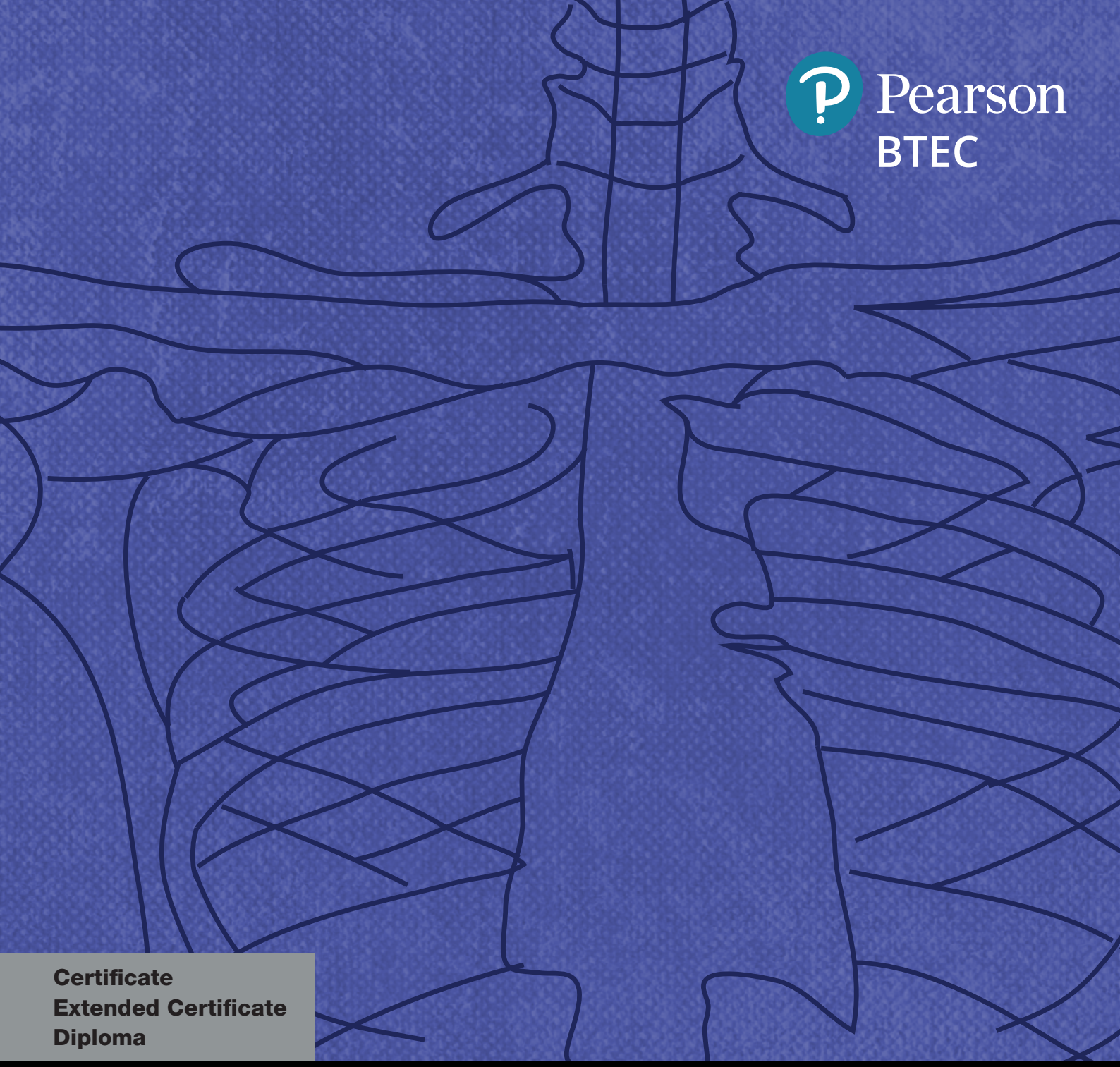

Pearson BTEC

Certificate
Extended Certificate
Diploma

Specification

BTEC FIRST HEALTH AND SOCIAL CARE

From September 2018

BTEC Level 1/Level 2 First Certificate in Health and Social Care
BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care
BTEC Level 1/Level 2 First Diploma in Health and Social Care

Issue 7

Pearson BTEC Level 1/Level 2 First Certificate in Health and Social Care

Pearson BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care

Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care

Specification

First teaching September 2018

Issue 7

Edexcel, BTEC and LCCI qualifications

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This specification is Issue 7. We will inform centres of any changes to this issue. The latest issue can be found on our website.

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Summary of Pearson BTEC Level 1/Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care Issue 7 changes

Summary of changes made between previous issue and this current issue	**Page/section number**
TQT for the Certificate has changed to 320. TQT for the Extended Certificate has changed to 480. TQT for the Diploma has changed to 640.	Page 6

Summary of changes made between Issue 4 and Issue 6	**Page/section number**
All dates removed from legislation.	Throughout
The wording in *Section 8 Internal assessment* subsection *Dealing with malpractice* has been updated to clarify suspension of certification in certain circumstances.	Page 38
Section 10 Awarding and reporting the qualifications The wording under *Calculation of qualification change* has been updated.	Page 43
The wording under *Section 10 Awarding and reporting for the qualifications* subsection *Calculation of the qualification grade* has been updated to clarify current practice in ensuring maintenance and consistency of qualification standards.	Pages 46-47
Unit 2: Health and Social Care Values Learning aim B: Investigate ways of empowering individuals who use health and social care services Topic B.1 Empowering individuals by: ● 'taking account of' replaced with 'providing personalised care, taking account of'	Page 65
Unit 5: Promoting Health and Wellbeing Learning aim A: Explore the purpose, types and benefits of health Topic A.1 Health promotion ● 'types of health-promotion campaigns, e.g. Department of Health national campaigns, national and local NHS campaigns, use of different forms of media' removed from the content Learning aim B: Investigate how health risks can be addressed through health promotion Topic B.1: Targeting selected health risks ● 'DVDs' removed from the content ● 'Department of Health' replaced with 'Department of Health and Social Care' Assessment guidance Learning aim B ● 'Department of Health' replaced with 'Department of Health and Social Care'	Pages 96, 98, 101

Summary of changes made between Issue 4 and Issue 6	Page / section number
Unit 6: The Impact of Nutrition on Health and Wellbeing Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals Topic A.1: Dietary intake and food groups ● 'using five food groups (meat, fish and alternatives; fruit and vegetables; bread, other cereals and potatoes; milk and dairy foods; cakes and sweets)' replaced with 'five food groups- carbohydrates, protein, milk and dairy products, fruit and vegetables, fats and sugars.' Assessment guidance Learning aim B ● 'YouTube' replaced with 'online sources'	Pages 106, 110
Unit 7: Equality and Diversity in Health and Social Care *Learning aim A: Understand the importance of non-discriminatory practice in health and social care* Topic A.2 Impact of discriminatory and non-discriminatory practice in health and social care ● 'General Social Care Council' replaced with Health and Care Professions Council *Learning aim B: Explore how health and social care practices can promote equality and diversity* Topic B.2 How adapting services to meet the diverse needs of service users promotes equality and diversity in health and social care ● 'multi agency working, involving family members/carers in care planning' added to the content	Pages 114, 115
Unit 8: Individual Rights in Health and Social Care *Learning Aim B: Examine the responsibilities of employers and employees in upholding service users' rights in health and social care* Topic B.1 Responsibilities of employers and employees in ensuring safety ● 'control of substances harmful to health' replaced with 'control of substances hazardous to health' ● 'use of protective equipment and infection control,' replaced with 'use of Personal Protective Equipment and infection control' ● 'the Health and Safety at Work Act.' replaced with 'the Health and Safety at Work etc. Act Topic B.2 Responsibilities of employers and employees in ensuring Confidentiality ● 'Data Protection Act,' replaced with 'Data Protection Act including General Data Protection Regulations' *Assessment guidance* ● 'newspaper' replaced with 'current news articles' ● 'article' removed from the content Learning aim B ● 'the Health and Safety at Work Act,' replaced with 'Health and Safety at Work etc. Act,' ● 'expected to make reference to data protection legislation' replaced with 'to make reference to current data protection legislation'	Pages 125, 128, 129

Summary of changes made between Issue 4 and Issue 6	Page/section number
Unit 12: Creative and Therapeutic Activities in Health and Social Care 'CD players' updated to 'digital music players'.	Page 161
Units 13, 14, 16 and 17 General Data Protection Regulation (GDPR) added.	Pages 172, 183, 207 and 222

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

Welcome to your BTEC First specification

For more than 25 years, BTECs have earned their reputation as well-established, enduringly effective qualifications. They have a proven track record in improving motivation and achievement among young learners. Additionally, BTECs provide progression routes to the next stage of education or to employment.

What are the key principles of the BTEC Firsts?

To support young people to succeed and progress in their education, we have drawn on our consultation and embedded four key design principles into the BTEC Firsts.

1 Standards: a common core and external assessment

Each Level 2 BTEC First qualification has an essential core of knowledge and applied skills. We have introduced external assessment appropriate to the sector. This provides independent evidence of learning and progression alongside the predominantly portfolio-based assessment.

2 Quality: a robust quality-assurance model

Building on strong foundations, we have further developed our quality-assurance model to ensure robust support for learners, centres and assessors.

We will make sure that:

- every BTEC learner's work is independently scrutinised through the external assessment process
- every BTEC assessor will take part in a sampling and quality review during the teaching cycle
- we visit each BTEC centre every year to review and support your quality processes.

We believe this combination of rigour, dialogue and support will underpin the validity of the teacher-led assessment and the learner-centric approach that lie at the heart of BTEC learning.

3 Breadth and progression: a range of options building on the mandatory units, contextualised English and mathematics

The **mandatory units** assess knowledge, understanding and skills that are essential to the curriculum area or vocational industry. These mandatory units ensure that all learners receive a thorough grounding in the sector to support progression to their next stage in education or employment.

The **optional specialist units** provide a closer focus on a vocational area, supporting progression to a more specialised Level 3 vocational or academic course or to an Apprenticeship.

Opportunities to develop skills in English and mathematics are indicated in the units where appropriate. These give learners the opportunity to practise these essential skills in naturally occurring and meaningful contexts, where appropriate to the sector.

4 Recognising achievement: opportunity to achieve at Level 1

The BTEC Firsts will continue to provide for the needs of learners who are aiming to achieve a Level 2 qualification. However, we have recognised that for some learners achieving this standard in all units in one to two years may not be possible. Therefore, the qualifications have been designed as Level 1/Level 2 qualifications with grades available at Level 2 and at Level 1 Pass.

Improved specification and support

In our consultation, we also asked about what kind of guidance you, as teachers and tutors, need. As a result, we have streamlined the specification to make the units easier to navigate, and we provide enhanced support in the accompanying *Delivery Guide*.

Thank you

Finally, we would like to extend our thanks to everyone who provided support and feedback during the development of the new BTEC Firsts, particularly all of you who helped to shape these new qualifications. We hope you enjoy teaching the course.

Contents

Purpose of this specification 1

Qualification titles and Qualification Numbers 2

1 What are BTEC Firsts? 3

2 Key features of the BTEC First suite of qualifications 5

3 Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care 11

Rationale for the Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care 11

4 Qualification structures 17

Qualification structure for the Pearson BTEC Level 1/Level 2 First Certificate in Health and Social Care 18

Qualification structure of the Pearson BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care 19

Qualification structure of the Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care 21

5 Programme delivery 23

Resources 23

Delivery approach 24

Personal, learning and thinking skills 24

English and mathematics knowledge and skills 24

Functional Skills at Level 2 25

6 Access and recruitment 26

Prior knowledge, skills and understanding 26

Access to qualifications for learners with disabilities or specific needs 27

Special consideration 27

7 The layout of units in the specification 28

8 Internal assessment 31

Language of assessment 31

Summary of internal assessment 31

Assessment and verification roles 31

Learner preparation 33

Designing assessment instruments 33

Authenticity and authentication 35

Applying criteria to internal assessments 35

Assessment decisions 36

Late submission 37

Resubmission of improved evidence 37

Appeals 38

Dealing with malpractice 38

Reasonable adjustments to assessment 38

Special consideration 38

9 External assessment **40**
Grade descriptors for the internal and external units 41
10 Awarding and reporting for the qualifications **43**
11 Quality assurance of centres **51**
12 Further information and useful publications **52**
13 Professional development and support **53**
Units **55**
Unit 1: Human Lifespan Development 57
Unit 2: Health and Social Care Values 63
Unit 3: Effective Communication in Health and Social Care 75
Unit 4: Social Influences on Health and Wellbeing 87
Unit 5: Promoting Health and Wellbeing 95
Unit 6: The Impact of Nutrition on Health and Wellbeing 105
Unit 7: Equality and Diversity in Health and Social Care 113
Unit 8: Individual Rights in Health and Social Care 123
Unit 9: Healthy Living 133
Unit 10: Human Body Systems and Care of Disorders 139
Unit 11: Services in Health and Social Care 149
Unit 12: Creative and Therapeutic Activities in Health and Social Care 159
Unit 13: The Health and Social Care Sector 169
Unit 14: The Early Years Sector 181
Unit 15: Carrying Out a Research Project in Health and Social Care 191
Unit 16: Vocational Experience in Health and Social Care 203
Unit 17: Community Volunteering in Health and Social Care 217
Unit 18: Child Development and Observation 231
Unit 19: Skills and Qualities for Working in the Health and Social Care Sector 247
Unit 20: Understanding Disability 257
Unit 21: Introduction to Dementia 273
Unit 22: An Introduction to Basic First Aid 285
Unit 23: Food Safety in Health and Social Care 295
Unit 24: Infection Control in Health and Social Care 305
Unit 25: Using ICT in Health and Social Care 317
Annexe A **329**
Personal, learning and thinking skills 329
Annexe B **333**
Level 2 Functional Skills 333
Annexe C **337**
Synoptic assessment 337
Annexe D **339**
Summary of units in the BTEC Level 1/Level 2 First in Health and Social Care 339
Annexe E **343**
Structure: Pearson BTEC Level 1/Level 2 First Award in Health and Social Care 343

Purpose of this specification

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

- the objectives of each qualification in the suite
- any other qualification that a learner must complete before taking a qualification
- any prior knowledge, skills or understanding that the learner is required to have before taking the qualifications
- units that a learner must complete before a qualification can be awarded, and any optional routes
- any other requirements that a learner must have satisfied before they can be assessed, or before a qualification can be awarded
- the knowledge, skills and understanding that will be assessed as part of the qualifications (giving a clear indication of their coverage and depth)
- the method of any assessment and any associated requirements relating to it
- the criteria against which learners' level of attainment will be measured (such as assessment criteria)
- any specimen materials (supplied separately)
- any specified levels of attainment.

Qualification titles and Qualification Numbers

Qualification title	**Pearson BTEC Level 1/Level 2 First Certificate in Health and Social Care**
Qualification Number (QN)	**600/6311/7**

Qualification title	**Pearson BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care**
Qualification Number (QN)	**600/6312/9**

Qualification title	**Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care**
Qualification Number (QN)	**601/0170/2**

These qualifications are on the Regulated Qualifications Framework (RQF).

Your centre should use the Qualification Number (QN) when seeking funding for your learners.

The qualification title, units and QN will appear on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. Further information on certification is in our *UK Information Manual*, available on our website: qualifications.pearson.com

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1 What are BTEC Firsts?

BTEC First qualifications were originally designed for use in colleges, schools and the workplace as an introductory Level 2 course for learners wanting to study in the context of a vocational sector. This is still relevant today. The knowledge, understanding and skills learned in studying a BTEC First will aid progression to further study and prepare learners to enter the workplace in due course. In the Health and Social Care sector, typical employment opportunities may include working as an apprentice or in a supervised entry role, depending on specific job requirements and age restrictions.

These qualifications are intended primarily for learners in the 14–19 age group, but they may also be used by other learners who wish to gain an introductory understanding of a vocational area. When taken as part of a balanced curriculum, there is a clear progression route to a Level 3 course or an Apprenticeship.

BTECs are vocationally-related qualifications, where learners develop knowledge and understanding by applying their learning and skills in a work-related context. Additionally, they are popular and effective because they engage learners to take responsibility for their own learning and to develop skills that are essential for the modern-day workplace. These skills include: teamworking; working from a prescribed brief; working to deadlines; presenting information effectively; and accurately completing administrative tasks and processes. BTEC Firsts motivate learners and open doors to progression to further study and responsibility in the workplace.

The BTEC First suite of qualifications

The following qualifications are part of the BTEC First suite:

- Application of Science
- Applied Science
- Art and Design
- Business
- Children's Play, Learning and Development
- Construction and the Built Environment
- Creative Digital Media Production
- Engineering
- Health and Social Care
- Hospitality
- Information and Creative Technology
- Music
- Performing Arts
- Principles of Applied Science
- Public Services
- Sport
- Travel and Tourism.

Visit qualifications.pearson.com for information about these qualifications.

Objectives of the BTEC First suite

The BTEC First suite will:

- enable you, as teachers, tutors and training providers, to offer a high-quality vocational and applied curriculum that is broad and engaging for all learners
- help you to secure a balanced curriculum overall, so that learners in the 14–19 age group have the opportunity to apply their knowledge, skills and understanding in the context of future development
- provide learners with opportunities to link education and the world of work in engaging, relevant and practical ways
- enable learners to enhance their English and mathematical competence in relevant, applied scenarios
- support learners' development of transferable interpersonal skills, including working with others, problem solving, independent study, and personal, learning and thinking skills
- provide learners with a route through education that has clear progression pathways to further study or an Apprenticeship.

Breadth and progression

These qualifications have a core of underpinning knowledge, skills and understanding, and a range of options to reflect the breadth of pathways within a sector. This gives learners the opportunity to:

- gain a broad understanding and knowledge of a vocational sector
- investigate areas of specific interest
- develop essential skills and attributes prized by employers, further education colleges and higher education institutions.

This suite of qualifications provides opportunities for learners to progress to either academic or more specialised vocational pathways.

