	Give examples of causes of physical disability

Learning outcomes		Assessment criteria	
3	Know factors that have an impact on the lives of individuals with physical disabilities	3.1	Identify factors that have a disabling effect on an individual
		3.2	Give examples of how to challenge discriminatory attitudes
		3.3	Outline the effects that having a physical disability can have on an individual's day to day life
		3.4	Give examples of how individuals can be in control of their care needs
		3.5	Outline the importance of promoting independence for individuals with physical disability
		3.6	Give examples of ways to promote the inclusion of individuals with physical disability in society

Unit content

1 Know the importance of a person centred approach when working with individuals with a physical disability

The person first: positive self-image; promotion of self-esteem; retention of self-identity; empowerment of the individual; promotion of well being; recognition of personhood; promotes choice; promotes dignity; improves self-confidence; promotes person as a valued member of society

Examples of the approach: speaking directly to the individual; offering choices; adapting approach to meet the needs of the individual; age appropriate language; use of inclusive language; promotion of dignity, privacy; normalising the approach

Control of care needs: give individuals power and control over their lives; ensure the individual makes decisions; recognise the individual knows their condition; give choice to prioritise care provision

Promoting independence: also promotes control for the individual; enrichment of life; normalises life; promotes people with a disability as part of society not an add-on; enables individual to function in a wide range of social/leisure, physical and employment environments

Promote inclusion and empowerment: goals and objectives; belonging within society; society changes to encompass people with a range of disabilities; equal access to community services and provision; positive recognition of diversity and difference; tolerance and understanding; valuing the person first; not labelling a person due to their physical condition

2 Know the main causes of physical disability

Causes: congenital, e.g. sensory, visual, hearing, cystic fibrosis, spina bifida; muscular dystrophy; cerebral palsy; progressive/age related, e.g. Parkinson's disease; COAD-chronic obstructive airways disease; congestive heart failure; multiple sclerosis, arthritis, motor neurone disease; arterio sclerosis acquired, e.g. fractures, dislocations, amputations, paralysis as a result of strokes, trauma

3 Know factors that have an impact on the lives of individuals with physical disabilities

Disabling factors: environmental, e.g. lack of aids and adaptations, ramps, suitable transport, painted edges of steps, working lifts, Braille signs, large print signs, leaflets, text phones, loop systems for public address systems; attitudes and beliefs, e.g. assumptions of individuals regarding employment, not seeing the individual; condescension; relationships; culture; restrictions due to gender; inappropriate staff attitudes, e.g. an adult-child approach rather than an adult-adult interaction; presumption that a disability means a handicap

Challenging discriminatory attitudes: use of equal opportunities training; direct challenge; empowerment of individuals; application of legislation, e.g. Equality Act 2010, Equality Act (Specific Duties) Scotland 2010, Equality Act 2010, (Statutory Duties) (Wales) Regulations 2011, Disability Discrimination Order (Northern Ireland) 2006, Disability Discrimination Act 2005, Human Rights Act 1998

Enabling factors: provision of aids and adaptations; provision of access to buildings; information and education for individuals; training on anti-discriminatory practice for staff; abide by legislation; see the person as individual; not labelling someone

Effects on day-to-day living: educational opportunities; housing provision; physical access to buildings; access to leisure activities; relationships; healthcare; travel; employment; acceptance for life insurance; driving a car

Taking control of own care needs: provision of aids and adaptations; full involvement of individual in plans and decision making; matching staff to individuals; respecting the individual's right to refuse care; managing personalised budgets to purchase own care

Importance of promoting independence: promotion of wellbeing; raising self-esteem; positive self-concept; maintenance of self-identity; reduction of workload for family and carers; empowerment and enablement of the individual; valuing people with a disability for their contribution to society

Promotion of inclusion: adaptation of environments; education of society; increased opportunities for employment; provision of adapted housing as the norm; consultation with voluntary groups, e.g. Disability Alliance, users of services forums; working to a social model of disability

Information for tutors

Delivery

This unit should be delivered by a well-qualified and experienced tutor. Whilst learners will require some taught input, visits to relevant settings and input by guest speakers, including an individual who has a physical disability, will give learners valuable insights. Tutors are also advised to access the BBC *Learning Zone* and YouTube for visual examples that match the taught input.

For learning outcome 1, some taught input will be required to introduce learners to the concept of physical disability.

For assessment criteria 1.1, 1.2, class discussion can be tutor led in order to apply a person-centred approach and the value of this. Reference to self-esteem and self-image would be useful at this point. The tutor could informally introduce theories of human need and examine how some groups of people with physical disabilities were not catered for before a person-centred approach became the norm.

For assessment criteria 1.3, 1.4, 1.5, the concept of inclusion, how to promote independence by ensuring power and control are the individual's could be discussed. The resulting life enrichment also promotes people with a disability as part of society not as a section of society to be tolerated. People with a disability should be able to function as well as those without a disability in all sectors of life.

For learning outcome 2, tutors will need to provide a taught input on the main causes of physical disability. It would be useful to access sites giving information on causes, signs and symptoms of a range of physical disabilities both long- and short term. This could lead to a discussion by learners on family members or friends with a disability. The use of video clips, for example from YouTube, may show learners some of the relevant issues.

For learning outcome 3, assessment criteria 3.1, 3.2 and 3.4, as a practical exercise the learners could simulate/roleplay having a physical disability and experiencing its effects by:

- wearing thick fabric gloves and then experiencing how difficult it is to fasten buttons, zips; use a pen to write notes; use a mobile phone or computer keyboard; open jars; open heavy doors; pour out tea
- use a self-propelling wheelchair to experience the effort it takes to go from A to B; difficulties in opening doors; reaching shelves; accessing public telephones; looking up at everyone; being ignored
- be pushed in an attendant controlled wheelchair to appreciate having to rely on someone else; not having the independence to do what they want
- use a pair of crutches and hop on one leg to simulate having a broken leg; experience how physically exhausting this can be; difficulties in going up and down stairs; finding a lift; opening doors; not being able to carry anything
- wear ear plugs or noise-cancelling earphones to experience the distortion of sound and lack of clarity in conversations.