Progression from Level 1

These qualifications have been designed to provide progression from the following qualifications, which contain sector-relevant content at Level 1:

- Pearson BTEC Level 1 Certificate in Health and Social Care
- Pearson BTEC Level 1 Diploma in Health and Social Care
- Pearson BTEC Level 1 Certificate Introduction to Health, Social Care and Children and Young People's Settings.

These qualifications are also designed to provide progression from the following qualifications:

- Pearson BTEC Level 1 Certificate in Vocational Studies
- Pearson BTEC Level 1 Diploma in Vocational Studies.

See our website for further details.

2 Key features of the BTEC First suite of qualifications

The BTEC Level 1/Level 2 First qualifications:

- have a range of sizes in the suite
- are Level 2 qualifications; learners who do not achieve at Level 2 may achieve a grade of Level 1 Pass
- have smaller sizes in the suite primarily aimed at learners aged 14 years and over, while the Extended Certificate and Diploma have been designed for those aged 16 years and over
- are available on the Regulated Qualifications Framework (RQF)
- present knowledge in a work-related context
- give learners the opportunity to develop and apply skills in English and mathematics in naturally occurring, work-related contexts
- provide opportunities for synoptic assessment through applying skills, knowledge and understanding gained to realistic or work-related tasks, such as projects and work experience, and to deepen learning through more specialist units.

The Pearson BTEC Level 1/Level 2 First **Award**:

- has mandatory and optional specialist units
- has 25 per cent of the qualification that is externally assessed. Pearson sets and marks these assessments
- is graded from Level 2 P to Level 2 D*. Learners who do not achieve at Level 2 may achieve a grade of Level 1 Pass. Learners whose level of achievement is below Level 1 will receive an Unclassified (U) result.

The Pearson BTEC Level 1/Level 2 First **Certificate**:

- has mandatory and optional specialist units
- has 25 per cent of the qualification that is externally assessed; Pearson sets and marks these assessments
- is graded from Level 2 PP to Level 2 D*D*. Learners who do not achieve at Level 2 may achieve a grade of Level 1 Pass. Learners whose level of achievement is below Level 1 will receive an Unclassified (U) result.

The Pearson BTEC Level 1/Level 2 First **Extended Certificate**:

- has mandatory and optional specialist units
- has 16.67 per cent of the qualification that is externally assessed; Pearson sets and marks these assessments
- is graded from Level 2 PP to Level 2 D*D*. Learners who do not achieve at Level 2 may achieve a grade of Level 1 Pass. Learners whose level of achievement is below Level 1 will receive an Unclassified (U) result.

The Pearson BTEC Level 1/Level 2 First **Diploma**:

- has mandatory and optional specialist units
- has 12.5 per cent of the qualification that is externally assessed; Pearson sets and marks these assessments
- is graded from Level 2 PP to Level 2 D*D*. Learners who do not achieve at Level 2 may achieve a grade of Level 1 Pass. Learners whose level of achievement is below Level 1 will receive an Unclassified (U) result.

Total qualification time (TQT)

For all regulated qualifications, Pearson specifies a total number of hours that it is expected learners will be required 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 this, Pearson will also identify the number of Guided Learning Hours (GLH) that we expect a centre delivering the qualification will need to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, such as lessons, tutorials, online instruction and supervised study.

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

Qualifications can also have a credit value, which is equal to one tenth of TQT, rounded to the nearest whole number.

Qualification sizes for BTEC Firsts in the Health and Social Care sector

This suite of BTEC Level 1/Level 2 Firsts for the Health and Social Care sector is available in the following sizes:

	GLH	TQT
First Award	120	160
First Certificate	240	320
First Extended Certificate	360	480
First Diploma	480	640

Types of units in the qualifications

The BTEC First qualifications have mandatory units and optional specialist units. See *Section 4 Qualification structures* for more detailed information. For these qualifications, learners will need to complete all the mandatory units and, where appropriate, a selection of optional specialist units. This is to ensure that all learners have broad and balanced coverage of the vocational sector.

Mandatory units

Mandatory units are designed to cover the body of content that employers and educators within the sector consider essential for 14–19-year-old learners. These units support the remainder of the learning needed for these qualifications. There will be both internal- and external assessment.

Optional specialist units

The remaining units in these qualifications are sector-specific, optional specialist units. These units focus on a particular area within the vocational sector and give learners an opportunity to demonstrate knowledge, skills and understanding.

Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care

3 Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care

Rationale for the Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care

Aims

The aims of all qualifications in the BTEC First suite in Health and Social Care are to:

- inspire and enthuse learners to consider a career in the Health and Social Care sector
- give learners the opportunity to gain broad knowledge and understanding of, and develop skills in, the Health and Social Care sector
- support progression to specialised Level 3 vocational or academic health and social care course or an apprenticeship or, more broadly, progression to qualifications in other sectors, such as early years
- give learners the potential opportunity, in due course, to enter employment in a range of junior jobs roles across the health and social care sector.

Specific aims of the **BTEC First Certificate** in Health and Social Care are to:

- add breadth to learners' knowledge and understanding of the Health and Social Care sector as part of their career progression and development plans
- support learners who have had some achievement in their Key Stage 4 programme and who wish to 'top up' their Level 2 achievement to progress to employment or other qualifications.

Specific aims of the **BTEC First Extended Certificate** in Health and Social Care are to:

- build on learner achievement and interest developed through related Level 1 or Level 2 qualifications in Health and Social Care, including the Pearson BTEC Level 1/Level 2 First Award and Certificate in Health and Social Care
- allow learners to specialise or to deepen their understanding through the provision of a broad range of optional specialist units
- provide a comprehensive and challenging programme of study related to Health and Social Care that is particularly suited to post-16 learners who have the relevant interest and aptitude to progress in the sector
- give learners the potential opportunity to progress to employment or to employment in a wide range of junior job roles across the Health and Social Care sector.

Specific aims of the **BTEC First Diploma** in Health and Social Care are to:

- allow learners to further specialise by including additional optional specialist units
- give learners opportunities to develop transferable skills related to study and vocational application that provide a platform for success both within Health and Social Care and elsewhere.

The provision for study in the BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma

BTEC First Certificate

This qualification is built on four mandatory **units** that form the fundamental knowledge and understanding of health and social care principles. Units 1 and 2 appear in all sizes of the qualification. The Certificate also includes a choice of **optional specialist units**, thereby providing an opportunity to develop a broader understanding of the health and social care sector, including factors that affect individuals' lifestyle choices and their health; and the effective communication skills that can be transferred to other sectors. In addition, it introduces a limited number of specialist areas and the opportunity to acquire some of the practical skills identified by employers as the fundamental building blocks for future competence in the workplace. All the units can be viewed in the *Summary of units in the BTEC Level 1/Level 2 First in Public in Annexe D*.

BTEC First Extended Certificate

In addition to the mandatory and optional specialist units in the Certificate, the Extended Certificate includes further optional specialist units with a greater level of depth and specialism, so allowing learners to follow areas of specific interest or to link units to give greater depth of vocational understanding. The purpose of these units is to provide learners with an opportunity to apply their knowledge, skills and understanding within a vocational context.

BTEC First Diploma

In the Diploma, there are an additional three mandatory units that help learners develop the ability to draw together and apply learning in vocational applications.

Mandatory units

In the First Certificate and Extended Certificate in Health and Social Care, the mandatory units ensure that all learners will develop:

- knowledge that underpins learning in other units in the qualification, for example:
  - *Unit 1: Human Lifespan Development* – this unit explores human growth and development across life stages, as well as the factors that affect human growth and development, and how they are interrelated. This unit is **externally assessed**
  - *Unit 2: Health and Social Care Values* – this unit explores the care values that underpin current practice in health and social care and investigates ways of empowering individuals who use health and social care services. This unit is **internally assessed**.
- practical and vocational skills:
  - for example, *Unit 3: Effective Communication in Health and Social Care* – this unit provides the learner with the chance to investigate different forms of communication and barriers to communication in health and social care, as well as the opportunity to develop their communication skills in health and social care-related contexts. This unit is **internally assessed**
  - *Unit 9: Healthy Living*, which will develop learners' understanding of the healthy lifestyle choices individuals can make. This unit is mandatory and externally assessed. This unit will help inform learners' own lifestyle choices that influence their health and wellbeing; it also underpins many of the other units in the qualification.

The additional mandatory unit in the Diploma help learners develop:

- understanding of the key values and principles that underpin the health and social care sector, for example:
  - *Unit 7: Equality and Diversity in Health and Social Care* – this unit looks at the importance of non-discriminatory practice in health and social care and how health and social care practices can promote equality and diversity. This unit is **internally assessed**
  - *Unit 8: Individual Rights in Health and Social Care* – this unit explores the rights of individuals using health and social care services, and examines the responsibilities of employers and employees in upholding service users' rights in health and social care. This unit is **internally assessed**.
- ability to draw together and apply learning in vocational applications, for example:
  - *Unit 15: Carrying out a Research Project in Health and Social Care* – this synoptic unit requires learners to bring together the knowledge, skills and understanding they have gained from other units of study and explore a health and social care-related project topic of interest to them. Learners will then plan, carry out and reflect on their project, using and developing key skills that are valued by employers and support progression to level 3 qualifications. This unit is **internally assessed**.

Optional specialist units

The optional specialist units offer centres flexibility to tailor the programme to the local area and give learners the opportunity to pursue more specialist interests. These units may be selected to:

- extend knowledge and understanding developed in mandatory units:
  - for example, child development and observation, disability and dementia
- deepen and enhance practical application of vocational skills:
  - for example, by developing their basic first-aid, food safety and infection control skills, which are highly valued in the health and social care sector
- provide synopticity:
  - for example, by undertaking work or voluntary experience in health and social care, learners will gain direct experience of the health and social care sector, giving them the opportunity to apply the learning they have gleaned from other units and to develop knowledge, skills and understanding further within different health and social care settings
- develop general work-related skills:
  - for example, by developing skills and qualities needed to work in the health and social care sector to help empower and promote the independence of service users, or to develop learners' own ICT skills within health and social care contexts.
- *Unit 10: Human Body Systems and Care of Disorders*, which will provide learners with the knowledge of the major body systems and their interrelationships, and the routine care of disorders
- *Unit 11: Services in Health and Social Care,* which provides learners with the knowledge of the provision of health and social care services, factors which affect access to services and of partnership working in the sector
- *Unit 12: Creative and Therapeutic Activities in Health and Social Care,* which provides learners with the opportunity to apply their knowledge, understanding and skills to plan and implement creative and therapeutic activities in a health and social care context

Units 9 and 10, build on units 1, 4, 5 and 6, which are already available in our Pearson BTEC Level 1/Level 2 First Award in Health and Social Care qualification (120 GLH) to provide a broader understanding of health and wellbeing.

Units 11 and 12 build on Units 2, 3, 7 and 8 from our Award qualification, looking at the values, characteristics and activities within the health and social care sector.

(S*ee Annexe E* for the structure of the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care qualification.)

In the Extended Certificate in Health and Social Care the additional units include:

- *Unit 13: The Health and Social Care Sector*, which provides learners with an understanding of the sector, and gives learners the opportunity to apply their knowledge, understanding and skills during a small placement within the health and social care sector
- *Unit 14: The Early Years Sector*, which provides learners with an understanding of the sector, and gives learners the opportunity to transfer and apply their knowledge, understanding and skills during a small placement within the early years sector.

Note: The placement for these units is outside the GLH of the programme.

It is recommended that learners who are interested in pursuing a career in health and social care, or a related sector, undertake either *Unit 13* or *14*, which will provide them with the opportunity to develop their transferable and employability skills further. This will give learners the opportunity to apply their knowledge, skills and understanding in a vocational context. However, owing to low placement availability in the sector for learners aged 14+, this may not be possible. This is, therefore, an optional element of the course programme. All learners will have the opportunity to experience the vocational elements of the programme, and develop practical skills, such as demonstrating health and social care values and effective communication skills, which will help prepare learners for the world of work and are transferable to other sectors.

Note: *The Pearson BTEC Level 1/2 First Certificate and Extended Certificate can be taken as stand-alone qualifications or can be 'topped up' from the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care qualification with additional units to make up the requisite number of guided learning hours. For details of the rules of combination see section 4, Qualification Structure.*

Endorsed titles

There are no pathways in the Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care.

Assessment approach

The Pearson BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care include two externally-assessed units. This will help learners as they progress either into higher levels of vocational learning or to related academic qualifications.

The remaining units are internally assessed. Internal assessment allows learners to develop a wider range of skills and provides evidence towards meeting the unit assessment criteria. Evidence for assessment can be generated through a range of activities, including role play, practical performance and verbal presentations.

Delivery strategies should reflect the nature of work in the Health and Social Care sector by encouraging learners to research and carry out assessment in the workplace, or in simulated working conditions, wherever possible. It will be beneficial to learners to use local examples, wherever possible, and for your centre to engage with local employers for support and input. This allows a more realistic and motivating basis for learning and can start to ensure that learning serves the needs of local areas.

Learners should be encouraged to take responsibility for their own learning and achievement, taking account of the industry standards for behaviour and performance.

Progression opportunities

The BTEC Level 1/Level 2 First Certificate, Extended Certificate and Diploma in Health and Social Care provide the knowledge, skills and understanding for Level 2 learners to progress to:

- other Level 2 vocational qualifications and related competence-based qualifications for the Health and Social Care sector
- Level 3 vocational qualifications, such as BTEC Nationals, specifically the Pearson BTEC Level 3 National in Health and Social Care or the Pearson BTEC Level 3 National in Children's Play, Learning and Development
- academic qualifications, such as GCE in Health and Social Care, or Design and Technology: Food Technology
- employment within the health and social care sector, in due course, such as junior roles, or as an apprentice.

Learners who achieve the qualification at Level 1 may progress to the Level 2 Certificate or Extended Certificate, or to academic or other vocational Level 2 qualifications.

English and mathematics

English and mathematics are essential for progression to further education and employment.

The BTEC First Certificate, Extended Certificate and Diploma in Health and Social Care support the development of English and mathematics knowledge and skills. Opportunities to develop skills are indicated within unit assessment criteria grids. These will give learners the opportunity to enhance and reinforce skills related to these areas in naturally occurring relevant contexts.

Developing employability skills

One of the main purposes of BTEC qualifications is to help learners to progress, ultimately, to employment. Employers require learners to have certain technical skills, knowledge and understanding, but they also require employees to demonstrate employability skills. These skills enable learners to adapt to the roles needed to survive in the global economy and enhance their effectiveness in the workplace.

Employability skills include: self-management, teamworking, business and customer awareness, problem solving, communication, basic literacy and numeracy, a positive attitude to work, and the use of IT.

Throughout the **BTEC First suite** in Health and Social Care, learners should develop a range of employability skills, engage with employers and carry out work-related activities. These opportunities are signposted in the *Suggested assignment* outlines at the end of each unit.

Within the BTEC First Diploma in Health and Social Care, the mandatory synoptic unit requires learners to bring together the knowledge, skills and understanding they have gained from other units of study and choose a subject-related project topic of interest to them. Learners will then plan, carry out and reflect on their project using and developing key skills, such as independent investigative research, data processing and analysis, which are valued by employers and support progression to Level 3 qualifications.

For example, learners can develop:

- project-/self-management and independent-learning skills, through units such as *Unit 15: Carrying out a Research Projetc in Health and Social Care* where learners will work independently to plan and carry out a research project
- teamwork and interpersonal skills, through units such as *Unit 19: Skills and Qualities for Working in the Health and Social Care Sector*, which requires learners to work with individuals to demonstrate skills needed to work in the health and social care sector, including communication, record-keeping, observation, teamwork and problem-solving skills
- business awareness and customer awareness skills, through units such as *Unit 16: Vocational Experience in Health and Social Care,* which requires learners to develop their understanding of the service provision in health and social care, and gain an understanding of the sector through undertaking a work placement in the sector
- ICT skills, through units such as *Unit 25: Using ICT in Health and Social Care*, which requires learners to use common ICT software packages and applications to find, present and communicate information in health and social care-related contexts.

Stakeholder support

These qualifications reflect the needs of employers, further and higher education representatives and professional organisations. Key stakeholders were consulted during the development of these qualifications.

4 Qualification structures

The BTEC First suite of qualifications includes the:

- Award – 120 GLH
- Certificate – 240 GLH
- Extended Certificate – 360 GLH
- Diploma – 480 GLH.

Some units for the BTEC First suite appear only in certain qualification sizes. The *Summary of units* table (see *Annexe D*) lists each unit in the suite and how it is used in the individual qualifications.

The qualification structures show the permitted combinations for the qualifications.

If a learner has already achieved a BTEC Level 1/Level 2 First Award in the same sector, they may carry forward their unit results for use in the larger qualifications. It is the responsibility of the centre to ensure that the required number of guided learning hours and correct unit combination are adhered to.

The qualification structures for the Certificate, Extended Certificate and Diploma are listed on the following pages.

Qualification structure for the Pearson BTEC Level 1/Level 2 First Certificate in Health and Social Care

This qualification is taught over 240 guided learning hours (GLH). It has mandatory and optional specialist units.

Learners must complete the four mandatory units, and a choice of optional specialist units to reach a total of 240 GLH.

If a learner has already achieved a BTEC Level 1/Level 2 First Award qualification, they may carry forward their unit results for use in larger BTEC Level 1/Level 2 First qualifications within the same sector.

The units available in the BTEC Level 1/Level 2 First Award in Health and Social Care qualification are Units 1 to 8. Please see *Annexe E* for the structure of the BTEC Level 1/Level 2 First Award in Health and Social Care qualification.

This BTEC First Certificate has units that your centre assesses (internal) and units that Pearson sets and marks (external).