Guest speakers with experience of living with a disability would give learners valuable insights and may engender empathy rather than sympathy.

For assessment criterion 3.3, the tutor could link this to discussing the ways in that some people with a physical disability are discriminated against. Learners could conduct a survey of a public space or an area of the centre to its examine suitability in relation to access for individuals with a range of physical disabilities- not just mobility issues. This could be linked to the roleplay exercise. Tutor-led discussions on disabling and enabling factors would be useful following the survey.

For assessment criteria 3.5, 3.6, 3.7, tutor input on promoting independence and inclusion should be accompanied by class discussion to clarify understanding and enable learners to challenge any misunderstandings they may hold. A range of leaflets/internet sites provided by support groups for people with a disability that pose and answer FAQs could be examined. The subject of personalised budgets, where individuals take control of finances and 'buy in' their own care services in response to their own needs, would be valuable here.

At the discretion of the tutor the subject of income and how this can be linked to physical disability and dependence or independence could be raised.

Assessment

To generate evidence for this unit, learners may present their work in a variety of ways.

Evidence for assessment criteria 1.1 and 1.2, could be presented as a booklet for individuals who are intending to work in this sector. The booklet should include an outline of the importance of recognising and valuing an individual with a physical disability as a person first. Learners should refer to the effects of this approach on an individual's self-esteem and self-image.

For assessment criteria 1.3, 1.4 and 1.5, a case study in the booklet, focusing on ways (four examples) to promote independence and thus empower the individual could lead on to a basic definition of personalised budgets. The positive way this empowers the individual to take control of their care needs will be identified. The format of the booklet will be agreed with the tutor before commencement.

For assessment criterion 2.1, learners could produce a poster that gives six examples of the causes of physical disability for example, two congenital, two progressive or age-related and two acquired conditions. This will identify the differences and similarities between the examples.

For assessment criteria 3.1, 3.2, 3.3 and 3.4, the learner could devise a table that gives information on physical disability. One row will identify four examples of factors that 'disable' individuals with a physical disability. The second row will identify four examples of factors that enable an individual with a physical disability to live a fulfilling life. The third row will outline four suggestions on how to challenge discrimination. The fourth row will outline four examples of the effects a physical disability may have on an individual's day-to-day life.

For assessment criteria 3.5, 3.6 and 3.7, the learner could devise a PowerPoint presentation outlining how taking control of budgets and being involved and in control of fulfilling care needs promotes independence and empowerment for an individual with a physical disability. Three ways of promoting the inclusion of people with physical disability into society will be identified. The learner may use a specific physical disability or physical disabilities in general to evidence this piece of work.

It is essential that tutors do not over-assess learners with regard to this learning outcome and clearly ensure that learners are guided to follow the operative verbs for example identify, outline etc.

Learners should take care not to display pictures and photographs of vulnerable individuals within their work.

Suggested resources

Textbooks

Burgess C, Pritchatt N and Shaw C – *Easy Steps S/NVQ Level 2 Health and Social Care* (Heinemann, 2007) ISBN: 9780435465278

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Roots J, Tann L and Winter L – *Entry 3/Level 1 BTEC Health and Social Care Student Book* (Pearson, 2010) ISBN: 9781846909191

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.abilitymagazine.org.uk/Links.aspx	Links to organisations involved in accessibility
www.arthritis.org.uk/	UK's largest charity working with and for all people who have arthritis
www.bbc.co.uk.learningzone/clips	The BBC Learning Zone – variety of useful video clips
www.dlf.org.uk	Charity providing advice, information and training on independent living
www.direct.gov.uk/en/DisabledPeople	
www.disabilityrightsuk.org/personal-budgets	Fact sheet on the Personalisation Agenda
www.getconnected.org.uk/get_help/physical_health/	Free confidential help for young people under 25
www.gov.uk/definition-of-disability-under-equality-act-2010	Definition of disability under the Equality Act 2010
www.nidirect.gov.uk/the-independent-living-fund	Northern Ireland – the Independent Living Fund
www.parkinsons.org.uk/	UK's Parkinson's support and research charity
www.sfbn-equality-diversity.org.uk	The Equality Diversity home page
www.stroke.org.uk/Fast	Charity providing high quality, up-to-date stroke information for stroke patients, their families and carers

Unit 20: **Introduction to a Healthy Lifestyle**

Unit reference number: R/506/0240

Level: 1

Credit value: 3

Guided learning hours: 26

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of developing and maintaining a healthy lifestyle.

Unit introduction

Knowledge and understanding of healthy lifestyles is important for all learners in terms of their own personal development and for those learners considering a career in health and social care. Many health and social care professionals are engaged in supporting service users in developing and maintaining a healthy lifestyle.

This unit provides an understanding of the factors that contribute to a healthy lifestyle and the benefits of healthy living. Learners will also explore activities in their own local area that support a healthy lifestyle and identify the benefits of these activities for personal wellbeing.

Learners will also have the opportunity to consider the factors that currently have a positive or negative influence on their own health and wellbeing and develop an action plan to improve their health and well being.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know what contributes to a healthy lifestyle	1.1	Outline factors that contribute to a healthy lifestyle
		1.2	Outline benefits of living a healthy lifestyle
2	Know what contributes to an unhealthy lifestyle	2.1	Describe activities and choices that hinder a healthy lifestyle
		2.2	Outline how activities and choices can have a negative effect on personal well being
3	Know how activities contribute to a healthy lifestyle	3.1	List activities in the local area that support a healthy lifestyle
		3.2	Identify the benefits of a range of activities on personal well being as a result of taking part in activities
4	Know how to develop a personal healthy lifestyle plan	4.1	Identify positive and negative aspects of own lifestyle
		4.2	Produce an action plan to improve own health and well being

Unit content

1 Know what contributes to a healthy lifestyle

Factors that contribute to a healthy lifestyle: diet and nutrition; exercise; home and work environment; work-life balance; safe sex; social activities; recreational activities

Benefits of living a healthy lifestyle: physical benefits, e.g. heart health, healthy weight maintenance, energy levels, improved fitness levels; emotional/psychological benefits, e.g. self-image, self-esteem, self-confidence, increased enjoyment levels, closer intimate relationships; intellectual benefits, e.g. clear thinking, improved mood, reduced stress, higher levels of motivation to work; social benefits, e.g. improvement in quality of social life, closer friendships, meeting a wider circle of people

2 Know what contributes to an unhealthy lifestyle

List activities in the local area that hinder a healthy lifestyle: lack of physical exercise; poor diet and nutrition; substance abuse, e.g. alcohol, smoking, banned recreational drugs; unsafe sex; antisocial behaviour; truancy

Outline how activities and choices can have a negative effect on personal well being physical: negative, e.g. weight increase/weight loss, obesity, lack of fitness, low energy levels, long-term health problems; sexually transmitted diseases (STD); emotional/psychological effects, e.g. lack of self-esteem and self-confidence, negative self-concept/image, lack of motivation, less enjoyment of physical activities, high stress levels, feeling unhappy, sense of worthlessness, feeling isolated; social, e.g. withdrawal from social activities, does not want to meet new friends, isolated, lack of enjoyment and sharing activities; problems, e.g. inability to secure and hold employment, likely to have low success rates in education, unable to think clearly, lack of intellectual stimulation

3 Know how activities contribute to a healthy lifestyle

Activities and choices that contribute to a healthy lifestyle: physical, e.g. leisure centre, swimming pool, slimming clubs, sports clubs

Social: youth centre, social clubs, voluntary organisations, religious organisations, meet-up groups; ability to make new friends, e.g. wider circle of friends, closer friendships, enjoyment in social life

Intellectual: thinking, e.g. educational support in schools and colleges, careers advice; clear thinking, e.g. high levels of motivation to achieve, ability to solve problems, achievement in education, ability to find a job, successful career

Physical: health, e.g. healthy heart, healthy weight maintenance, high energy levels, high fitness levels

Emotional/psychological: mind state, e.g. high self-esteem/self-confidence, positive self-esteem/self-confidence; increased enjoyment, closer intimate relationships, feeling of well being/happiness, ability to handle stressful situations; feelings, e.g. self-help groups, specific issue support groups, counselling

4 Know how to develop a personal healthy lifestyle plan

Positive and negative aspects of own lifestyle: positive aspect of own lifestyle, e.g. diet, exercise, social life, recreational activities, employment, education, personal and intimate relationships; negative aspect of own lifestyle, e.g. poor diet, lack of exercise, smoking, substance misuse, alcohol misuse, inactivity, antisocial behaviour, truancy, unsafe sex

Developing a personal healthy lifestyle plan: identify areas for improvement, e.g. diet, exercise; consider the possible structures to work with to construct a healthy lifestyle plan; set short- and long-term targets, e.g. exercise three times a week, reduced calorie intake; produce a healthy lifestyle plan to improve own health and wellbeing

Information for tutors

Delivery

Learners could be introduced to this topic through whole-class discussion or through group work and whole-class feedback. The aim of this unit is to develop learner knowledge and understanding of healthy and unhealthy lifestyles and for them to develop a personal healthy lifestyle plan.

For learning outcome 1, learners are to know what factors contribute to a healthy lifestyle and the benefits of living a healthy lifestyle. Learners are required to outline the factors and benefits. As the command verb is outline, a poster or spider diagram would be suitable ways for learners to demonstrate their knowledge. In both cases the benefits could be mapped against the factors, for example diet and nutrition are factors that leads to healthy weight maintenance.

For learning outcome 2, learners need to know what contributes to an unhealthy lifestyle. Tutor-generated individual case studies can be used, that can be based on celebrities in the media. Learners can provide examples using friends, family or individuals whom they met on work placement. In this instance, it is most important that confidentiality is maintained.

For learning outcome 3, learners will identify the organisations available in their own local community that contribute to promoting healthy lifestyles. This type of information might be gained through visits, surveys and sharing knowledge about the local community. Learners will need to identify the benefits of taking part in some of these activities in terms of promoting personal wellbeing.

Finally for learning outcome 4, learners need to develop their own personal healthy lifestyle plan. This will be based on an assessment they make about the positive and negative aspects of their own lifestyle. This could be achieved through the whole group developing a common assessment tool (questionnaire) or, alternatively, a thought shower that then gives learners the information they need to develop a healthy lifestyle plan. Having completed this personal assessment, learners will need to produce a written action plan to improve their own health and well being. It maybe helpful if a template is provided for learners to complete.

Assessment

Learners need to present evidence to demonstrate their knowledge of the factors and activities that contribute to and hinder healthy lifestyles. Learners also need to identify the benefits of living a healthy lifestyle. An assessment of the services available in their local area that contribute to healthy lifestyles will need to be completed. Each learner will need to assess their own current lifestyle and design an action plan to improve their own health and wellbeing.

The evidence for these requirements can be presented in a range of different ways such as written materials based on case studies or direct work the learner completed with service users in the local community. The learner may choose to use PowerPoint presentations, recordings and video evidence.

To achieve assessment criteria 1.1 and 1.2, the learner needs to outline the factors that contribute to a healthy lifestyle and the benefits of living healthily.