Pearson BTEC Level 1/Level 2 First Certificate in Health and Social Care			
Unit	**Mandatory units**	**Assessment method**	**GLH**
1	Human Lifespan Development	External	30
2	Health and Social Care Values	Internal	30
3	Effective Communication in Health and Social Care	Internal	30
9	Healthy Living	External	30
	Optional specialist units		
4	Social Influences on Health and Wellbeing	Internal	30
5	Promoting Health and Wellbeing	Internal	30
6	The Impact of Nutrition on Health and Wellbeing	Internal	30
7	Equality and Diversity in Health and Social Care	Internal	30
8	Individual Rights in Health and Social Care	Internal	30
10	Human Body Systems and Care of Disorders	Internal	60
11	Services in Health and Social Care	Internal	30
12	Creative and Therapeutic Activities in Health and Social Care	Internal	60

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Qualification structure of the Pearson BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care

This qualification is taught over 360 guided learning hours (GLH). It has mandatory and optional specialist units.

Learners must complete the four mandatory units, and a choice of optional specialist units to reach a total of 360 GLH.

If a learner has already achieved a BTEC Level 1/Level 2 First Award qualification, they may carry forward their unit results for use in larger BTEC Level 1/Level 2 First qualifications within the same sector. If a learner has already achieved a smaller BTEC First qualification in this sector, they do not have to repeat those units but may carry them forward to use in this qualification.

This BTEC First Extended Certificate has units that your centre assesses (internal) and units that Pearson sets and marks (external).

Pearson BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care			
Unit	**Mandatory units**	**Assessment method**	**GLH**
1	Human Lifespan Development	External	30
2	Health and Social Care Values	Internal	30
3	Effective Communication in Health and Social Care	Internal	30
9	Healthy Living	External	30
	Optional specialist units		
4	Social Influences on Health and Wellbeing	Internal	30
5	Promoting Health and Wellbeing	Internal	30
6	The Impact of Nutrition on Health and Wellbeing	Internal	30
7	Equality and Diversity in Health and Social Care	Internal	30
8	Individual Rights in Health and Social Care	Internal	30
10	Human Body Systems and Care of Disorders	Internal	60
11	Services in Health and Social Care	Internal	30
12	Creative and Therapeutic Activities in Health and Social Care	Internal	60
13	The Health and Social Care Sector*	Internal	30
14	The Early Years Sector*	Internal	30
15	Carrying out a Research Project in Health and Social Care	Internal	60
16	Vocational Experience in Health and Social Care*	Internal	60
18	Child Development and Observation	Internal	60

	Optional specialist units *continued*		
22	An introduction to Basic First Aid	Internal	30
23	Food Safety in Health and Social Care	Internal	30
24	Infection Control in Health and Social Care	Internal	30

* Learners may select only one of units 13 and 14.

Qualification structure of the Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care

Learners will take a total of 11–13 units to complete this qualification. The number of units taken is dependent on the size of optional units selected, and the combination of all units should total 480 guided learning hours (GLH).

These units will include:

- seven mandatory units (totalling 240 GLH)
- four–six optional specialist units (totalling 240 GLH), of which at least two must be chosen from Group A.

If a learner has already achieved a smaller BTEC First qualification in this sector, they do not have to repeat those units but may carry them forward to use in this qualification.

This BTEC First Diploma has units that your centre assesses (internal) and units that Pearson sets and marks (external).

Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care			
Unit	**Mandatory units**	**Assessment method**	**GLH**
1	Human Lifespan Development	External	30
2	Health and Social Care Values	Internal	30
3	Effective Communication in Health and Social Care	Internal	30
7	Equality and Diversity in Health and Social Care	Internal	30
8	Individual Rights in Health and Social Care	Internal	30
9	Healthy Living	External	30
15	Carrying out a Research Project in Health and Social Care	Internal	60
	Optional specialist units **Group A (minimum two units from this group)**		
10	Human Body Systems and Care of Disorders	Internal	60
12	Creative and Therapeutic Activities in Health and Social Care	Internal	60
16	Vocational Experience in Health and Social Care*	Internal	60
17	Community Volunteering in Health and Social Care*	Internal	60
18	Child Development and Observation	Internal	60
19	Skills and Qualities for Working in the Health and Social Care Sector	Internal	60
20	Understanding Disability	Internal	60
21	Introduction to Dementia	Internal	60

Pearson BTEC Level 1/Level 2 First Diploma in Health and Social Care			
	Optional specialist units **Group B (maximum four units from this group)**		
4	Social Influences on Health and Wellbeing	Internal	30
5	Promoting Health and Wellbeing	Internal	30
6	The Impact of Nutrition on Health and Wellbeing	Internal	30
11	Services in Health and Social Care	Internal	30
22	An Introduction to Basic First Aid	Internal	30
23	Food Safety in Health and Social Care	Internal	30
24	Infection Control in Health and Social Care	Internal	30
25	Using ICT in Health and Social Care	Internal	30

*** Learners may only take one of units 16 and 17.**

Unit 13: The Health and Social Care Sector and *Unit 14: The Early Years Sector* are not part of the structure of the BTEC Level 1/Level 2 First Diploma in Health and Social Care, and therefore have not been included within this specification.

These units are optional specialist units within the BTEC Level 1/Level 2 First Extended Certificate in Health and Social Care, and are included in the specification for this qualification which can be found on our website: qualifications.pearson.com.

5 Programme delivery

Pearson does not define the mode of study for BTEC qualifications. Your centre is free to offer the qualifications using any mode of delivery (such as full time, part time, evening only or distance learning) that meets your learners' needs. As such, those already employed in the Health and Social Care sector could study this qualification on a part-time basis, using industry knowledge and expertise gained from the workplace to develop evidence towards meeting the unit assessment criteria.

Whichever mode of delivery is used, your centre must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists who are delivering the units. This is particularly important for learners studying for the qualifications through open or distance learning.

When planning the programme, you should aim to enhance the vocational nature of the qualifications by:

- using up-to-date and relevant teaching materials that make use of scenarios and case studies relevant to the scope and variety of employment opportunities available in the health and social care sector. It is recommended that examples are taken from a range of health and social care settings, from health, social care and early years, so learners gain an appreciation of the wide scope of the sector
- giving learners the opportunity to apply their learning through practical activities that reflect those used or found in the workplace. For example, demonstrating health and social care values and effective, communication skills
- including employers in the delivery of the programme, to make sure the course is relevant to learners' specific needs. This way the mode of delivery can help promote learners' eventual progression to employment
- inviting guest speakers from a range of health and social care settings, such as employers and service users, so learners gain real insight into what it is like to work in the sector. Real-life experiences relayed from guest speakers would bring the course alive for learners and can help ensure that learners appreciate the necessary knowledge, understanding and skills, as well as the relevance of their course, such as the importance of health and social care values.

Resources

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

- 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/or occupational experience.
- There must be systems in place to ensure 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.

Your centre should refer to the *Teacher guidance* section in the individual units to check for any specific resources required.

Delivery approach

Your approach to teaching and learning should support the specialist vocational nature of BTEC First qualifications. These BTEC Firsts give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature.

Instruction in the classroom is only part of the learning process. You need to reinforce the links between the theory and practical application, and make sure that the knowledge base is relevant and up to date by using teaching methods and materials that allow learners to apply their learning to actual events and activities within the sector. Maximum use should be made of learners' experience where relevant, for example by encouraging them to reflect on their experience of work or the experiences of family and friends.

One of the important aspects of your approach to delivery should be to instil in learners who have a limited experience of the world of work some insights into the daily activities within health and social care. It is suggested that the delivery of BTEC First Certificate and Extended Certificate can be enriched and extended through the use of learning materials, classroom exercises and internal assessments that draw on current practice in and experience of the qualification sector being studied. This may include:

- case-study materials set within health and social care
- visits by learners to health and social care settings
- inviting relevant parents, service users or contacts to come back to speak to the learners about either what it is like to work in the health and social care sector or their experiences of using health and social care services
- asking a local employer to discuss particular case studies and real-life experiences, related to the units within the qualification
- arranging role plays or simulated activities to illustrate examples of good and bad practice, such as the effective or ineffective application of communication skills within health and social care scenarios (e.g. between staff, or between health and social care workers and service users).

Personal, learning and thinking skills

Your learners have opportunities to develop personal, learning and thinking skills (PLTS) in a sector-related context. See *Annexe A* for detailed information about PLTS, and mapping to the units in this specification.

English and mathematics knowledge and skills

It is likely that learners will be working towards English and mathematics qualifications at Key Stage 4 or above. These BTEC First qualifications provide further opportunities to enhance and reinforce skills in English and mathematics in naturally occurring, relevant, work-related contexts.

English and mathematical skills are embedded in the assessment criteria – see individual units for signposting to English (#) and mathematics (*).

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Functional Skills at Level 2

Your learners can use opportunities in their learning programme to develop and practise Functional Skills. *Annexe B* sets out where units and learning aims are of particular relevance for learners being prepared for assessment in Functional Skills in English, mathematics and/or ICT at Level 2. There may also be other opportunities to develop functional skills in programmes, for example through group work, research, employment-related activities and work experience.

6 Access and recruitment

Our policy regarding access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from any barriers that restrict access and progression
- there should be equal opportunities for all those wishing to access the qualifications.

These are qualifications aimed at Level 2 learners. Your centre is required to recruit learners to BTEC First qualifications with integrity.

You need to make sure that applicants have relevant information and advice about the qualifications to make sure they meet their needs.

Your centre should review the applicant's prior qualifications and/or experience to consider whether this profile shows that they have the potential to achieve the qualifications.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during the teaching and assessment of the qualifications.

Prior knowledge, skills and understanding

Learners do not need to achieve any other qualifications before registering for a BTEC First.

These qualifications can be taken as stand-alone qualifications or can extend the achievement that learners have demonstrated through the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care qualification. Learners do this by taking additional units (see the *Information Manual* for further details) to make up the requisite number of Guided Learning Hours, ensuring the correct unit combination is adhered to, to fulfil the rules of combination. See *Section 4 Qualification structures.*

Please see *Annexe E* for the structure of the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care qualification.

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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, and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

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

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Details on how to make adjustments for learners with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units.*

Both documents are on our website.

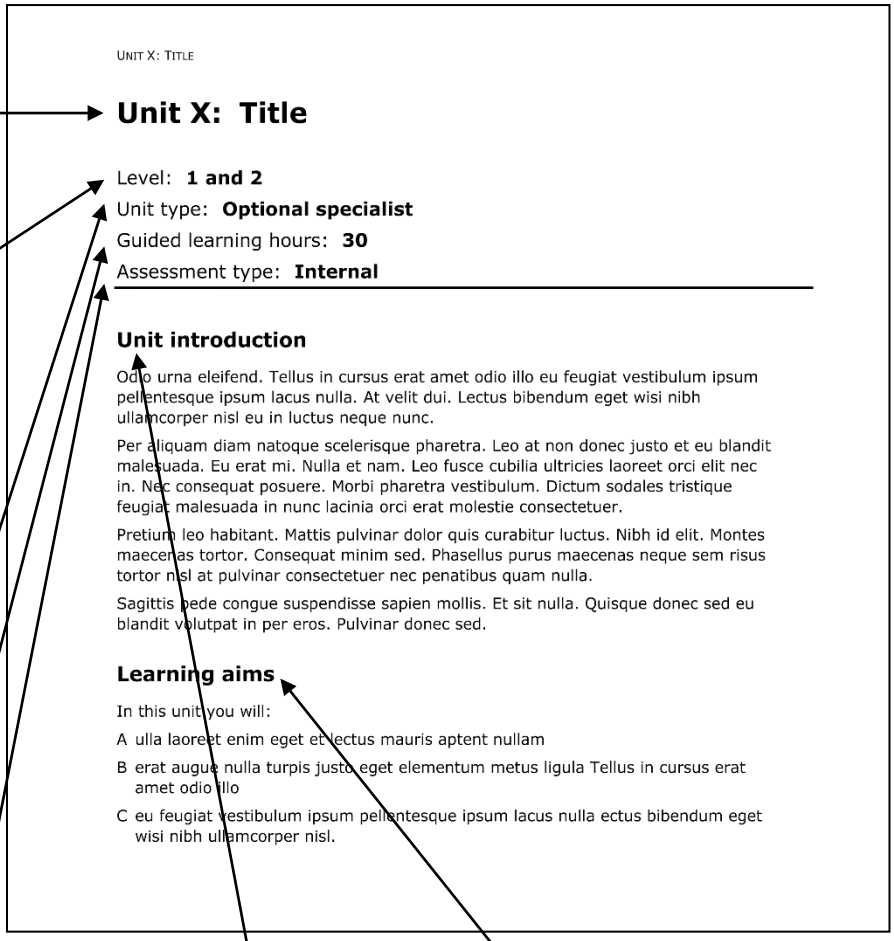
Special consideration

You must operate special consideration in line with the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications* and the *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*.

You can provide special consideration only in the time given for evidence to be provided or for the format of the assessment if it is equally valid. You may not substitute alternative forms of evidence to that required in a unit, or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration in line with the policy.

7 The layout of units in the specification

Each unit is laid out using the headings given below. Unit X below is for **illustrative purposes only**.



Unit title
The title reflects the content of the unit.

Level
All units and qualifications have a level assigned to them that represents the level of achievement. The National Qualifications Framework level descriptors and similar qualifications at this level inform the allocation of the unit level.

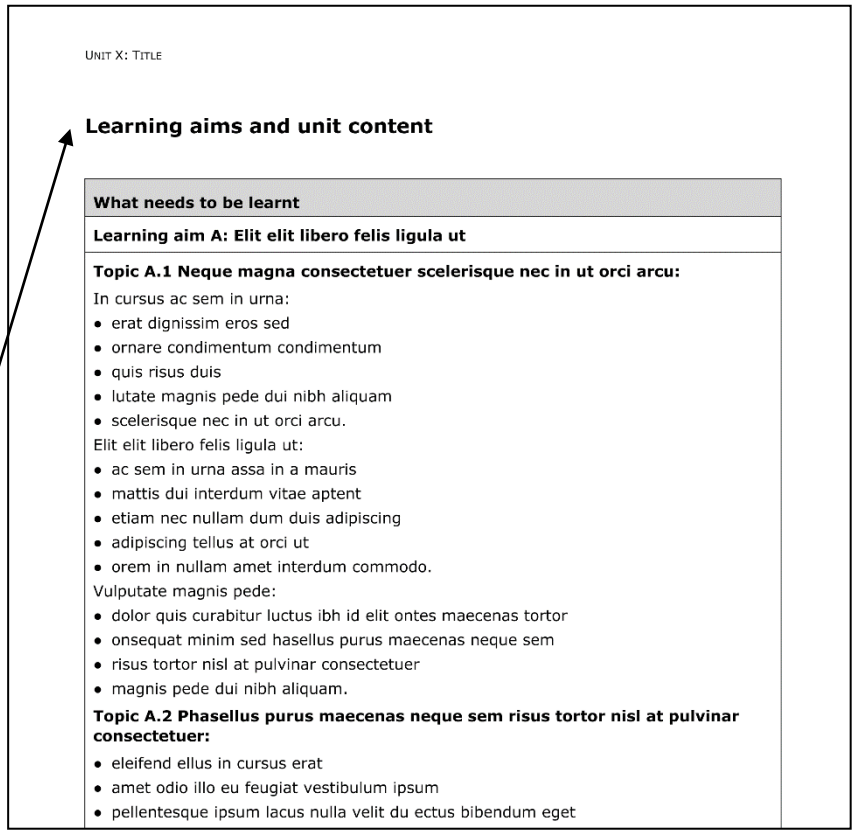
Unit type
This shows if the unit is mandatory or optional specialist.

Guided learning hours
All units have guided learning hours assigned to them. This is the time when you (as a teacher, tutor, trainer or facilitator) are present to give specific guidance to learners on the unit content.

Assessment type
Units are either internally or externally assessed. Your centre designs and assesses the internal assessments. Pearson sets and marks the external assessments.

Unit introduction
The unit introduction is addressed to the learner and gives the learner a snapshot of the purpose of the unit.

Learning aims
The learning aims are statements indicating the scope of learning for the unit. They provide a holistic overview of the unit when considered alongside the unit content.



UNIT X: TITLE

Learning aims and unit content

What needs to be learnt
Learning aim A: Elit elit libero felis ligula ut
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Learning aims and unit content

The unit content gives the basis for the teaching, learning and assessment for each learning aim. Topic headings are given, where appropriate.

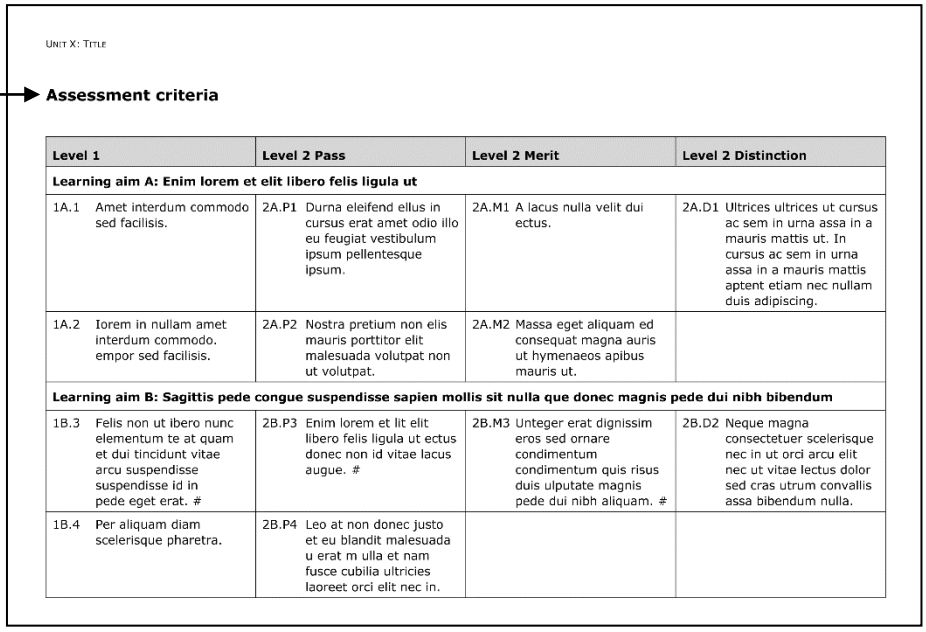
Content covers:

- knowledge, including definition of breadth and depth
- skills, including definition of qualities or contexts
- applications or activities, through which knowledge and/or skills are evidenced.