To achieve assessment criterion 2.1, the learner needs to list activities and choices in the local area that can have a negative effect on personal well being and hinder a healthy lifestyle. To achieve assessment criteria 2.2 and 2.3, the learner needs to consider a minimum of three activities from the local area and identify how they choices can have a negative effect on personal well being and how they hinder a healthy lifestyle

To achieve assessment criteria 3.1 and 3.2, the learner need to list activities and choices that support a healthy lifestyle and outline how these activities and choices can have benefits for personal wellbeing.

To achieve assessment criteria 4.1 and 4.2, the learner need to identify positive and negative aspects of their own life and produce an action plan to improve their own health and wellbeing.

Suggested resources

Textbooks

Department for Education and Skills – *Skills for Life, Tutors Reference Pack, Family Health* (DfES) ISBN: 1844782816

Asbridge L, Lavers S, Moonie N, Scott J, Stretch B – *BTEC First Health and Social Care: Student Book Revised Edition* (Heinemann, 2006) ISBN: 9780435463328

Howarth and Ashton – *Edexcel GCSE Health and Social Care Student Book* (Heinemann, 2009) ISBN: 9781846903731

Page M (editor) – *The Human Body* (Dorling Kindersley, 2005) ISBN: 9780751335149

Roots, Tann and Winter – *BTEC Entry/Level 3 Health and Social Care Student Book* (Edexcel 2010) ISBN: 1846909198

Journals and/or magazines

Child Care, Health and Development (Blackwell Publishing)

Health Service Journal (Public Sector Management)

Websites

change4lifewales.org.uk/supporters/resources/downloads/healthyeating/?lang=en	Change for Life Wales
hwb.wales.gov.uk/cms/hwbcontent/Shared%20Documents/vtc/healthy_eating/eng/Introduction/default.htm	Healthy Eating Wales
wales.gov.uk/topics/health/?lang=en	Department of Health Wales
www.bbc.co.uk/northernireland/schools/4_11/uptoyou/	BBC – It's up to you
www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Wellbeing	Better Health Channel
www.breakthrough-uk.com	Breakthrough UK
www.careerswales.com/myfuture/server.php?show=conWebDoc.1776&viewPage=2	Careers Wales
www.cwdcouncil.org.uk	Children's Workforce Development Council
www.nidirect.gov.uk/careers	Careers Service Northern Ireland
www.nidirect.gov.uk/health-and-well-being	NI Government health and well being
www.nursingtimes.net	<i>The Nursing Times</i>
www.2010healthandwellbeing.org.uk/index.php	Health and wellbeing

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know what is meant by the term 'the immersion method'	1.1	Define the term 'immersion method' in the context of learning a new language
2	Know how the environment supports the development of new language skills	2.1	Outline how taking part in activities can support the development of new language skills
		2.2	Describe how an environment would promote the development of new language skills
3	Be able to use verbal and non-verbal communication skills to promote the development of new language skills	3.1	Use the immersion language clearly and accurately
		3.2	Use non-verbal communication skills that promote the immersion language
		3.3	Use praise and encouragement with children when developing language skills

Unit content

1 Know what is meant by the term the immersion method

Immersion method in the context of learning a new language: partial immersion; full immersion; learning activities taking place through the target language; language, e.g. Welsh, Irish Gaelic; English as additional language (EAL)

2 Know how the environment supports the development of new language skills

How taking part in activities can support the development of new language skills: helping to develop positive attitudes towards target language; making language learning enjoyable, e.g. through cooking, painting, at mealtimes; giving children the opportunity to practise language at own pace; familiarity with the sound of new language; giving opportunities to explore target language, e.g. IT software, stories, games, recording and listening equipment

Environments that promote the development of new language skills: positive attitudes towards the target language by childcare workers; staff training; celebrating linguistic diversity; culturally appropriate materials; visual stimuli, e.g. displays, word banks, pictures; use of ICT, a library with information books and stories in home and target language; giving children time to learn and practise target language; reducing excess noise

3 Be able to use verbal and non-verbal communication skills to promote the development of new language skills

Use the immersion language clearly and accurately: practise target language; pronounce target language words correctly; use words familiar to children, e.g. topic words, personal words; use repetition; giving simple instructions; using appropriate pace; giving children time to repeat language; not using slang

Use non-verbal communication skills that promote the immersion language: encouraging children to use target language, e.g. nodding, smiling, gestures; reinforce vocabulary, e.g. pictures, word cards, signing, familiar objects

Use praise and encouragement with children when developing language skills: acknowledging children's progress; using rewards, e.g. stickers, certificates, reward charts

Information for tutors

Delivery

Learners could begin working toward learning outcome 1 by being introduced to the diverse cultures and languages of children in local early years settings. Depending on learner's language knowledge and skills they could be asked to carry out a basic activity, for instance making a sandwich or creative work, introduced and supported by the tutor through a language that they are not familiar with. This will help their understanding of what is meant by the immersion method.

For learning outcome 2, learners could work in groups to discuss and plan activities for young children. This could involve research into available software (the BBC website would be a good source). One activity could be selected and implemented with a group of children in a target language in that the learner is fluent. Learners could produce a resource individually, for example a game, puppet or story, that they present to the class and describe how it can be used to support language development. A guest speaker with responsibility for language teaching, or a visit to an early years setting that uses the immersion method, would help to consolidate understanding. This would also give learners the opportunity to find out about the curriculum organisation and physical resources that help to provide a stimulating environment. During a visit, learners could use a pre-prepared checklist of ways that language learning is promoted in the setting, for instance displays, books, evidence of the celebration of different cultures. Learners could plan and design their own setting, illustrating and recording the physical resources they would include and how it would be organised.