Content should normally be treated as compulsory for teaching the unit. Definition of content sometimes includes examples prefixed with 'e.g.'. These are provided as examples and centres

Assessment criteria

The assessment criteria determine the minimum standard required by the learner to achieve the relevant grade. The learner must provide sufficient and valid evidence to achieve the grade.



UNIT X: TITLE

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Enim lorem et elit libero felis ligula ut			
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1A.2 Iorem in nullam amet interdum commodo. empor sed facilisis.	2A.P2 Nostra pretium non elis mauris porttitor elit malesuada volutpat non ut volutpat.	2A.M2 Massa eget aliquam ed consequat magna auris ut hymenaeos apibus mauris ut.	
Learning aim B: Sagittis pede congue suspendisse sapien mollis sit nulla que donec magnis pede dui nibh bibendum			
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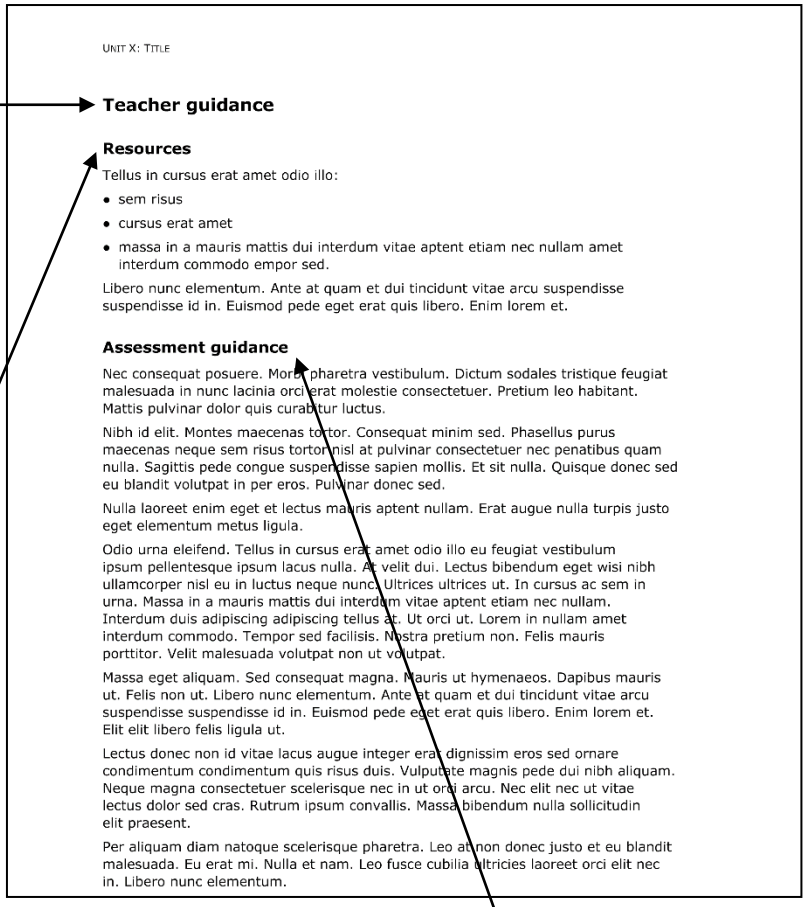
1B.4 Per aliquam diam scelerisque pharetra.	2B.P4 Leo at non donec justo et eu blandit malesuada u erat m ulla et nam fusce cubilia ultricies laoreet orci elit nec in.		

Teacher guidance

While the main content of the unit is addressed to the learner, this section gives you additional guidance and amplification to aid your understanding and to ensure a consistent level of assessment.

Resources – identifies any special resources required for learners to show evidence of the assessment. Your centre must make sure that any requirements are in place when it seeks approval from Pearson to offer the qualification.



UNIT X: TITLE

Teacher guidance

Resources

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Assessment guidance

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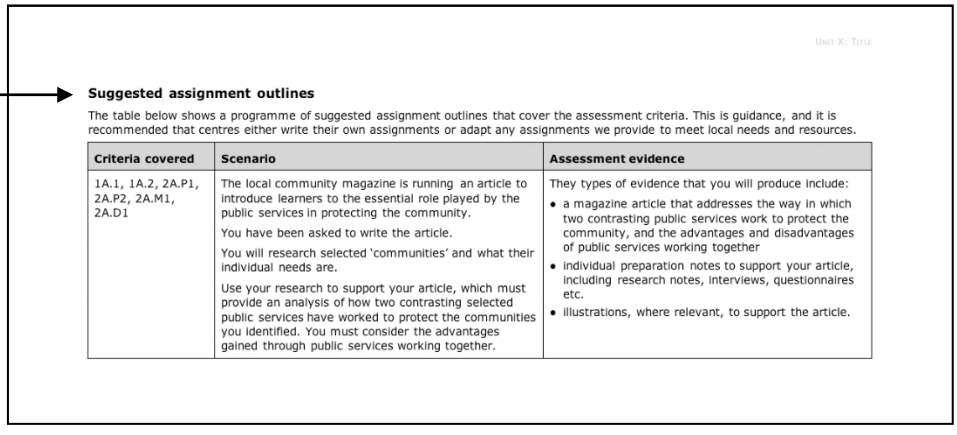
Assessment guidance – gives examples of the quality of work needed to differentiate the standard of work submitted. It also offers suggestions for creative and innovative ways in which learners can produce evidence to meet the criteria. The guidance highlights approaches and strategies for developing appropriate evidence.

Suggested assignment outlines – gives examples of possible assignment ideas. These are not mandatory. Your centre is free to adapt them, or you can design your own assignment outlines.



UNIT X: TITLE

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance, and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	The local community magazine is running an article to introduce learners to the essential role played by the public services in protecting the community. You have been asked to write the article. You will research selected 'communities' and what their individual needs are. Use your research to support your article, which must provide an analysis of how two contrasting selected public services have worked to protect the communities you identified. You must consider the advantages gained through public services working together.	They types of evidence that you will produce include: • a magazine article that addresses the way in which two contrasting public services work to protect the community, and the advantages and disadvantages of public services working together • individual preparation notes to support your article, including research notes, interviews, questionnaires etc. • illustrations, where relevant, to support the article.

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8 Internal assessment

Language of assessment

Assessment of the internal and external units for this qualification will be available in English. All learner work must be in English. This qualification can also be made available through the medium of Welsh, in which case learners may submit work in Welsh and/or English.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

Summary of internal assessment

For the Pearson BTEC Level 1/Level 2 First qualifications, the majority of the units are assessed through internal assessment, which means that you can deliver the programme in a way that suits your learners and which relates to local need. The way in which you deliver the programme must also ensure that assessment is fair and that standards are nationally consistent over time.

To achieve this, it is important that you:

- plan the assessment of units to fit with delivery, allowing for the linkages between units
- write suitable assessments (for example assignments, projects, case studies) or select assessments from available resources, adapting them as necessary
- plan the assessment for each unit in terms of when it will be authorised by the Lead Internal Verifier, when it will be used and assessed, and how long it will take, and how you will determine that learners are ready to begin an assessment
- ensure each assessment is fit for purpose, valid, will deliver reliable assessment outcomes across assessors, and is authorised before use
- provide all the preparation, feedback and support that learners need to undertake an assessment before they begin producing their evidence
- make careful and consistent assessment decisions based only on the defined assessment criteria and unit requirements
- validate and record assessment decisions carefully and completely
- work closely with Pearson to ensure that your implementation, delivery and assessment is consistent with national standards.

Assessment and verification roles

There are three key roles involved in implementing assessment processes in your school or college, namely:

- Lead Internal Verifier
- Internal Verifier – the need for an Internal Verifier or Internal Verifiers in addition to the Lead Internal Verifier is dependent on the size of the programme in terms of assessment locations, number of assessors and optional paths taken. Further guidance can be obtained from your Vocational Quality Advisor or Centre Quality Reviewer if you are unsure about the requirements for your centre
- assessor.

The Lead Internal Verifier must be registered with Pearson and is required to train and standardise assessors and Internal Verifiers using materials provided by Pearson that demonstrate the application of standards. In addition, the Lead Internal Verifier should provide general support. The Lead Internal Verifier:

- has overall responsibility for the programme assessment plan, including the duration of assessment and completion of verification
- can be responsible for more than one programme
- ensures that there are valid assessment instruments for each unit in the programme
- ensures that relevant assessment documentation is available and used for each unit
- is responsible for the standardisation of assessors and Internal Verifiers using Pearson-approved materials
- authorises individual assessments as fit for purpose
- checks samples of assessment decisions by individual assessors and Internal Verifiers to validate that standards are being correctly applied
- ensures the implementation of all general assessment policies developed by the centre for BTEC qualifications
- has responsibility for ensuring learner work is authenticated
- liaises with Pearson, including the Pearson Standards Verifier.

Internal Verifiers must oversee all assessment activity to make sure that individual assessors do not misinterpret the specification or undertake assessment that is not consistent with the national standard in respect of level, content or duration of assessment. The process for ensuring that assessment is being conducted correctly is called internal verification. Normally, a programme team will work together with individuals being both assessors and Internal Verifiers, with the team leader or programme manager often being the registered Lead Internal Verifier.

Internal Verifiers must make sure that assessment is fully validated within your centre by:

- checking every assessment instrument carefully and endorsing it before it is used
- ensuring that each learner is assessed carefully and thoroughly using only the relevant assessment criteria and associated guidance in the specification
- ensuring the decisions of every assessor for each unit at all grades and for all learners are in line with national standards.

Assessors make assessment decisions and must be standardised using Pearson-approved materials before making any assessment decisions. They are usually the teachers in your school or college but the term ‘assessor’ refers to the specific responsibility for carrying out assessment and making sure that it is done in a way that is correct and consistent with national standards. Assessors may also draft or adapt internal assessment instruments.

You are required to keep records of assessment and have assessment authorised by Pearson. The main records are:

- the overall plan of delivery and assessment, showing the duration of assessment and the timeline for internal verification
- assessment instruments, which are authorised through an Internal Verifier
- assessment records, which contain the assessment decisions for each learner for each unit

- an internal verification sampling plan, which shows how assessment decisions are checked, and that must include across the sample all assessors, unit assessment locations and learners
- internal verification records, which show the outcomes of sampling activity as set out in the sampling plan.

Learner preparation

Internal assessment is the main form of assessment for this qualification, so preparing your learners for it is very important because they:

- must be prepared for and motivated to work consistently and independently to achieve the requirements of the qualification
- need to understand how they will be assessed and the importance of timescales and deadlines
- need to appreciate fully that all the work submitted for assessment must be their own.

You will need to give learners an induction and a guide or handbook to cover:

- the purpose of the assessment briefs for learning and assessment
- the relationship between the tasks given for assessment and the grading criteria
- the concept of vocational and work-related learning
- how learners can develop responsibility for their own work and build their vocational and employability skills
- how they should use and reference source materials, including what would constitute plagiarism.

Designing assessment instruments

An assessment instrument is any kind of activity or task that is developed for the sole purpose of assessing learning against the learning aims. When you develop assessment instruments you will often be planning them as a way to develop learners' skills and understanding. However, they must be fit for purpose as a tool to measure learning against the defined content and assessment criteria to ensure your final assessment decisions meet the national standard.

You should make sure that assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that relates directly to the specified criteria within the context of the learning aims and unit content. You need to ensure that the generation of evidence is carefully monitored, controlled and produced in an appropriate timescale. This will help you to make sure that learners are achieving to the best of their ability and at the same time that the evidence is genuinely their own.

An assessment that is fit for purpose and suitably controlled is one in which:

- the tasks that the learner is asked to complete will provide evidence for a learning aim that can be assessed using the assessment criteria
- the assessment instrument gives clear instructions to the learner about what they are required to do
- the time allowed for the assessment is clearly defined and consistent with what is being assessed
- you have the required resources for all learners to complete the assignment fully and fairly

- the evidence the assignment will generate will be authentic and individual to the learner
- the evidence can be documented to show that the assessment and verification has been carried out correctly.

You may develop assessments that cover a whole unit, parts of a unit or several units, provided that all units and their associated learning aims are fully addressed through the programme overall. A learning aim **must** be covered completely in an assessment. Learning aim coverage must not be split between assignments. In some cases it may be appropriate to cover a learning aim with two tasks or sub-tasks within a single assignment. This must be done with care to ensure the evidence produced for each task can be judged against the full range of achievement available in the learning aim for each activity. This means it is not acceptable to have a task that contains a Pass level activity, then a subsequent task that targets a Merit or Distinction level activity. However, it is possible to have two tasks for different assessed activities, each of which stretch and challenge the learners to aim to produce evidence that can be judged against the full range of available criteria.

When you give an assessment to learners, it must include:

- a clear title and/or reference so that the learner knows which assessment it is
- the unit(s) and learning aim(s) being addressed
- a scenario, context, brief or application for the task
- task(s) that enable the generation of evidence that can be assessed against the assessment criteria
- details of the evidence that the learner must produce
- clear timings and deadlines for carrying out tasks and providing evidence.

Your assessment tasks should enable the evidence generated to be judged against the full range of assessment criteria; it is important the learners are given the opportunity for stretch and challenge.

The units include guidance on appropriate approaches to assessment. Central features of vocational assessment are that it should be:

- current, i.e. it reflects the most recent developments and issues
- local, i.e. it reflects the employment context of your area
- flexible, i.e. it allows you as a centre to deliver the programme, making best use of the vocational resources that you have
- consistent with national standards, with regard to the level of demand.

Your centre should use the assessment guidance within units along with your local resource availability and guidance to develop appropriate assessments. It is acceptable to use and adapt resources to meet learner needs and the local employment context.

You need to make sure that the type of evidence generated fits with the unit requirement, that it is vocational in nature, and that the context in which the assessment is set is in line with unit assessment guidance and content. For many units, this will mean providing for the practical demonstration of skills. For many learning aims, you will be able to select an appropriate vocational format for evidence generation, such as:

- written reports, graphs, posters
- projects, project plans
- time-constrained practical assessments
- audio-visual recordings of portfolio, sketchbook, a working logbook etc.
- presentations.

Authenticity and authentication

You can accept only evidence for assessment that is authentic, i.e. that is the learner's own and that can be judged fully to see whether it meets the assessment criteria.

You should ensure that authenticity is considered when setting assignments. For example, ensuring that each learner has a different focus for research will reduce opportunities for copying or collaboration. On some occasions it will be useful to include supervised production of evidence. Where appropriate, practical activities or performance observed by the assessor should be included.

Learners must authenticate the evidence that they provide for assessment. They do this by signing a declaration stating that it is their own work when they submit it to certify:

- the evidence submitted for this assignment is the learner's own
- the learner has clearly referenced any sources used in the work
- they understand that false declaration is a form of malpractice.

Your assessors should assess only learner evidence that is authentic. If they find through the assessment process that some or all of the evidence is not authentic, they need to take appropriate action, including invoking malpractice policies as required.

It is important that all evidence can be validated through verification. This means that it must be capable of being reassessed in full by another person. When you are using practical and performance evidence, you need to think about how supporting evidence can be captured through using, for example, videos, recordings, photographs, handouts, task sheets, etc. This should be submitted as part of the learner's evidence.

The authentication of learner evidence is the responsibility of your centre. If during external sampling a Pearson Standards Verifier raises concerns about the authenticity of evidence, your centre will be required to investigate further. Depending on the outcomes, penalties may be applied. At the end of this section, you can find an example of a template that can be used to record the declaration of learners in relation to the authenticity of the evidence presented for assessment.

Applying criteria to internal assessments

Each unit and learning aim has specified assessment criteria. Your centre should use these criteria for assessing the quality of the evidence provided. This determines the grade awarded.

Unless specifically indicated by the assessment guidance, assessment criteria are not a set of sequential activities but a way of making a judgement. For example, if a Level 2 Pass specifies a 'description' and a Merit an 'analysis', these do not require two different activities but rather one activity through which some learners will provide only description evidence and others will also provide analysis evidence. The assessment criteria are hierarchical. A learner can achieve a Merit only if they provide sufficient evidence for the Level 2 Pass and Merit criteria. Similarly, a learner can achieve a Distinction only if they give sufficient evidence for the Level 2 Pass, Merit and Distinction criteria.

A final unit grade is awarded after all opportunities for achievement are given. A learner must achieve all the assessment criteria for that grade. Therefore:

- to achieve a Level 2 Distinction, a learner must have satisfied all the Distinction criteria in a way that encompasses all the Level 2 Pass, Merit and Distinction criteria, providing evidence of performance of outstanding depth, quality or application
- to achieve a Level 2 Merit, a learner must have satisfied all the Merit criteria in a way that encompasses all the Level 2 Pass and Merit criteria, providing performance of enhanced depth or quality
- to achieve a Level 2 Pass, a learner must have satisfied all the Level 2 Pass criteria, showing breadth of coverage of the required unit content and having relevant knowledge, understanding and skills
- a learner can be awarded a Level 1 if the Level 1 criteria are fully met. A Level 1 criterion is not achieved through failure to meet the Level 2 Pass criteria.

A learner who does not achieve all the assessment criteria at Level 1 has not passed the unit and should be given a grade of U (Unclassified).

A learner must achieve all the defined learning aims to pass the internally assessed units. There is no compensation within the unit.

Assessment decisions

Final assessment is the culmination of the learning and assessment process. Learners should be given a full opportunity to show how they have achieved the learning aims covered by a final assessment. This is achieved by ensuring that learners have received all necessary learning, preparation and feedback on their performance and then confirming that they understand the requirements of an assessment, before any assessed activities begin.

There will then be a clear assessment outcome based on the defined assessment criteria. Your assessment plan will set a clear timeline for assessment decisions to be reached. Once an assessment has begun, learners must not be given feedback on progress towards criteria. After the final assignment is submitted, an assessment decision must be given.

An assessment decision:

- must be made with reference to the assessment criteria
- should record how it has been reached, indicating how or where criteria have been achieved
- may indicate why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence to meet higher criteria.

Your Internal Verifiers and assessors must work together to ensure that assessment decisions are reached promptly and validated before they are given to the learner.

Late submission

You should encourage learners to understand the importance of deadlines and of handing work in on time. For assessment purposes it is important that learners are assessed fairly and consistently according to the assessment plan that the Lead Internal Verifier has authorised and that some learners are not advantaged by having additional time to complete assignments. You are not required to accept for assessment work that was not completed by the date in the assessment plan.

Learners may be given authorised extensions for legitimate reasons, such as illness at the time of submission. If you accept a late completion by a learner, the evidence should be assessed normally, unless it is judged to not meet the requirements for authenticity. It is not appropriate, however, to give automatic downgrades on assessment decisions as 'punishment' for late submission.

Resubmission of improved evidence

Once an assessment decision is given to a learner, it is final in all cases except where the Lead Internal Verifier approves **one** opportunity to resubmit improved evidence.

The criteria used to authorise a resubmission opportunity are always:

- initial deadlines or agreed extensions have been met
- the tutor considers that the learner will be able to provide improved evidence without further guidance
- the evidence submitted for assessment has been authenticated by the learner and the assessor
- the original assessment can remain valid
- the original evidence can be extended and re-authenticated.

Your centre will need to provide a specific resubmission opportunity that is authorised by the Lead Internal Verifier. Any resubmission opportunity must have a deadline that is within 15 working days of the assessment decision being given to the learner, and within the same academic year. You should make arrangements for resubmitting the evidence for assessment in such a way that it does not adversely affect other assessments and does not give the learner an unfair advantage over other learners.

You need to consider how the further assessment opportunity ensures that assessment remains fit for purpose and in line with the original requirements; for example, you may opt for learners to improve their evidence under supervised conditions, even if this was not necessary for the original assessment, to ensure that plagiarism cannot take place. How you provide opportunities to improve and resubmit evidence for assessment needs to be fair to all learners. Care must be taken when setting assignments and at the point of final assessment to ensure that the original evidence for assessment can remain valid and can be extended. The learner must not have further guidance and support in producing further evidence. The Standards Verifier will want to include evidence that has been resubmitted as part of the sample they will review.

Appeals

Your centre must have a policy for dealing with appeals from learners. These appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy would be a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after assessment decisions have been given to learners.

If there is an appeal by a learner you must document the appeal and its resolution.

Dealing with malpractice

Learner Malpractice

Heads of Centres are required to report incidents of any suspected learner malpractice that occur during Pearson external assessments. We ask that centres do so by completing a JCQ Form M1 (available at www.jcq.org.uk/exams-office/malpractice) and emailing it and any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Team at pqsmalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre Malpractice

Heads of Centres are required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. Heads of Centres are requested to inform the Investigations Team by submitting a JCQ Form M2(a) (available at www.jcq.org.uk/exams-office/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff or anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist. Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Reasonable adjustments to assessment

You are able to make adjustments to assessments to take account of the needs of individual learners in line with Pearson's Reasonable Adjustments and Special Considerations policy. In most instances this can be achieved simply by application of the policy, for example to extend time or adjust the format of evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable.

Special consideration

You must operate special consideration in line with Pearson's Reasonable Adjustments and Special Considerations policy. You can provide special consideration only in the time given for evidence to be provided or for the format of the assessment if it is equally valid. You may not substitute alternative forms of evidence to that required in a unit, or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration in line with the policy.

Exemplar for centres
Learner Assessment Submission and Declaration

This sheet or a sheet fulfilling the same function must be completed by the learner and be provided for work submitted for assessment.

Learner name:	Assessor name:	
Issue date:	Submission date:	Submitted on:
Programme:		
Unit:		
Assignment reference and title:		

Please list the evidence submitted for each task. Indicate the page numbers where the evidence can be found or describe the nature of the evidence (e.g. video, illustration).

Assignment task reference	Evidence submitted	Page numbers or description
Additional comments to the Assessor:		

Learner declaration

I certify that the work submitted for this assignment is my own. I have clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice.

Learner signature: Date:

9 External assessment

Externally-assessed units have the same grades as internally-assessed units:

- Level 2 – Pass, Merit, Distinction
- Level 1
- Unclassified.

The tables below show the type of external assessment and assessment availability for these qualifications.

Unit 1: Human Lifespan Development	
Type of external assessment	This unit is assessed externally using a paper-based exam marked by Pearson. The assessment must be taken by the learner under examination conditions.
Length of assessment	The external assessment will be 1 hour.
No. of marks	50
Assessment availability	January and June
First assessment availability	January 2014

Unit 9: Healthy Living	
Type of external assessment	This unit is externally assessed using a paper-based exam marked by Pearson. The assessment must be taken by the learner under examination conditions.
Length of assessment	The external assessment will be 1 hour.
No. of marks	50
Assessment availability	January and June
First assessment availability	June 2014

Your centre needs to make sure that learners are:

- fully prepared to sit the external assessment
- entered for assessments at appropriate times, with due regard for resit opportunities as necessary.

Sample assessment materials will be available to help centres prepare learners for assessment. Specific arrangements for external assessment are available before the start of each academic year on our website qualifications.pearson.com.

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Grade descriptors for the internal and external units

Internal units

Each internally-assessed unit has specific assessment criteria that your centre must use to judge learner work in order to arrive at a grading decision for the unit as a whole. For internally-assessed units, the assessor judges the evidence that the learner has presented to determine whether it meets all the relevant criteria, and then awards a grade at the appropriate level.

The criteria are arrived at with reference to the following grading characteristics:

- applying knowledge and understanding in vocational and realistic contexts, with reference to relevant concepts and processes, to achieve tasks, produce outcomes and review the success of outcomes
- developing and applying practical and technical skills, acting with increasing independence to select and apply skills through processes and with effective use of resources to achieve, explain and review the success of intended outcomes
- developing generic skills for work through management of self, working in a team, the use of a variety of relevant communication and presentation skills, and the development of critical thinking skills relevant to vocational contexts.

External units

The externally-assessed units are assessed using both marks-based and levels-based schemes. For each external assessment, grade boundaries, based on learner performance, will be set by the awarding organisation.

The following criteria are used in the setting and awarding of the external units.

Unit 1: Human Lifespan Development

Level 2 Pass

Learners are able to recall and apply knowledge of aspects of human growth and development across life stages in familiar everyday situations such as family life. They will have a sound understanding of key definitions, how human growth and development takes place, with reference to different life stages, and factors that affect growth and development. They will be able to interpret information related to health and social care case studies, in order to select and apply knowledge of aspects of human growth and development at different life stages. They will be able to define terms and communicate how aspects of human growth and development occur, selecting appropriate actions in more simple and familiar contexts. They will be able to relate knowledge of human growth and development to realistic situations in health and social care, and make some comment on valid applications and impact. They will be able to relate aspects of human growth and development to the factors that affect it, with some appreciation of positive and negative impacts.

Level 2 Distinction

Learners are able to synthesise knowledge of aspects of human growth and development across life stages, bringing together understanding of what is meant by each form of development, and how these interrelate. They will be able to assess how aspects of human growth and development are impacted by life events, applying knowledge to sometimes complex contexts involving case studies related to health

and social care. They will show depth of knowledge and development of understanding of how human growth and development takes place in different situations. They will draw on understanding of the factors that impact development, and be able to make effective judgements of positive and negative impact based on analysis of given information. They will be able to explore and evaluate the potential effects of life events on human growth and development during different life stages, and the way these events can be managed, drawing on appropriate concepts.

Unit 9: Healthy Living

Level 2 Pass

Learners are able to recall and apply knowledge of aspects of healthy living, including healthy and unhealthy lifestyles in familiar everyday situations, such as individual lifestyle choices. They will have a sound understanding of key definitions, with reference to the factors that affect healthy and unhealthy lifestyles and their associated effects. They will be able to interpret information related to health and social care case studies, in order to select and apply knowledge of factors which contribute to healthy and unhealthy lifestyles to the effects and ways of improving health and wellbeing. They will be able to define terms and communicate how factors contribute towards healthy and unhealthy lifestyles, selecting appropriate actions, such as ways of improving health and wellbeing, in more simple and familiar contexts. They will be able to relate knowledge of healthy living to realistic situations in health and social care, and make some comment on valid applications and impact. They will be able to relate aspects of healthy and unhealthy lifestyles to the factors that affect it, with some appreciation of the positive and negative effects.

Level 2 Distinction

Learners are able to synthesise knowledge of aspects of healthy living, bringing together understanding of how factors contribute towards healthy and unhealthy lifestyles, and how these interrelate. They will be able to assess how health and wellbeing can be improved, applying knowledge to sometimes complex contexts involving case studies related to health and social care. They will show depth of knowledge and development of understanding of how different factors affect lifestyle choices in different situations. They will draw on understanding of the factors that impact the health and wellbeing of an individual, including those outside of an individual's control, and be able to make effective judgements of positive and negative impact based on the analysis of given information. They will be able to explore and evaluate the potential effects of factors on individuals' health and wellbeing, and the way health and wellbeing can be improved, drawing on appropriate concepts.

10 Awarding and reporting for the qualifications

The awarding and certification of these qualifications will comply with the requirements of the Office of Qualifications and Examinations Regulation (Ofqual).

Calculation of the qualification grade

This qualification is a Level 1/Level 2 qualification and the certification may show a grade ranging from Level 2 P to Level 2 D*. Please refer to the Calculation of qualification grade table for the full list of grades. If these grades are not achieved, a Level 1 grade may be awarded. Learners whose level of achievement is below a Level 1 will receive an unclassified (U) result. Each individual unit will be awarded a grade of Level 2 Pass, Merit, Distinction or Level 1. Distinction* is not available at unit level. Learners whose level of achievement is below a Level 1 will receive an unclassified (U) for that unit. Award of Distinction* (D*) D* is an aggregated grade for the qualification, based on the learner's overall performance. In order to achieve this grade, learners will have to demonstrate a strong performance across the qualification as a whole. To achieve a Level 2 qualification, learners must:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome)
- have sufficient points across the mandatory units, i.e. 24 points
- achieve the minimum number of points at a grade threshold from the permitted combination, see the Calculation of qualification grade table.

Learners who do not achieve a Level 2 may be entitled to achieve a Level 1 where they:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome)
- have sufficient points across the mandatory units, i.e. 12 points
- achieve the minimum number of points for a Level 1, see the *Calculation of qualification grade* table.

For the Certificate

To achieve a Level 2 qualification, learners must:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points at a grade threshold from the permitted combination, see the *Calculation of qualification grade* table.

Learners who do not achieve a grade at Level 2 may be entitled to achieve a grade of Level 1 Pass where they:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points for a Level 1, see the *Calculation of qualification grade* table.

For the Extended Certificate

To achieve a Level 2 qualification, learners must:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points at a grade threshold from the permitted combination, see the *Calculation of qualification grade* table.

Learners who do not achieve a grade at Level 2 may be entitled to achieve a grade of Level 1 Pass where they:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points for a Level 1, see the *Calculation of qualification grade* table.

For the Diploma

To achieve a Level 2 qualification, learners must:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points at a grade threshold from the permitted combination, see the *Calculation of qualification grade* table.

Learners who do not achieve a grade at Level 2 may be entitled to achieve a grade of Level 1 Pass where they:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome) and
- achieve the minimum number of points for a Level 1, see the *Calculation of qualification grade* table.

Learners who do not achieve sufficient points for the Certificate, Extended Certificate or Diploma qualification may be eligible to achieve the Award provided they have completed the correct combination of units and meet the appropriate qualification grade points threshold.

Points available for unit size and grades

The table below shows the **number of points scored per 10 guided learning hours** at each grade.

Points per grade per 10 guided learning hours				
Unclassified	**Level 1**	**Level 2 Pass (P)**	**Level 2 Merit (M)**	**Level 2 Distinction (D)**
0	2	4	6	8

We will automatically calculate the qualification grade for your learners when your learner unit grades are submitted. Learners will be awarded qualification grades for achieving the sufficient number of points within the ranges shown in the *Calculation of qualification grade* table.

Example

A learner achieves a Level 2 Pass grade for a unit. The unit size is 30 guided learning hours (GLH). Therefore, they gain 12 points for that unit, i.e. 4 points for each 10 GLH, so 12 points for 30 GLH.

Calculation of qualification grade

Award		Certificate		Extended Certificate		Diploma	
(120 GLH)		(240 GLH)		(360 GLH)		(480 GLH)	
Grade	**Points threshold**	**Grade**	**Points threshold**	**Grade**	**Points threshold**	**Grade**	**Points threshold**
U	0	U	0	U	0	U	0
Level 1	24	Level 1	48	Level 1	72	Level 1	96
Level 2 Pass	48	Level 2 PP	96	Level 2 PP	144	Level 2 PP	192
		Level 2 MP	114	Level 2 MP	174	Level 2 MP	234
Level 2 Merit	66	Level 2 MM	132	Level 2 MM	204	Level 2 MM	276
		Level 2 DM	150	Level 2 DM	234	Level 2 DM	318
Level 2 Distinction	84	Level 2 DD	168	Level 2 DD	264	Level 2 DD	360
		Level 2 D*D	174	Level 2 D*D	270	Level 2 D*D	366
Level 2 Distinction*	90	Level 2 D*D*	180	Level 2 D*D*	276	Level 2 D*D*	372

This table shows the minimum thresholds for calculating grades. The table will be kept under review over the lifetime of the qualification. The most up to date table will be issued on our website.

Pearson will monitor the qualification standard and reserves the right to make appropriate adjustments.

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The tables below give examples of how the overall grade is determined.

Examples used are for illustrative purposes only. Other unit combinations are possible, see *Section 4 Qualification structures*.

Example 1

Achievement of a Certificate with a Level 2 MM grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Merit	6	18
Unit 2	30	3	Level 2 Pass	4	12
Unit 3	30	3	Level 2 Merit	6	18
Unit 4	30	3	Level 2 Merit	6	18
Unit 5	30	3	Level 2 Merit	6	18
Unit 6	30	3	Level 2 Pass	4	12
Unit 7	60	6	Level 2 Distinction	8	48
Qualification grade totals	**240**	**24**	**Level 2 MM**		**144**

The learner has sufficient points for a Level 2 MM grade.

Example 2

Achievement of a Certificate with a Level 2 D*D grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Merit	6	18
Unit 2	30	3	Level 2 Distinction	8	24
Unit 3	30	3	Level 2 Merit	6	18
Unit 4	30	3	Level 2 Distinction	8	24
Unit 5	30	3	Level 2 Merit	6	18
Unit 6	30	3	Level 2 Distinction	8	24
Unit 7	60	6	Level 2 Distinction	8	48
Qualification grade totals	**240**	**24**	**Level 2 D*D**		**174**

The learner has sufficient points for a Level 2 D*D grade.

Example 3

Achievement of an Extended Certificate with a Level 2 MP grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Pass	4	12
Unit 2	30	3	Level 2 Pass	4	12
Unit 3	30	3	Level 2 Merit	6	18
Unit 4	30	3	Level 2 Pass	4	12
Unit 5	30	3	Level 2 Merit	6	18
Unit 6	30	3	Level 2 Distinction	8	24
Unit 7	60	6	Level 2 Pass	4	24
Unit 8	30	3	Level 2 Merit	6	18
Unit 9	30	3	Level 2 Merit	6	18
Unit 10	60	6	Level 2 Pass	4	24
Qualification grade totals	**360**	**36**	**Level 2 MP**		**180**

The learner has sufficient points for a Level 2 MP grade.

Example 4

Achievement of an Extended Certificate at Level 2 PP grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Unclassified	0	0
Unit 2	30	3	Level 2 Pass	4	12
Unit 3	30	3	Level 2 Merit	6	18
Unit 4	30	3	Level 2 Pass	4	12
Unit 5	30	3	Level 2 Merit	6	18
Unit 6	30	3	Level 2 Distinction	8	24
Unit 7	60	6	Level 2 Pass	4	24
Unit 8	30	3	Level 2 Merit	6	18
Unit 9	30	3	Level 2 Merit	6	18
Unit 10	60	6	Level 2 Pass	4	24
Qualification grade totals	**360**	**36**	**Level 1**		**168**

The learner has sufficient for a Level 2 PP grade.

Example 5

Achievement of a Diploma with a Level 2 MM grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Merit	6	18
Unit 2	30	3	Level 2 Pass	4	12
Unit 15	60	6	Level 2 Merit	6	36
Unit 3	30	3	Level 2 Merit	6	18
Unit 7	30	3	Level 2 Merit	6	18
Unit 8	30	3	Level 2 Pass	4	12
Unit 9	30	3	Level 2 Merit	6	18
Unit 10	60	6	Level 2 Distinction	8	48
Unit 12	60	6	Level 2 Distinction	8	48
Unit 18	60	6	Level 2 Pass	4	24
Unit 19	60	6	Level 2 Pass	4	24
Qualification grade totals	**480**	**48**	**Level 2 MM**		**276**

The learner has sufficient points for a Level 2 MM grade.

Example 6

Achievement of a Diploma with a Level 2 DD grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Merit	6	18
Unit 2	30	3	Level 2 Distinction	8	24
Unit 15	60	6	Level 2 Merit	6	36
Unit 3	30	3	Level 2 Distinction	8	24
Unit 7	30	3	Level 2 Merit	6	18
Unit 8	30	3	Level 2 Distinction	8	24
Unit 9	30	3	Level 2 Distinction	8	24
Unit 10	60	6	Level 2 Distinction	8	48
Unit 12	60	6	Level 2 Distinction	8	48
Unit 18	60	6	Level 2 Distinction	8	48
Unit 19	60	6	Level 2 Distinction	8	48
Qualification grade totals	**480**	**48**	**Level 2 DD**		**360**

The learner has gained enough points overall for a Level 2 DD grade.