To achieve learning outcome 3, learners need time to practise the target language. This can be achieved through roleplay. Working in groups each learner could take their turn to lead the group in an activity. Learners would find it beneficial to reflect on their skills and invite peer feedback, including their non-verbal skills and how they encourage and praise others. Tutor feedback is important at all stages to support learners to hone their language skills before assessment. Video recording and playing back these interactions will allow a more in-depth review of learner's own skills and support their further development.

Learners may be aged between 14 and 16 and may therefore be potentially vulnerable. Where learners are required to spend time in and be assessed in work settings, as could be the case for learning outcome 3, it is the centre's responsibility to ensure that the work environment they go into is safe.

Assessment

To achieve assessment criterion 1.1, learners must define the term 'immersion method'. They should make it clear they know that, in this method, children take part in activities through the target language and it is not taught as a separate subject.

For learning outcome 2, learners must outline how taking part in activities will support children's new language skills (assessment criterion 2.1). Learners could choose two specific activities for their focus and outline how each would support language skills. For example, how stories or rhymes with repetition help children to practise and remember words.

To achieve assessment criterion 2.2, learners must describe an environment that would promote the development of new language skills. They should include at least three ideas. Evidence could be generated from their observations of a real setting, that they have visited, or they might plan an environment that they then describe. Evidence must be provided in the form of witness statements, observation records and recordings if no written evidence from learners is available.

For learning outcome 3, learners must demonstrate their own skills in supporting language development. For assessment criterion 3.1, they must interact with children using the target language clearly and appropriately, pronouncing words correctly, using correct vocabulary at the right level and not using slang.

For assessment criteria 3.2 and 3.3, learners must demonstrate positive non-verbal and verbal communication. Non-verbal skills should include positive facial expressions to encourage children and the use of at least one type of visual aid, for example a picture or object. During the interaction learners should give at least one positive response of praise or encouragement. Skills must be witnessed by the tutor and a witness testimony must be completed. Learner feedback sheets on the interactions will also provide valid evidence for assessment and verification purposes.

Suggested resources

Websites

www.bbc.co.uk	Interactive activities and programmes in English and Welsh
www.bbc.co.uk/northernireland	Interactive activities and programmes in Irish language
www.deni.gov.uk	Education Department for Northern Ireland policies and guidelines for supporting newcomers in schools
www.gwales.com	Children's books in Welsh and English language

Unit 22: Introduction to Autistic Spectrum Condition

Unit reference number: K/506/0261

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner knowledge and understanding of autistic spectrum condition.

Unit introduction

This unit will give learners, an introduction to the complexities of autistic spectrum condition. Learners will gain an understanding of the different characteristics that individuals who have this condition may display, and consider the ways in that individuals may be supported to live the quality of life of their choosing. Methods of alternative communication are discussed, together with the benefits of these to individuals and those who interact with them.

In addition, learners will consider the use of visual communication methods and how these may be used to enhance the life experience of individuals who have an autistic spectrum condition, and also promote understanding in society.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person-centred approach when working with individuals with an autistic spectrum condition	1.1	Outline why it is important to value an individual with an autistic spectrum condition as a person first
		1.2	Give examples of how to use a person centred approach when working with individuals with an autistic spectrum condition
2	Understand the concept of autistic spectrum condition	2.1	Outline what is meant by the term 'autistic spectrum condition'
		2.2	Give examples of behavioural characteristics associated with autistic spectrum condition
		2.3	Outline sensory difficulties that may be experienced by individuals with an spectrum condition
		2.4	Outline why preparation, planning and routines are important to individuals with an autistic spectrum condition
3	Understand the importance of effective communication for individuals with an autistic spectrum condition	3.1	Identify the impact of effective communication to the lives of individuals with an spectrum condition
		3.2	Give examples of different methods of communication that can be used where individuals have difficulty with spoken language
		3.3	Outline the use of visual communication systems for individuals with an autistic spectrum condition

Unit content

1 Know the importance of a person-centred approach when working with individuals with an autistic spectrum condition

Valuing the person: recognition of personhood; negative effects of labelling; rights of the individual; promotion of wellbeing; celebration of diversity; a holistic approach to support; promotion of individual identity: valuing of achievement and contribution to society

A person-centred approach: the person at the centre of the planning; family and friends are part of the planning; use of person-centred tools, e.g. MAPS, (Making Action Plans), Essential Lifestyle Plan; use of personal histories to ensure the inclusion of wishes, needs and likes of individuals with an autistic spectrum condition, e.g. restricted patterns of behaviour, routines; preferred methods of communication; patterns of social interaction; current strengths and abilities; support for individuals of all ages

2 Understand the concept of autistic spectrum condition

Definitions: a range of developmental disorders; impairment in social relationships, skills and interactions; impaired imagination; impaired language and communication skills; unusual patterns of thought, physical behaviour; need for restricted routines; fears and phobias; abnormalities in social interactions; repetitive repertoire of interest and activities; high risk of developing anxiety and depression; may be associated with a learning disability

Behavioural characteristics: irregular and stereotyped behaviour, e.g. tapping, grimacing, hand flapping, toe walking; obsessive compulsive behaviour; need for ritual and routine; temper tantrums; oppositional behaviour, e.g. aloof, uninterested in people; presence of echolalia – repetition of other people's words; become upset if ritual set movements are interrupted; find set routines enjoyable

Sensory difficulties: problems, e.g. cannot tolerate being touched, high pain tolerance, acting as if deaf, need to smell everything; hypersensitivity to stimuli

Importance of planning and routines: provision of a safe environment; security of repetition; avoidance of behavioural issues; fear of change; introduce a planned upset to the routine carefully; plan repetitive 'talking through' of the proposed change

3 Understand the importance of effective communication for individuals with an autistic spectrum condition

Benefits of effective communication: normalised lives; supporting interactions; supporting relationships; involvement in the community; reduction of behavioural issues; acceptance by society; employment that matches their abilities and skills; recognition for the special interests as a conversation starter

Methods of communication: Picture Exchange Communication System (PECS); sign language, e.g. Makaton; interactive communication boards; communication cue cards; conversation books; voice-activated communication aids; picture timetables

Visual communication systems: use of visual symbols, e.g. Picture Exchange Communication System (PECS, Frost and Bondy 1994), sign language, interactive communication boards, communication cue cards, conversation books, voice output communication aids; promotion of communication skills; building on the strengths of the individual; promotes verbal language; increasing language stimulation; increasing literacy skills

Information for tutors

Delivery

This unit should be delivered by a qualified tutor who has an understanding of the theoretical and practical issues involved. Learners will need taught input, particularly with regard to the definition of the autism spectrum condition and the many manifestations of the condition. Importantly, input by expert practitioners who have an understanding of working with individuals would ensure learners have a sound insight into the subject.

For learning outcome 1, tutors may introduce learners to the concept of 'valuing the individual as a person first' in terms of working with individuals who have autistic spectrum condition. A video clip featuring an individual who describes how they cope with having autism spectrum condition may be used as a focus for group discussion. Tutors could then give learners notes on the definition of a person-centred approach. The use of case studies as a means of enabling learners to apply this approach is recommended.

For learning outcome 2, an introduction discussing the 'history' of autism would be valuable to explain that this is not a modern condition but was recognised formally in the early 20th century but was often linked with schizophrenia. In the 1940s the term was used to describe children with emotional or social problems or withdrawn behaviours. The tutor could discuss the term Asperger's syndrome, and its origin.

Learners would also benefit from recognising that there is often a lack of support for older people with the condition who have managed to 'hide' their symptoms for years.

The resources below highlight a number of books providing individual accounts of and by people with autism spectrum condition. Discussing these with learners will promote understanding of the conditions and the effects on individuals, families and society. A tutor-led discussion on the definition of autism spectrum condition and what is meant by a 'spectrum' is a priority.

Learners will require some time to discuss issues and examine any prejudice, myths or misunderstanding they may hold about the condition. The use of video clips and DVDs to enable learners to observe some aspects of 'autistic' behaviour will enhance learning. The opportunity to learn some common Makaton signs would benefit learners and provide some additional enrichment

Supported internet research will enable learners to obtain some of the necessary factual information regarding the condition. However, tutors will need to supplement this and clarify learner understanding.

Input from a practitioner would give a more rounded account of the condition. It is important to develop a basic understanding of the effects of the condition from the individual's, family's and society's perspective.

A discussion with the practitioner on the reasons for planning and use of routines will enable learners to gain some practical understanding of ways of working with individuals who have autism spectrum condition.

Class exploration of the published individual accounts of people with autism spectrum condition (suggested resources) would consolidate input from the speaker and perhaps generate questions for clarification.

Learning outcome 3 is concerned with communication and learners will benefit from access to examples of communication methods, for example conversation books, communication cue cards and guest speakers who can demonstrate the use of sign language. Tutor input on the benefits of effective communication for individuals who have autistic spectrum condition is essential in order to support learner's full understanding.

Assessment

Learners could present evidence for this unit in a variety of formats. For assessment criteria 1.1 and 1.2, learners could produce and deliver a PowerPoint presentation on the reasons for recognising individuals with autistic spectrum condition as people first, followed by examples of how this approach could be applied. It is essential that learners produce and present their presentations individually and that tutor assessment is recorded on an appropriate observation sheet, detailing how the learner has met the requirements of the assessment criteria.

For assessment criteria 2.1, 2.2 and 2.3, in order to remove the mystique and demolish myths in the public's mind, learners could produce an information leaflet for the public that gives fact about condition.

It will begin by defining autism spectrum condition and giving some examples of names of conditions.

The leaflet will go on to tell the story of a hypothetical person with the condition. The learner will give some 'information' about their hypothetical subject, for example, age, gender, interests, place in the family, and then outline five characteristic behaviours and five sensory difficulties experienced by the hypothetical person.

In order to outline the importance of preparation, planning and routines for individuals with autistic spectrum condition learners will then set the scene of their subject going on a planned outing in the near future. The person with autism spectrum condition will benefit from talking through each stage of the planned change in great detail and repetitively. The learner must stress and discuss the importance of this approach.

For assessment criteria 3.1, 3.2 and 3.3, learners could produce an illustrated Guide to Communicating with Individuals with Autism Spectrum Conditions. This will identify the benefits of effective communication for individuals with autism spectrum condition. It will give examples of four different methods of communication for those who have difficulties with spoken language and discuss their use. The final section will identify four visual communication systems and outline their use.

The learner may choose the format for the guide with approval from the tutor. Pictures of communication systems may be downloaded from the internet or taken from manufacturers' leaflets. The guide may be produced as an adjunct to the leaflet for the public or as a stand-alone piece of work. This will be negotiated with the tutor.

Suggested resources

Textbooks

Doherty K – *I Have Autism – What's that?* (National Autistic Society, 2000)
ISBN: 1899280790

Gardner N – *A Friend like Henry: the touching story of an autistic boy and his dog*
(Hodder and Stoughton, 2007) ISBN: 0340934018

Haddon M – *The Curious Incident of the Dog in the Night-Time* (Vintage, 2004)
ISBN: 099450259

Lears L – *Ian's Walk: A Story about Autism* (Albert Whitman & Co, 2003)
ISBN: 0807534811

Owens R – *Language Disorders: A Functional Approach to Assessment and Intervention (5th Edition)* (Pearson 2009) ISBN: 9780205607648

Williams D – *Jumbled Jigsaw: An Insider's Approach to Autistic Spectrum, 'Fruit Salad'* (Jessica Kingsley Publishers, 2005) ISBN: 9781843102816

Magazines

Autism Quarterly Magazine (Starfish Speciality Press)

Websites

www.autism.org.uk	National Autistic Society
www.autismuk.com/	Autism Independent UK
www.helpguide.org/mental/autism_spectrum.htm	A Parent's Guide to Symptoms and Diagnosis on the Autism Spectrum
www.mencap.org.uk	Learning Disability charity
www.nhs.uk/livewell/autism/pages/autismhome.aspx	Gives access to relevant video clips

Unit 23: Introduction to Mental Health

Unit reference number: Y/602/6374

Level: 1

Credit value: 3

Guided learning hours: 30

Unit aim

The aim of this unit is to assess learner's knowledge and understanding of mental health.