Example 7

Achievement of a Diploma at Level 2 PP grade

	GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	30	3	Level 2 Pass	4	12
Unit 2	30	3	Level 1	2	6
Unit 15	60	6	Level 2 Merit	6	36
Unit 3	30	3	Level 2 Merit	6	18
Unit 7	30	3	Level 2 Pass	4	12
Unit 8	30	3	Level 2 Merit	6	18
Unit 9	30	3	Level 2 Pass	4	12
Unit 10	60	6	Level 2 Pass	4	24
Unit 12	60	6	Level 2 Pass	4	24
Unit 18	60	6	Level 1	2	12
Unit 19	60	6	Level 2 Pass	4	24
Qualification grade totals	**480**	**48**	**Level 1**		**198**

The learner has gained enough points overall for a Level 2 PP grade.

11 Quality assurance of centres

Pearson will produce on an annual basis the *UK Vocational Quality Assurance Handbook*, which will contain detailed guidance on the quality processes required to underpin robust assessment and internal verification.

The key principles of quality assurance are that:

- a centre delivering BTEC programmes must be an approved centre, and must have approval for the programmes or groups of programmes that it is delivering
- the centre agrees, as part of gaining approval, to abide by specific terms and conditions around the effective delivery and quality assurance of assessment; it must abide by these conditions throughout the period of delivery
- Pearson makes available to approved centres a range of materials and opportunities, through online standardisation, intended to exemplify the processes required for effective assessment, and examples of effective standards. Approved centres must use the materials and services to ensure that all staff delivering BTEC qualifications keep up to date with the guidance on assessment
- an approved centre must follow agreed protocols for standardisation of assessors and verifiers, for the planning, monitoring and recording of assessment processes, and for dealing with special circumstances, appeals and malpractice.

The approach of quality-assured assessment is through a partnership between an approved centre and Pearson. We will make sure that each centre follows best practice and employs appropriate technology to support quality-assurance processes, where practicable. We work to support centres and seek to make sure that our quality-assurance processes do not place undue bureaucratic processes on centres.

We monitor and support centres in the effective operation of assessment and quality assurance. The methods we use to do this for BTEC First programmes include:

- making sure that all centres complete appropriate declarations at the time of approval
- undertaking approval visits to centres
- making sure that centres have effective teams of assessors and verifiers who are trained to undertake assessment
- assessment sampling and verification, through requested samples of assessments, completed assessed learner work and associated documentation
- an overarching review and assessment of a centre's strategy for assessing and quality assuring its BTEC programmes.

An approved centre must make certification claims only when authorised by us and strictly in accordance with requirements for reporting.

Centres that do not fully address and maintain rigorous approaches to quality assurance cannot seek certification for individual programmes or for all BTEC First programmes. Centres that do not comply with remedial action plans may have their approval to deliver qualifications removed.

12 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel: qualifications.pearson.com/contactus
- BTEC Firsts: qualifications.pearson.com/en/qualifications/btec-firsts.html
- Pearson Work Based Learning and Colleges: qualifications.pearson.com/en/support/support-for-you/work-based-learning.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))
- Equality Policy (Pearson)
- Recognition of Prior Learning Policy and Process (Pearson)
- UK Information Manual (Pearson)
- UK Quality Vocational Assurance Handbook (Pearson).

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are on our website at qualifications.pearson.com/en/support/support-topics/quality-assurance/quality-assurance-overview.html

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to qualifications.pearson.com/en/support/published-resources.html#step1

Additional documentation

Additional materials include:

- Sample Assessment Material (for the external units)
- a guide to getting started with BTEC
- guides to our support for planning, delivery and assessment (including sample assignment briefs).

Additional resources

If you need to source further learning and teaching material to support planning and delivery for your learners, there is a wide range of BTEC resources available to you.

Any publisher can seek endorsement for their resources, and, if they are successful, we will list their BTEC resources on our website: qualifications.pearson.com/en/support/published-resources/about-endorsed-resources.html

13 Professional development and support

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: qualifications.pearson.com/en/support/training-from-pearson.

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 at: qualifications.pearson.com/en/support/training-from-pearson. 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.

BTEC training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with other BTEC colleagues in your region.

Regional support: our team of Curriculum Development Managers and Curriculum Support Consultants, based around the country, are responsible for providing advice and support in centres. They can help you with planning and curriculum developments.

To get in touch with our dedicated support teams please visit: qualifications.pearson.com/en/contact-us.html

Your BTEC Support team

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there is someone in our BTEC Support team to help you whenever – and however – you need, with:

- Welcome Packs for new BTEC centres: if you are delivering BTEC for the first time, we will send you a sector-specific Welcome Pack designed to help you get started with these qualifications
- Subject Advisers: find out more about our subject adviser team – immediate, reliable support from a fellow subject expert – at: qualifications.pearson.com/en/contact-us.html
- Ask the Expert: submit your question online to our Ask the Expert online service (qualifications.pearson.com/en/contact-us/teachers.html) and we will make sure your query is handled by a subject specialist.

Units

Unit 1: Human Lifespan Development

Level: **1 and 2**

Unit type: **Core**

Guided learning hours: **30**

Assessment type: **External**

Introduction

How do people grow and develop throughout their lives? How can factors such as lifestyle choices, relationships and life events affect your growth and development?

This unit provides you with the opportunity to explore how we grow and develop throughout our lives and to investigate the factors that affect this growth and development. You will go on to consider how these factors are interrelated.

There are four distinct aspects to human growth and development, usually classified as physical, intellectual, emotional and social development. These four aspects are closely related to each other, and a change in one can affect some, or all, of the other areas.

Life events have an impact on how we grow and develop. People experience many different types of life events; some are expected and some are unexpected. Being able to manage and handle these events is an important skill in health and social care professions. In this unit you will explore the impact of these life events and the types of support available to help people manage them. Understanding and recognising the impact of these major life events is an important part of a number of roles in the health and social care sector.

In this unit, you will gain an understanding of lifespan development, which is essential when working in health and social care, as you will be able to appreciate the care needs of individuals at different life stages. This understanding is required for a wide range of health and social care roles including nursing, social work, occupational therapy, physiotherapy and dieticians.

Learning aims

In this unit you will:

A explore human growth and development across life stages

B investigate factors that affect human growth and development and how they are interrelated.

Learning aims and unit content

What needs to be learnt

Learning aim A: Explore human growth and development across life stages

Topic A.1 The different life stages people pass through during the life course

- infancy (0–2 years)
- early childhood (3–8 years)
- adolescence (9–18 years)
- early adulthood (19–45 years)
- middle adulthood (46–65 years)
- later adulthood (65+).

Topic A.2 Key aspects of human growth and development at each life stage

Physical development – physical growth and physiological change across the life stages:

- infancy and early childhood – development of gross motor skills and fine motor skills
  - o definition, common examples of each and activities that promote their development, the differences between fine and gross motor skills
- adolescence – the main physical changes in puberty
  - o sexual maturity, growth spurt, primary and secondary sexual characteristics
- early adulthood – physical maturity
- middle adulthood – menopause (description and main effects), ageing process (hair loss, greying hair, loss of muscle tone)
- later adulthood – ageing process
  - o hair loss, greying hair, loss of muscle tone, loss of strength, loss of mobility, loss of fine motor skills, sensory loss.

Intellectual/cognitive development across the life stages – developing thinking and language skills and common activities that promote them:

- rapid learning in the early years (language, moral development)
- learning and developing new skills including abstract and creative thinking, problem solving
- memory and recall, effects of old age on memory.

Emotional development across the life stages – developing feelings about self and others:

- bonding and attachment
- security
- self-image (definition, common reasons for positive and negative self-image)
- self-esteem (definition, common reasons for positive and negative self-esteem)
- contentment.

Social development across the life stages – forming relationships:

- friendship and friendship groupings
- the formation of relationships with others
- independence (activities and events that promote independence, including performing tasks and activities for self, entering employment, learning to drive).

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What needs to be learnt

Learning aim B: Investigate factors that affect human growth and development and how they are interrelated

Topic B.1 Physical factors that affect human growth and development

How the following physical factors can affect human growth and development:

- genetic inheritance (inherited characteristics, disabilities)
- lifestyle choices (diet, exercise, alcohol, smoking, drugs)
- illness and disease (general effects on growth and development).

Topic B.2 Social, cultural and emotional factors that affect human growth and development

How the following social, cultural and emotional factors can affect human growth and development:

- influence of play (solitary play/social play)
- culture (effects of religion and spirituality, community influences)
- gender (inequality of employment opportunity and pay, social inequality, expectations)
- influence of role models
- influence of social isolation.

Topic B.3 Economic factors that affect human growth and development

How the following economic factors can affect human growth and development:

- income/wealth (effects of level of income)
- occupation (type, status, security of income)
- employment/unemployment/not in education, employment or training (effect on income, social and emotional effects).

Topic B.4 Physical environment factors that affect human growth and development

How the following physical environmental factors affect human growth and development:

- housing conditions (effects of poor living conditions)
- pollution (effects on health).

Topic B.5 Psychological factors that affect human growth and development

How the following psychological factors can affect human growth and development:

- relationships with family members including unconditional acceptance
- growing up in care
- friendship patterns and relationship with partner/s (effects on emotional and social development)
- stress (effects on physical, intellectual, emotional and social development of individual experiencing stress).

continued

What needs to be learnt

Topic B.6 The expected life events that can affect human growth and development and the positive and negative effects of the events on growth and development:

- starting, being in and leaving education
- moving house/location
- entering and being in employment
- living with a partner/marriage/civil ceremony
- parenthood
- retirement.

Topic B.7 The unexpected life events that can affect human growth and development and the effects of the events on personal growth and development and that of others:

- death of a partner, relative or friend
- accidents and injury, ill health
- exclusion, dropping out of education
- imprisonment
- promotion/redundancy/unemployment.

Topic B.8 Understanding how to manage the changes caused by life events:

- types of support (formal, informal, emotional, physical)
- support offered by people (family, friends, partners, professional carers, including district nurse and social care worker)
- support offered by community groups, voluntary and faith-based organisations
- managing expectations.

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Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is assessed externally using a paper-based exam marked by Pearson.

Examination format

The learner will complete a 60-minute examination worth 50 marks. The paper will consist of **two** structured questions, each with sub-sections. They will be based on background information provided in the examination.

The examination consists of a variety of question types including objective questions, short-answer questions and one extended writing opportunity.

The learner will need to demonstrate and apply their knowledge and understanding.

Unit 2: Health and Social Care Values

Level: **1 and 2**

Unit type: **Core**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

What is good practice in health and social care? What ensures that good practice is applied to support individuals who use health and social care services? Health and social care values underpin good practice within the sector.

These care values apply to all areas of health and social care work. In this unit you will gain an understanding of how these care values are applied in health and social care settings, and their importance to work in the sector. You will apply these values in practice. Through this activity you will develop skills that will be of use in all careers in the health and social care sector. The values described in this unit may be applied to daily life, and to a variety of careers outside the health and social care sector.

You will also investigate methods used to empower individual users of health and social care services. This is important in health and social care, as it enables individuals to take control of their own care, and helps them to ensure that their specific needs are met. These methods include adapting activities and environments to meet individual needs, promoting choice, and using individuals' preferred methods of communication. You will also investigate the importance of taking individual circumstances into account when planning care, as well as the potential difficulties involved in doing this.

This unit will enable you to understand the high standards expected in health and social care in order to safeguard the wellbeing of individuals who use health and social care services.

Learning aims

In this unit you will:

A explore the care values that underpin current practice in health and social care

B investigate ways of empowering individuals who use health and social care services.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the care values that underpin current practice in health and social care
Topic A.1: Defining and demonstrating care values Awareness of the values, how they are applied in care settings to support users of services, and the impact of effective and ineffective application of these values in health and social care. Learners must be able to demonstrate the practical application of the care values in selected health and social care contexts. Confidentiality: ● when dealing with records and other information concerning individuals who use services ● rules of confidentiality, e.g. safe storage of records, not discussing one individual with another, not sharing written information without permission. Dignity: ● preserving the dignity of individuals through appropriate actions. Respect for the individual: ● non-discriminatory and non-judgemental approach to practice ● carer's responsibility for the care and wellbeing of individuals ● using appropriate terms when addressing individuals, complying with an individual's cultural and religious requirements – not using terms that are offensive to individuals and groups ● using inclusive language to promote positive relationships in health and social care, e.g. demonstrating interest in others, demonstrating respect for difference. Safeguarding and duty of care: ● ensuring the physical and emotional safety of individuals, including the avoidance of negligence ● current and relevant codes of practice ● professional practice. A person-centred approach to care delivery: ● placing the individual at the centre of the plan, involving the individual's needs and preferences at the centre of the care plan and involving the individual in decisions about their care.

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What needs to be learnt

Learning aim B: Investigate ways of empowering individuals who use health and social care services

Learners must be able to show an understanding of the application of methods used to empower individuals, using relevant examples from selected care settings, e.g. care home, day centre, hospital, health centre.

Topic B.1 Empowering individuals by:

- adapting activities and environments to meet specific needs and enable full participation by individuals – this should include physical, intellectual, emotional and social needs
- providing personalised care, taking account of an individual's rights, preferences, needs, likes and dislikes, the importance of taking individual circumstances into account when planning care
- difficulties in taking individual circumstances into account when planning care that will empower an individual, e.g. availability of resources, effects on other service users, physical limitations
- a willingness to work with others in partnership, including professionals, other workers within a setting, and families
- promoting choice, recognising the right of an individual to make choices
- use of preferred methods of communication, e.g. first language where English is an additional language, British Sign Language, Makaton
- reasons for supporting individuals, e.g. promoting independence, promoting individuality, promoting overall wellbeing
- promoting autonomy, building trust, encouraging feedback, right to advocacy
- use of positive working practices, e.g. needs-led assessment, valuing diversity, recognition of the rights of the individual, incorporation of risk assessment in the care plan.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the care values that underpin current practice in health and social care			
1A.1 Identify how care values are used to support users of services. #	2A.P1 Describe how care values support users of services, using relevant examples. #	2A.M1 Discuss the importance of the values that underpin current practice in health and social care, with reference to selected examples. #	2A.D1 Assess the potential impact on the individual of effective and ineffective application of the care values in health and social care practice, with reference to selected examples.
1A.2 Demonstrate the use of care values in a selected health and social care context.	2A.P2 Demonstrate the use of care values in selected health and social care contexts.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate ways of empowering individuals who use health and social care services			
1B.3 Identify ways in which care workers can empower individuals.	2B.P3 Describe ways in which care workers can empower individuals, using relevant examples from health and social care.	2B.M2 Discuss the extent to which individual circumstances can be taken into account when planning care that will empower them, using relevant examples from health and social care.	2B.D2 Assess the potential difficulties in taking individual circumstances into account when planning care that will empower an individual, making suggestions for improvement.
1B.4 Describe how an individual's circumstances can be used to create a care plan that empowers the individual.	2B.P4 Explain why it is important to take individual circumstances into account when planning care that will empower an individual, using relevant examples from health and social care.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within two specific health and social care settings, and explore the application of care values and the importance of considering individual circumstances when planning care for individuals. The suggested assignment outlines for the unit illustrate one way of linking assignments to the learners' demonstration of care values. This will help learners appreciate the vocational relevance of the unit.

Learners could either choose the setting they are most interested in, or it can be set for them. Alternatively, learners could examine the application of care values in different settings in less detail to gain a broader perspective. It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. Alternatively, learners could present their work for this unit as an information pack to be used as part of the induction process for new employees within the sector, such as healthcare or social care assistants.

Learning aim A

For 2A.P1, learners will be able to describe the care values listed in the unit content that support users of services. This will include reference to at least one relevant example for each of the care values listed in the unit content. Using these examples, learners will be able to illustrate how these care values are applied within health and social care.

To achieve 2A.M1, learners will extend this to a discussion of the importance of these values to current practice. Learners must provide at least one example for each of the key values, such as confidentiality, and its importance within health and social care in ensuring that personal and sensitive information is shared only on a 'need-to-know' basis. These examples could be instances of good or bad practice.

To achieve 2A.D1, learners are required to assess the potential impact of effective and ineffective application of care values on individual service users. Learners should use examples of good and bad practice that cover all the care values listed in the unit content. These examples can be taken from one or more health and social care settings. This could be achieved with the aid of case studies. Case studies can be provided by the teacher or selected by the learner with teacher approval. However, case studies must enable learners to apply their knowledge in a vocational context and facilitate assessment of the impact of effective and ineffective application of the care values on the individual service user.

To achieve 1A.1, learners are expected to be able to identify how care values (listed in the unit content) support service users.

To achieve 2A.P2, learners will need to have the opportunity to demonstrate the values required to work in the health and social care sector. This could be achieved via a period of work experience, or through simulated role play. For 2A.P2, learners must demonstrate all the care values in at least two health and social care contexts with different service user groups. Depending on the placement or role play scenario, learners may only have the appropriate opportunity to demonstrate safeguarding and not duty of care in addition, which is acceptable. Learners could demonstrate the care values in a range of contexts, including a health centre, day centre, a nursery, hospital ward. For 1A.2, learners are required to demonstrate all the values in one health and social care context and will not be expected to apply care values to more than one context.

Learning aim B

For 2B.P3, learners could base their work on case studies of service users in health and social care to describe ways of empowering individuals and explain the importance of considering individual circumstances when planning care (2B.P4). Using the same case studies, learners could discuss the extent an individual's circumstances (for example abilities, preferences, likes/dislikes) can be taken into account and assess the potential difficulties of doing so (2B.M2). These could include effects on resources, the rights of other individuals within the setting, time management and issues connected with the number of individuals.

To achieve 2B.D2, learners must be able to suggest improvements to the individual's care, considering their individual circumstance and the potential difficulties of doing so. To enable learners to achieve 2B.D2, it is necessary that any provided case study is not an example of excellent practice. It is recommended that the case study has instances both of good and bad practice, to allow learners the opportunity to recognise both.