Unit introduction

In this unit learners will explore issues regarding mental health problems. Learners will investigate those factors that may influence mental health and consider a range of mental health problems. Learners will also consider the impact of effective communication and the use of active learning skills with individuals who have mental health problems.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the importance of a person centred approach when working with individuals with mental health problems	1.1	Outline why it is important to value an individual with mental health problems as a person first
		1.2	Give examples of how to use a person centred approach when working with individuals with mental health problems
2	Know the main factors that can cause mental health problems	2.1	Outline factors that affect mental health
		2.2	Give examples of a range of mental health problems
3	Understand the importance of effective communication with individuals who have mental health problems	3.1	Identify the impact of effective communication on the lives of individuals with mental health problems
		3.2	Outline why it is important to use active listening skills with individuals who have mental health problems

Unit content

1 Know the importance of a person-centred approach when working with individuals with mental health problems

The importance of a person-centred approach: the individual at the centre of the plan; recognition of personhood; promotion of overall wellbeing; avoidance of labelling; respect for the individual; development of rapport

Using a person-centred approach: offering choices; demonstrating empathy; matching staff to individuals; involving individuals in activities that utilise current strengths and abilities; using preferred titles and names; involvement of family, carers and friends, where appropriate; taking into account their individuality, wishes and preferences; use of eye contact

2 Know the main factors that can cause mental health problems

Mental health, factors and problems: biochemical, e.g. bipolar disorder, post-natal depression; emotional, e.g. depression, anxiety states; psychological, e.g. effects of bullying, effects of stress; physical, e.g. Graves Disease, dementia; environmental, e.g. family or relational dysfunction

3 Understand the importance of effective communication with individuals who have mental health problems

Importance of effective communication: demonstrates respect for the user of services; promotion of overall well being; feelings of safety and trust; development of rapport; obtaining relevant information to support recovery

Importance of active listening skills: showing respect for the individual; developing a working relationship; demonstrating empathy; recognition of individuality; noting concerns

Information for tutors

Delivery

For learning outcome 1, learners will require some tutor input on the importance of recognising and valuing an individual with mental health problems as a person first, and the person-centred approach to supporting individuals. Learner contributions should be encouraged to clarify any misunderstandings and challenge prejudice, stereotyping and labelling of individuals with mental health problems. The use of case studies to underpin taught input, and enable learners to apply knowledge to practice, is invaluable.

For learning outcome 2, learners will require some taught input on the factors that may affect mental health problems. Tutors should include information about the different types of mental health problem: biochemical, psychological, due to the effects of stress, environmental, emotional and physical, giving learners examples of each. Reference to high-profile media figures who have spoken openly about their mental health issues may be found on the internet and will encourage learner interest in the subject. The use of video clips from YouTube on the topic will also add interest. Speakers from mental health charities such as MIND or Saneline would enhance learner understanding of the main issues.

For learning outcome 3, learners will benefit from demonstrations of relevant communication skills. The use of thought showers to enable learners to identify the impact of effective communication will provide a focus for class discussion. Taught input and practice within the classroom are both essential elements of ensuring learner understanding of the importance of effective listening skills. Active listening is a key method of supporting individuals with mental health problems and it is essential that learners practise in order to develop active listening skills.

Assessment

Evidence for this unit can be generated in a variety of ways. For assessment criteria 1.1 and 1.2, learners could produce a leaflet on the importance of recognising and valuing an individual with mental health problems as a person first, that includes three examples of using a person-centred approach when working with such individuals.

It is important that learners demonstrate a clear understanding of the person-centred approach and the importance to the individual of being recognised and valued as a person.

For assessment criteria 2.1 and 2.2, learners could produce a newsletter or newsheet that provides information on the different types of mental health problem and the factors that may affect an individual's mental health. It is essential that learners cover all the main types (biochemical, psychological, physical, as a result of stress, emotional and environmental), giving two examples for each type.

For assessment criteria 3.1 and 3.2, learners could produce a booklet on the impact of effective communication and the importance of active listening skills when working with individuals who have mental health problems. Learners should include reference to the promotion of wellbeing, noting concerns, showing respect for the individual, respecting individuality and the gathering of relevant information.

Suggested resources

Textbooks

Powell T – *The Mental Health Handbook, A Cognitive Approach* (Cambridge University Press, 2009) ISBN: 9780863883309

Pritchard J (Editor) – *Good Practice with Vulnerable People* (Jessica Kingsley Publishers, 2001) ISBN: 9781853029820

Journals and/or magazines

Community Care Magazine (Reed Business Publishing)

The Nursing Times (Emap)

Websites

www.bbc.co.uk/learningzone/clips	BBC – provides relevant videoclips
www.mentalhealthcare.org.uk	The Mental Health Foundation
www.mentalhealthwales.net/	Mental Health Wales
www.mind.org.uk	Mind mental health charity
www.nidirect.gov.uk/mental-health	Mental Health Northern Ireland
www.publicmentalhealth.org/	All Wales Mental Health Network
www.rethink.org	Rethink Mental Illness