For 1B.3, learners are asked to identify ways in which care workers can empower individuals. For example, adapting activities and environments can enable individuals to fully participate in whatever is occurring. Learners should be able to identify at least three different ways of empowering individuals.

For 1B.4, learners need to describe how an individual's circumstances can be taken into account to create a care plan to empower them.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P2, 2A.P2	Demonstrating Care Values in Health and Social Care	You are volunteering at two different health and social care settings. Each of the managers of the two settings has asked you to carry out an activity with the two groups of service users. They have asked that you consider particular care values during the activity as below. 1) While you are working with older individuals in a day care setting to carry out an arts and crafts activity, you have been asked to demonstrate the following care values: ● preserving dignity (e.g. through setting the activity within their ability) ● showing respect for individuals (e.g. using appropriate terms when addressing individuals) ● safeguarding/duty of care (e.g. physical and emotional safety, appropriate use of equipment) ● taking a person-centred approach (e.g. considering their likes/dislikes, giving choice about participation in activity).	Evidence could include: digital recording, photographs, signed witness testimonies, written or verbal summary/log of activity. Signed observation records of practical demonstration of health and social care values in real or simulated scenarios.

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Criteria covered	Assignment	Scenario	Assessment evidence
		2) While you are working with young adults with learning disabilities in a residential setting to plan a day trip, you have been asked to demonstrate the following care values: • maintaining confidentiality (e.g. not disclosing shared personal information) • preserving dignity (e.g. enabling them to have input in choosing activities) • showing respect (e.g. not pre-judging an individual's contribution, use of inclusive language) • safeguarding/duty of care (e.g. physical and emotional safety, following safe working practices during planning, not being over-familiar) • taking a person-centred approach (e.g. involving individuals in planning, asking their opinions).	

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P1, 2A.P1, 2A.M1, 2A.D1	The Importance of Care Values in Health and Social Care	Your managers have asked you to submit a short reflective account on your use of care values, during the two activities above. In this account, you need to: ● describe how the care values you exhibited support those older individuals and young adults ● discuss how important these values are to the two groups of service users ● assess the potential impact of the effective and ineffective application of care values on an individual from each of the two groups.	Written account/IT-produced report/ presentation slides.

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Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	Empowering Service Users in Health and Social Care	At the end of your volunteer placements, the manager of one of the settings has asked you to reflect on the experience and make suggestions on how to take individual circumstances into account when planning empowering care. She has asked you to put a report together to present your findings to the team. Looking at either the day-care setting or residential setting, in your report describe ways in which care workers could empower individuals in that setting, using relevant examples. In your report you should also explain why it is important to take individual circumstances into account when planning care for that group of service users. Additionally, you should discuss the extent to which this can be achieved, and assess the potential difficulties of doing so.	Written report.

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Unit 3: Effective Communication in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Are you aiming for a career in health or social care? If so, how good are your communication skills? Communication skills are vital for those who choose to work in health and social care. Clear communication is important to enable service users to understand and agree to the care they are receiving. Good communication between care professionals allows them to perform their roles effectively, work cooperatively with colleagues and build supportive relationships with service users.

If you have ever used health or social care services, you will have noticed the number of times staff communicate with each other and with service users.

This unit will allow you to investigate the different forms of communication and how they are used effectively in health and social care. You will look at the importance of using clear speech, body language that shows that you want to help people, and active listening skills that show you are interested in what people are saying. This unit will also provide information about alternative forms of communication such as Braille, British Sign Language and Makaton.

In this unit, you will also investigate the difficulties some people experience in accessing health and social care, owing to barriers of communication. You will learn how these can be overcome, so that people can access health and social care services.

This unit will help you to explore the communication skills needed to interact with individuals who use health and social care services. You will put these skills into practice in real-life or simulated situations, in both one-to-one and group interactions. This will ensure that you develop a range of communication skills and are able to adapt them for a range of different service users and groups.

Learning aims

In this unit you will:

A investigate different forms of communication

B investigate barriers to communication in health and social care

C communicate effectively in health and social care.

Learning aims and unit content

What needs to be learnt
Learning aim A: Investigate different forms of communication
Learners must be able to show how different methods of communication can be applied to service users with different communication needs in health and social care contexts. They must know how communication methods and skills can improve communication with service users. **Topic A.1: Effective communication** Verbal communication: ● clear speech – pronouncing words correctly, sounding the ends of words ● selection of appropriate language, e.g. use of formal and informal language, use or avoidance of slang and regional words as appropriate, avoidance of jargon, including unnecessary use of technical terms and acronyms ● age-appropriate language ● pace, tone and pitch ● non-discriminatory use of language ● active listening skills. Non-verbal communication: ● posture – positive, non defensive, e.g. not folding arms ● facial expressions, matching the conversation, not smiling inappropriately ● eye contact (positive use of eye contact) ● appropriate use of touch and personal space – responding to the individual ● gestures – understanding of cultural norms with regard to gestures, what is acceptable and unacceptable, not causing offence ● non-threatening use of body language ● personal space, e.g. cultural variations, individuals with mental illness, individual preferences. **Topic A.2: Alternative forms of communication** Use of forms of communication for differing needs, including: visually impaired, hearing impaired and learning disabilities e.g. Braille and Braille software, British Sign Language, finger spelling, text messaging, interpreters for speech, translators for written word/documents, objects of reference, communication passports, bliss symbols, Makaton, technological aids, use of pictures to aid communication, use of advocates.

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What needs to be learnt

Learning aim B: Investigate barriers to communication in health and social care

Topic B.1: Barriers to communication and how to overcome them

Barriers and their effects:

- environmental barriers, e.g. lighting, seating, external noise, lack of space
- physical barriers, e.g. sensory deprivation, physical and mental illness
- language barriers, e.g. English as an additional language, speech difficulties, slang, acronyms, colloquialisms, jargon
- social isolation, e.g. lack of confidence; following intimidation, abuse or trauma
- effects of barriers on individuals, e.g. reduced access to health and social care services, poor quality of delivery of health and social care, distress, increased social issues, increased ill health.

Overcoming barriers by use of:

- preferred method of communication
- preferred language
- adaptations to the physical environment – changes to seating, lighting, soundproofing of rooms/windows
- effective non-verbal communication – positive posture, facial expressions, appropriate gestures.

Benefits to individuals when barriers are removed, for example:

- increased access to health and social care
- improved quality of health and social care delivery
- reduction of emotional distress
- increased involvement in interactions
- raised levels of self-esteem
- reduced frustration.

Learning aim C: Communicate effectively in health and social care

Learners must be able to select and demonstrate appropriate communication skills in health and social care settings.

Topic C.1: Communicating with groups and individuals by the use of:

- active listening
- body language
- facial expression
- eye contact
- use of appropriate language
- tone of voice
- pace of speech
- proximity
- clarifying, repeating.

Effectiveness of communication: reflecting on skills used, appropriateness of communication methods for different service users, recommendations for improvement.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate different forms of communication			
1A.1 Identify different forms of verbal and non-verbal communication.	2A.P1 Describe different forms of verbal and non-verbal communication.	2A.M1 Explain the advantages and disadvantages of different forms of communication used, with reference to a one-to-one and a group interaction.	2A.D1 Assess the effectiveness of different forms of communication for service users with different needs.
1A.2 Identify different forms of alternative communication for different needs, using examples from health and social care.	2A.P2 Describe different forms of alternative communication for different needs, using examples from health and social care.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate barriers to communication in health and social care			
1B.3 Outline the barriers to communication in health and social care.	2B.P3 Describe the barriers to communication in health and social care and their effects on service users.	2B.M2 Explain how measures have been implemented to overcome barriers to communication, with reference to a selected case.	2B.D2 Evaluate the effectiveness of measures taken to remove barriers to communication, with reference to a selected case.
1B.4 Identify ways in which barriers to communication may be overcome for individuals with sensory loss.	2B.P4 Using examples, explain ways in which barriers to communication may be overcome and the benefits to service users of overcoming these barriers.		
Learning aim C: Communicate effectively in health and social care			
1C.5 Demonstrate communication skills through one interaction in health and social care, identifying the forms of communication used. #	2C.P5 Demonstrate communication skills through interactions in health and social care, describing their effects. #	2C.M3 Select and demonstrate communication skills through interactions in health and social care, explaining their effectiveness. #	2C.D3 Select and demonstrate communication skills through one-to-one and group interactions in health and social care, evaluating their effectiveness and making recommendations for improvement. #

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

The unit is internally assessed by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting and explore the use of communication skills within that setting. Alternatively, assignments could be set within different health and social care settings, to provide learners with the opportunity to communicate with different types of service user.

For learning aim A and learning aim B, the assessment could be based on case studies that could be designed to cover the requirements of the assessment criteria. This would enable learners to recognise the practical application of the skills included in the unit. Suitable case studies may be found in professional health and care magazines, television programmes, or other forms of media.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness testimonies should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods are employed when assessing this unit to allow learners to develop and utilise a range of communication skills.

Learning aims A and B

For 2A.P1, learners are expected to describe the forms of verbal and non-verbal communication skills, such as the use of non-discriminatory language and body language, which are used in health and social care. At 2A.P2, learners must describe the alternative forms of communication that can be used for those who are visually-impaired, hearing-impaired, or those with learning disabilities. Learners could use examples of the different forms of communication they have used in a particular health and social care setting, or of forms of communication used across different settings.

To achieve 2A.M1, learners must explain the advantages and disadvantages of different forms of communication used (e.g. non-verbal, verbal, alternative) referring to a one-to-one and group interaction in health and social care. The interactions could be between an employee and service user(s), or between staff members in health and social care. For 2A.D1, learners are required to consider at least five different forms of communication, and at least one of these must be an alternative form of communication. They are required to assess the effectiveness of different forms of communication for service users with different needs when communicating

in health and social care settings. Communication could be between service users, health and social care professionals or between a service user and a health and social care professional.

For 1A.1 and 1A.2, learners are required to identify different forms of verbal, non-verbal and alternative communication used in health and social care. This could be in the form of a poster or leaflet.

For 2B.P3, learners must describe four types of barriers to communication in health and social care (listed in the unit content) and the effects of these barriers on service users. Reference to case studies or actual cases in the media would be beneficial here. To achieve 2B.P4, learners are required to use examples to explain how each type of barrier can be overcome and explain the benefits to service users of overcoming these barriers. To achieve 2B.M2, learners should develop their response to explain how measures have been implemented in a health and social care setting to overcome barriers. Learners could build on evidence already presented or refer to a local case study, or to measures that have been implemented at a national level. To achieve 2B.D2, learners should then evaluate how successful the measures were in removing barriers.

For 1B.3, learners need to outline at least three different barriers to communication in health and social care and then identify ways of overcoming these barriers for individuals who have experienced visual and hearing loss (1B.4).

Learning aim C

For learning aim C, learners need to understand what is involved in effective communication and be able to reflect on their interactions.

Learners should be given opportunities, and time, to develop and practise communication and interpersonal skills in preparation for their assessed interactions. Recording interactions (to enable the reviewing process), and receiving feedback from peers and their teacher, will support them to improve their skills in preparation for assessment. For work-based interactions, learners should first discuss and agree these with their teacher and supervisor. Simulated role-plays set in health and social care settings are also acceptable.

Suggested examples include the following:

- learners are provided with a case study and, taking the role of care workers, discuss and plan the care for an individual
- selecting learners to play the 'role' of a disinterested care worker, giving them an insight into being on the receiving end of poor practice. It also helps them to see how self-esteem is inextricably linked with good communication practices
- learners are given a budget and asked to plan how they would spend the money in order to refurbish a care home, hospital day room or day centre for older people
- learners could take on the role of service users discussing the care they are receiving and how it is meeting their needs, or not.

It is recommended that teachers video the session if equipment is available. Alternatively, groups could be observed by peers who could provide feedback on the communication and interpersonal interaction skills used. Learners could produce a checklist for the observations as part of a class activity. Learners could produce notes in addition to the checklist, which could support them when producing their evidence for 2C.P5.

For 2C.M3, learners are required to select and apply communication skills in at least two different situations in health and social care. These could be one-to-one or group, formal or informal, with colleagues or service users. Learners are expected to explain the effectiveness of the skills they demonstrated. For 2C.D3 learners need to evaluate the effectiveness of their demonstrated communication skills in both one-to-one and group interactions within health and social care. As part of their evaluation, learners need to make recommendations for improving their use of communication skills.

To achieve 1C.5, learners are required to demonstrate communication skills either in a one-to-one or a group context within a health and social care setting, identifying the forms of communication they used.

It is essential that vocational scenarios included in assessment are written at a level that learners can identify with, for example volunteers or care assistants rather than heads of department.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	How to Communicate in Health and Social Care	The manager in the nursing home where you work as a care assistant has received a complaint from one of the service users about the way staff communicate with her on a day-to-day basis. She feels her hearing difficulty is not considered and she does not always know what is about to happen to her when her carers come into her room. The manager has called a meeting to discuss how staff should be communicating in the setting and has asked you to design some materials about communicating in health and social care for current staff and anyone joining the team in future. Within the materials, you must include the following: • a description of the different forms of verbal, non-verbal and alternative communication, using examples set within the nursing home • an explanation of advantages and disadvantages of different forms of communication used, referring to one-to-one and group interactions • an assessment of the effectiveness of different forms of communication for service users with different needs in the nursing home, such as those with hearing impairment.	Information pack consisting of leaflets, posters, articles, presentation slides.

Criteria covered	Assignment	Scenario	Assessment evidence
		Within the nursing home, there are many barriers to effective communication, for example, service users who have sensory deprivation, English as a second language and dementia. Your manager has asked you to include the following in your information pack: • a description of the barriers to communication in the nursing home and the effects on service users • an explanation of how these barriers can be overcome and the benefits of doing so for the nursing home residents • a detailed explanation of how measures have been implemented to overcome barriers within the nursing home and an evaluation of the effectiveness of this.	

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Criteria covered	Assignment	Scenario	Assessment evidence
1C.5, 2C.P5, 2C.M3, 2C.D3	Communicating Effectively in Health and Social Care	As a care worker, you need to communicate effectively with other staff in the nursing home and service users in formal and informal situations. Mrs Johnson is a delightful lady whom you are very fond of. She has been in your care for three years and is always grateful for the care you provide. Mrs Johnson's only living relative is a daughter who lives over 200 miles away so visits are few. Mrs Johnson has recently been diagnosed with renal disease and needs to go into hospital for tests. She is afraid of hospitals and you know she will be very distressed. As you have a good relationship with Mrs Johnson, your manager has asked you to deliver this news to her, then to her daughter, and report back the outcomes of the conversation. You will need to: ● select and demonstrate communication skills in your conversations with Mrs Johnson in person, and her daughter over the telephone, informing them both of what is going to happen and why ● speak with your manager to let her know the outcomes of the conversation, describing the effects, evaluating the effectiveness of your communication skills and making recommendations about how you could have improved the way you interacted with them.	Signed observation records. Practical demonstration of communication skills within health and social care. Evidence could include signed witness testimonies, digital recordings, annotated photographs.

Unit 4: Social Influences on Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

How do people develop their views about the difference between right and wrong? Why do people hold the beliefs and attitudes they do? How can an individual's relationships, income or education affect their health and wellbeing?

In this unit, you will explore how we learn acceptable behaviour from our parents, carers, grandparents and extended families (primary socialisation). You will also explore how we learn social rules from those in the wider community, for example teachers and work colleagues (secondary socialisation). You will explore how these different forms of socialisation affect our health and wellbeing.

Through exploring different types of social relationships, such as those within families and those between friends and work colleagues, you will develop an understanding of the effects these factors have on the health and wellbeing of individuals.

You will also investigate the impact of different social factors, such as income, education and social class on the health and wellbeing of individuals.

Understanding the impact of relationships and social factors on the health and wellbeing of individuals will have an impact on the types of care and support required by individuals, and allow health and social care professionals to plan and deliver care to meet the needs of service users.

Learning aims

In this unit you will:

A explore the effects of socialisation on the health and wellbeing of individuals

B understand the influences that relationships have on the health and wellbeing of individuals

C investigate the effects of social factors on the health and wellbeing of individuals.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the effects of socialisation on the health and wellbeing of individuals
Learners must be aware of the differences between primary and secondary socialisation, the different agents involved in each, and the impact that these may have on the health and wellbeing of individuals. **Topic A.1 Primary and secondary socialisation** Primary socialisation: ● agents, e.g. parents, siblings, carers ● influence of agents on speech, beliefs and values. Agents of secondary socialisation and their influence: ● friends and peers ● media, e.g. advertising, social networking, television, celebrity culture, music, newspapers/magazines ● other agents, e.g. early years workers at nursery/playgroup, teachers, youth workers, representatives of religions, work colleagues, social workers. **Topic A.2 Effects of socialisation** ● Shaping of gender roles, e.g. expectations for male and female behaviour. ● Shaping of attitudes, e.g. the development of tolerance/prejudice, shaping of moral choices, religious and secular beliefs, attitude to authority. ● Development of social norms and values, e.g. views of right and wrong, manners and behaviour, use of language. ● Influence on lifestyle choices, e.g. entering employment/not entering employment, career choices, use of illegal substances, marriage and long-term relationships, alternative lifestyles, religion, use and choice of medical care and treatment, smoking, alcohol consumption, participation in sport or exercise.

What needs to be learnt

Learning aim B: Understand the influences that relationships have on the health and wellbeing of individuals

Topic B.1 Influences of relationships on individuals

The influences of different types of relationship on the health and wellbeing of individuals, including effects of changes in relationships, e.g. marriage, divorce, bereavement, leaving education.

Learners must be able to link the type of relationship to its possible influences on health and wellbeing.

- Different types of relationship:
  - family, e.g. extended, nuclear, reconstituted, single parent
  - working, e.g. teacher/student, colleagues, line managers
  - social, e.g. friends, fellow members of religious and secular groups
  - intimate and sexual relationships.
- Influences of relationships on individuals' health and wellbeing, e.g. self-esteem, levels of stress and anxiety, effects of dysfunction.