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know the principles of a balanced diet for individuals	1.1	Outline current government nutritional guidelines for a balanced diet for individuals
		1.2	Outline why it is important for individuals to have a balanced diet
2	Be able to plan a balanced diet that meets individuals needs and preferences	2.1	Outline factors to consider when planning a balanced diet
		2.2	Plan a range of balanced meals for individuals

Unit content

1 Know the principles of a balanced diet for individuals

Current government nutritional guidelines – Wales: food and health guidelines, e.g. Make a Change4Life, Appetite for Life

Current government nutritional guidelines – Northern Ireland: Food Standards Agency What is a Healthy, Balanced Diet; Promoting Good Nutrition, Fit Futures

Importance of having a balanced diet: ensures the body has enough nutrition; carbohydrate and starch; provide protein; provides nutrition, e.g. prevent illness, disease and infections; keep the body in good health, e.g. prevent obesity, heart disease, diabetes;

2 Be able to plan a balanced diet that meets individuals needs and preferences

Factors to consider when planning a balanced diet: individual food choices, e.g. vegetarian and vegan, likes and dislikes; social, e.g. peer pressure, media; cultural, e.g. different religious beliefs, cultural food preferences; economic; cost; seasonal availability of food; use of additives in foods; healthy eating, e.g. less salt, less sugar, low fat; medical/health requirements, e.g. diabetes, obesity, hypertension, convalescence

Plan a range of balanced meals: for individuals, e.g. pre-school children, schoolchildren, teenagers, adults, older adults, pregnant women, diabetics, hospital patients, men, women, different lifestyles and levels of activity; users of services with hypertension, obesity;

Include: breakfast; lunch; evening meal; snacks; liquids

Meet dietary requirements: nutrient requirements of the body; energy requirements; respond to individual lifestyles, e.g. culture, religious needs, personal preferences

Sources of nutrients: fats saturated, e.g. full-fat milk, butter, cheese; unsaturated, e.g. vegetable oils; proteins, e.g. fish, eggs, meat, tofu, pulses; carbohydrates, e.g. potatoes, pasta; sugars, e.g. cakes and biscuits; fibre, e.g. bran; vitamins; A group, e.g. carrots, fish oils; B group, e.g. meat, cereals, eggs; C group, e.g. oranges, blackcurrants; D group, e.g. fish oils, tuna, eggs; minerals, e.g. meat, fish, vegetables

Information for tutors

Delivery

This unit focuses on the principles of a balanced diet and planning a range of balanced meals to suit individual needs and preferences. Tutors delivering this unit have the opportunity to use a wide range of techniques that can include practical workshops, external trips and guest speakers. As many practical activities as possible would be beneficial to help learners relate to the content of the unit.

To meet learning outcome 1, learners could carry out some supervised internet research on current government nutritional guidelines for their home country and then share ideas with the remainder of the class from their findings. Case studies could then be used to develop learner understanding of why a balanced diet is important for individuals. A visit from a dietician or a nutritionist would prove useful to explain the importance of having a balanced diet.

Initially, for learning outcome 2, some tutor input will be required, as learners will need to know how to plan a balanced diet. The eatwell plate and the food pyramid can be introduced and learners asked to label and complete a diagram of either or both. Individual case studies can be used to help learners to plan balanced meals appropriate to individuals, such as children or diabetics, and also to assist understanding of individual need and preferences. A wide range of resources can be used, including internet websites, magazines and food packaging, to explore a wide range of resources on nutritional values. Learners could then use these resources to help them to plan a range of balanced meals. If there are facilities available for preparation of meals, this would enhance the delivery of the learning outcome.

Assessment

For learning outcome 1, learners could present their research findings on government nutritional policies in the form of a leaflet. Learners could then develop the leaflet to include an outline of why it is important for individuals to have a balanced diet.

Case studies are appropriate for coverage of learning outcome 2. Learners can each be given case studies of a minimum of two different individuals who both have individual needs. Learners can then devise a day's menu appropriate for the individuals' needs. Either the completed menu or a written plan specifically designed to meet the needs and preferences of the subjects of the individual case studies will provide valid evidence for assessment of the learner's ability to plan a balanced diet that meets the needs and preferences of individuals.

Suggested resources

Journals and/or magazines

Good Food Magazine (BBC)

Better Nutrition Magazine

Food and Nutrition Magazine

Nutrition Journal

Textbooks

Aldworth C – *Knowledge Set for Nutrition and Wellbeing* (Heinemann, 2008)
ISBN: 9780435402389

Fordham H – *Healthy Food for Young Children* (Usborne, 2008)
ISBN: 9780746077962

Musters F, Kidd S – *Cook and Learn Together* (Step Forward Publishing, 2004)
ISBN: 9781904575009

Websites

food.gov.uk/northern-ireland/ Food Standards Agency Northern Ireland

wales.gov.uk/topics/health/improvement/change/?lang=en Make a Change4life – Wales

www.bbc.co.uk/northernireland/schools/4_11/uptoyou/healthy/t_cf01.shtml BBC Northern Ireland

www.safefood.eu/Healthy-Eating/What-is-a-balanced-diet/The-Food-Pyramid.aspx The food pyramid

10 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html
- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *BTEC UK Quality Assurance Centre Handbook*

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are also available on our website.

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

Additional resources

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

11 Professional development and training

Pearson supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered on our website.

The support we offer focuses on a range of issues, such as:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

The national programme of training we offer is on our website. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

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Your Pearson support team

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there's someone in our Pearson support team to help you whenever – and however – you need:

- **Subject Advisors:** find out more about our subject advisor team – immediate, reliable support from a fellow subject expert
- **Ask the Expert:** submit your question online to our Ask the Expert online service and we will make sure your query is handled by a subject specialist.

Please visit our website at qualifications.pearson.com/en/support/contact-us.html

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