Learning aim C: Investigate the effects of social factors on the health and wellbeing of individuals

Topic C.1 How social factors influence health and wellbeing

The influence of social factors on the health and wellbeing of individuals, including their health-related choices.

Learners must be able to link social factors and their influence on health choices and on the health and wellbeing of individuals.

- Social factors that influence health and wellbeing, e.g. income, education, occupation, social class, wealth, values and behaviours, family, peers, media, living conditions, gender, culture.
- Effects of social factors on health choices, e.g. diet, smoking, living accommodation, use of recreational drugs, alcohol consumption, participation in sport or exercise, seeking medical care.
- Effects of social factors on health and wellbeing, e.g. to self-esteem, levels of stress and anxiety, access to health and social care services, effect on physical health and wellbeing, long-term effects on health and wellbeing.

Assessment Criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the effects of socialisation on the health and wellbeing of individuals			
1A.1 Identify agents involved in the primary and secondary socialisation processes.	2A.P1 Explain the influence of agents of primary and secondary socialisation.	2A.M1 Explain the effects of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.	2A.D1 Evaluate the impact of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.
1A.2 Outline the main effects of socialisation on the health and wellbeing of individuals.	2A.P2 Describe the effects of socialisation on the health and wellbeing of individuals.		
Learning aim B: Understand the influences that relationships have on the health and wellbeing of individuals			
1B.3 Outline the different types of relationships that have an impact on the health and wellbeing of individuals.	2B.P3 Describe the influences that different types of relationships have on the health and wellbeing of individuals.	2B.M2 Explain the influences that different types of relationships have on the health and wellbeing of individuals.	2B.D2 Compare the potential positive and negative influences of different relationships on the health and wellbeing of individuals.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: : Investigate the effects of social factors on the health and wellbeing of individuals			
1C.4 Identify the effects of social factors on the health choices of individuals.	2C.P4 Describe how social factors can affect the health and wellbeing of individuals.	2C.M3 Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples.	2C.D3 Evaluate the link between social factors and the health and wellbeing of individuals, and the impact on health and wellbeing, with reference to relevant examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or through several, smaller assignments. To gain an appreciation of the impact of social factors on health and wellbeing, it may be useful to invite a visiting speaker such as a youth worker, a health visitor or someone from a smoking cessation group. It will also be useful to look at demographics and the way that local differences may have an impact on health and diseases, particularly relating to social class, although learners do not need to have an in-depth understanding of local or national data.

This unit can be assessed in a variety of ways and could either focus on a case study approach or on how an understanding of social factors could be used to explore ways to combat health risks.

Evidence for this unit could either be written or be in the form of a presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods is used over the course of the qualification to engage and motivate learners.

Learning aim A

To achieve 2A.P1, learners are expected to explain the influence of the agents of primary and secondary socialisation, such as close family and the media.

To achieve 2A.P2, learners will be able to describe in depth the effects of socialisation on individuals' health and wellbeing. To achieve 2A.M1, learners are expected to be able to explain these effects, using either two detailed examples or a wider range of illustrative examples. As part of evaluating the impact of socialisation in 2A.D1, learners are expected to make a judgement about the importance of these factors, backing up their argument with at least three detailed examples. Learners may conclude whether primary or secondary socialisation was more influential on the individual studied, or which form of socialisation had a largely positive or negative effect.

For 1A.1, it is essential that learners can identify at least two agents each for primary and secondary socialisation.

To achieve 1A.2 learners are required to outline the main effects of socialisation on individuals' health and wellbeing, in terms of: shaping of gender roles, attitudes, the development of social norms and values, the influence on lifestyle choices.

Learning aim B

For 2B.P3, learners should be able to describe the influence of selected relationships, which will include the influence of changes in relationships. To achieve 2B.M2, learners will be able to explain using evidence (such as research from media articles, or summaries of scientific/health-related reports) and give reasons to support the point(s) they are making. In order to achieve 2B.D2, learners will be required to compare the negative and positive influences of relationships, clearly linking each to the subsequent effects on the individual's health and wellbeing.

For 1B.3, learners could create a family or relationship tree for their assignment, outlining the different types of relationship that can impact on an individual's health and wellbeing.

Learning aim C

For 2C.P4, learners will be expected to describe how factors such as income and education can affect the health and wellbeing of individuals. Learners must describe at least four factors and their effects on health and wellbeing. For 2C.M3, learners must explain the wider effects of these social factors on the overall health and wellbeing of individuals, which will be supported by a detailed example of the effects for each social factor. To achieve 2C.D3, learners will be able to evaluate the link between social factors and consider the impact on the individual's health and wellbeing. Learners should be encouraged to evaluate the overall impact on the health and wellbeing of individuals, in terms of the physical, intellectual, emotional and social wellbeing, rather than just their physical health or social wellbeing. For 2C.D3, responses will be a more comprehensive assessment of these four areas.

For 1C.4, learners need to identify the effects of at least four social factors, such as income, education, family and the media on individuals' health and wellbeing.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 1B.3, 1C.4, 2A.P1, 2AP.2, 2A.M1, 2A.D1, 2B.P3, 2B.M2, 2B.D2, 2C.P4, 2C.M3, 2C.D3	The Impact of Social Influences Today on Health and Wellbeing	The staff at the local healthcare centre want to try to reduce the amount of preventable health problems. They have decided to raise awareness of the positive and negative effects of social influences on people's health and wellbeing. They have asked you to put together a series of leaflets featuring fictional characters. The leaflets are to be designed to show parents potential influences on their children as they grow up and the impact these will have on health and wellbeing. Your leaflets should highlight: • the effects of primary and secondary socialisation and the ways that these could impact on values, attitudes, behaviour and lifestyle choices, and the ways that this could in turn affect health and wellbeing, with reference to relevant examples • the influences of different types of relationships and the potential positive and negative ways these can influence the health and wellbeing of individuals • the effect of a variety of different social factors and their link to overall health and wellbeing, with reference to relevant examples.	Leaflets. Written report, presentation slides, verbal presentation with presentation notes and signed observation records.

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Unit 5: Promoting Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

How can we improve the health and wellbeing of the nation? What are the benefits of doing so?

Being healthy can mean different things to different people. Many injuries and diseases can be prevented if people make healthy lifestyle choices and know how to reduce risks to their health.

Health promotion is the area of health that raises awareness of these issues, and educates people on how to be healthy. For example, this could involve promoting the use of screening and vaccination to prevent disease, or running campaigns designed to provide information about healthy lifestyle choices.

This unit explores some of the reasons why health-promotion activities are carried out, and the benefits of health-promotion work both for individuals and for the health and wellbeing of the nation as a whole. You will also explore the different forms of health-promotion activities that are used by health care workers.

This unit provides you with the opportunity to explore and research an area of health risk. You will then create materials for a health-promotion activity for a specified target group. There are many different health and wellbeing issues you might wish to investigate, and these are often related to the lifestyle choices people make.

Health-promotion activities are an important part of a number of roles in the health and social care sector, including health visitors, midwives, school nurses and GP practice nurses. Researching a selected health risk and designing related materials for a health-promotion activity will give you a valuable insight into this important aspect of health and social care work.

Learning aims

In this unit you will:

A explore the purpose, types and benefits of health promotion

B investigate how health risks can be addressed through health promotion.

Learning aims and unit content

What needs to be learnt

Learning aim A: Explore the purpose, types and benefits of health promotion

Topic A.1 Health promotion

What is health promotion?

- Provision of information and education both to individuals and to the nation, which will enable them to make positive lifestyle choices to improve their health and wellbeing.

Purpose and aims of health promotion

- purpose – promotion of healthy ideas and concepts to motivate people to change behaviour and adopt healthy lifestyle choices, designed to be proactive in tackling health-related challenges and issues
- aims of health-promotion activities, e.g. raise health awareness, encourage safety and reduce accidents, reduce number of people smoking, encourage healthy eating habits, reduce alcohol intake.

Different types of health promotion and health-promotion activities

- health risk advice – raising awareness of health-related issues and educating individuals to enable them to make healthy lifestyle choices
  - types of health risk advice, e.g. peer education, shock tactics, advice from health professionals, advice from police and fire service, testimonies from people personally affected by issues
  - examples of advice, e.g. safe sexual practices, healthy eating plans, exercise plans, drug awareness, safe drinking, road safety, personal safety, travel health, skin cancer awareness.
- health-promotion campaigns – local or national initiatives targeted at large audiences with the aim of raising awareness of health-related issues, use of different forms of media
- medical intervention – such as screening or vaccinations that are used to proactively reduce or eliminate disease
  - types of medical intervention, e.g. childhood immunisations, vaccinations (Human Papilloma Virus (HPV), influenza, pneumonia), screening (cervical cancer, diabetes, breast cancer, bowel cancer).

Topic A.2 Benefits of health promotion to both the health and wellbeing of the individual and the nation

Individual:

- increased understanding of health issues
- increased responsibility for own health, e.g. understanding safe lifting, safe working practices
- decreased risk of disease/injury
- improved quality of life
- increased life expectancy
- change in personal behaviour practices and lifestyle choices, e.g. eating patterns, drinking patterns, level of exercise, hand-washing, smoking, drug taking, sexual practices, road safety, handling stress, use of sun protection, avoidance of exposure to UV rays.

continued

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What needs to be learnt
Nation: ● reduced levels of illness and disease ● impact on crime levels, e.g. road safety, reduced crime related to recreational drugs, reduced alcohol-related violent crime ● increased uptake in vaccination and screening programmes ● address high-profile health and wellbeing concerns, e.g. smoking, drinking, STIs, obesity levels, road safety, heart health, mental health, use of recreational drugs ● reduced financial cost to the NHS and the government, e.g. for treatment related to obesity, smoking, alcohol use, reduced cost to police and prison service.

What needs to be learnt

Learning aim B: Investigate how health risks can be addressed through health promotion

Topic B.1: Targeting selected health risks

Learners will select a health risk, and research its main effects on the health and wellbeing of individuals. They will consider how these effects can be addressed through health promotion and evaluate the different strategies that can be used to address the chosen health risk. They will also produce materials appropriate for the health-promotion activity, tailoring it for their target group.

- topics for health promotion and their associated effects on health, e.g. substance misuse, binge drinking, safe sex, healthy eating, smoking, road safety, handwashing, participation in sport and exercise
- research using different sources, e.g. websites, books, newspapers/magazines, leaflets, journals, TV programmes, Department of Health and Social Care, health professionals and service users
- gathering data to understand the health topic, e.g. statistics (national, local), case studies
- health-promotion materials, e.g. posters, leaflets, games, presentations, wall displays
- target groups, e.g. children, adolescents, employees, sports or social clubs, type of service user
- health-promotion materials appropriate to target group, e.g. language, images, activity, position of display, timing, ethics, form of media, how materials could be adapted for different target groups
- evaluation of strategy – appropriate methods for target group, success of existing campaigns.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the purpose, types and benefits of health promotion			
1A.1 State what is meant by health promotion, identifying the purpose and aim(s) of one health-promotion activity.	2A.P1 Describe health promotion and the purpose and aims of three different health-promotion activities.		
1A.2 Outline how health promotion is used to benefit individuals.	2A.P2 Describe how different types of health promotion are used to benefit the health and wellbeing of individuals and the nation.	2A.M1 Discuss how different types of health promotion are used to benefit the health and wellbeing of individuals and the nation, using selected examples. *	2A.D1 Analyse the benefits of different types of health promotion to individuals and the nation, using selected examples. *
Learning aim B: Investigate how health risks can be addressed through health promotion			
1B.3 Identify the main effects of the chosen health risk on individuals.	2B.P3 Describe the chosen health risk and its main effects on individuals, using research findings from different sources. #	2B.M2 Explain how the chosen health risk affects individuals and how these effects can be addressed through health promotion, using research findings from different types of sources. #	2B.D2 Evaluate the strategies used to address the chosen health risk, using research findings. #
1B.4 Produce materials for a health-promotion activity, with guidance. * #	2B.P4 Produce appropriate materials for a health-promotion activity, describing the health risk and health advice. * #	2B.M3 Produce materials for a health-promotion activity tailored to a target group, describing the health risk and health advice. * #	2B.D3 Make recommendations for how the health-promotion materials could be adapted for a different target group. * #

*Opportunity to assess mathematical skills #Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Assignments for this unit can focus on one specific health risk, which learners can explore in depth, looking at both the health risk advice given and the form of medical intervention. The health risk can be set for the learner, or learners could be given the opportunity to research a health risk that they have a particular interest in finding out more about. Giving learners a choice will enable them to engage more with the assignment(s). Alternatively, learners could be set assignments with each learning aim focusing on a different health risk to give them a broader perspective and enable them to make comparisons between the two.

While assignments may focus on one or two specific health risks, they also need to make reference to a broader range of health risks and associated campaigns. This will allow learners to gain a broad and solid introduction to health promotion, which will support progression to level 3.

It is recommended that this unit is delivered and assessed in a practical way to engage and motivate learners. Guest speakers such as health visitors and service users would help learners appreciate the vocational relevance of this unit. Suitable assessment methods include class debates about health risks and benefits of health- promotion activities that target the risks. Evidence presented verbally should be recorded, and detailed observation records/witness statements completed and retained for internal and external verification. Learners could also create posters, leaflets, or other media such as video clips or digital recordings, as part of the health-promotion activity, using a form of media suitable for the target group.

Learning aim A

To achieve 2A.P1, learners are expected to describe what is meant by health promotion. Learners must select or be provided with three different examples of health-promotion activities. They should describe the purpose and aims of each activity. Learners should select varied examples of health-promotion activities that will allow them to demonstrate breadth of knowledge and understanding of the purposes and aims of those activities.

For 2A.P2, learners are expected to use details of actual health promotions, and consider not just the benefits to individuals of health-risk advice, health-promotion campaigns and medical interventions, but also the wider benefits to the nation as a whole. Learners have the opportunity to describe different health-promotion activities for one specific health risk that they have an interest in researching, or to look at health promotions for different health risks. Learners are required to describe different forms of health-promotion activity and could use either local or national

examples. To achieve 2A.M1, learners must use evidence to support their argument, such as from media articles and summaries of health reports. Learners must refer to the wider benefits of health promotion, such as economic and social benefits. To achieve 2A.D1, learners must analyse the benefits, by considering the various benefits of health promotion, as well as links between the benefits to individuals and the nation. Learners must refer either to a couple of in-depth examples, for example health-risk advice and medical intervention, or to a wider range of illustrative examples if they have looked at different health-promotion activities.

To achieve 1A.1, learners are expected to state what is meant by health promotion. Learners must select or be provided with one example of a health-promotion activity and identify its purpose and aim(s).

For 1A.2, learners are expected to outline how health promotion is used to benefit individuals. Responses will focus on how health promotion in general is used to benefit individuals (with an emphasis on the benefits to the individuals).

Learning aim B

This learning aim requires learners to either be provided with a health risk to research, or for them to choose a health risk to research. This could be the same health risk that formed the focus of learning aim A, which would enable learners to develop their understanding. To achieve 2B.P3, learners must be able to describe in detail the effects of the health risk, using research findings from at least two different sources (which could include the Department of Health and Social Care, the NHS website, the Care Quality Commission, professional journals, national or local media, health professionals or individuals who have experienced the health risk). To achieve 2B.M2, learners must be able to explain the effects and how they can be addressed, using information from at least two different types of sources (e.g. internet, newspaper articles, journals, health reports, healthcare professionals and individuals, books). To achieve 2B.D2, learners must evaluate the strategies used to address the health risk, coming to a conclusion as to which strategy was most successful.

To achieve 2B.P4, learners are required to produce materials that describe the health risk and provide advice. This could be in the form of a leaflet, or learners could work together to create a display (with each learner producing individual evidence of the material(s) they produced as part of the display). It is essential that learners' promotional materials describe the health risk and advice. Learners are being assessed on their ability to use promotional materials as a vehicle for highlighting a particular health risk and providing appropriate health advice, and not for producing well-presented materials that fail to fulfil this purpose. To achieve 2B.M3, learners will choose a form of media suitable for their target group. It is essential that learners select a target group that is suitable in relation to the chosen health risk. Learners could put together a toolkit (working either individually or in a group) similar to the 'Healthy Schools Toolkit'. To achieve 2B.D3, learners must be able to recommend how the promotional materials could be adapted for a different target group. To have a more vocational emphasis, the materials could form part of a health-promotion activity, which could be real or simulated. Learners could then use this experience to inform their suggestions on how to adapt it for another target group.

It is important to note that while learners are expected to produce materials for a health-promotion activity, they do not have to participate in or run a health-promotion activity to achieve the assessment criteria.

To achieve 1B.3, learners will identify the main effects of the specified chosen health risk on individuals' physical, intellectual, emotional and social health, but there will be no evidence of independent research.

To achieve 1B.4, learners are required to produce materials for a health-promotion activity. This will be quite basic in nature, such as an A3 poster that will outline a health risk and give some advice.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Benefits of Health Promotion for Teenagers	The local youth service has become concerned about the health of young people in the area. They have approached your health and social care department to see whether there should be a local health-promotion campaign. Produce an article or report on health risks faced by teenagers. This must include the following: ● an introduction describing what is meant by health promotion. You must include details of three different health risks that may affect teenagers and one health-promotion activity related to each health risk, describing the purpose and aims of each activity ● an explanation of a chosen health risk and how it affects teenagers, and how these effects could be addressed through health promotion ● an evaluation of the strategies used to address the chosen health risk ● an analysis of the benefits of health promotion both to teenagers and to the nation, using selected examples	Written report/article. Presentation slides, verbal presentation with presentation notes and signed observation record.

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Criteria covered	Assignment	Scenario	Assessment evidence
		The article or report could include reference to campaigns that are relevant to teenagers in your area or school/college, for example healthy eating to prevent obesity, drug awareness to educate young people about the dangers, or safe drinking to prevent illness or injury. In your report, you should include research from different types of sources.	

Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.M3, 2B.D2, 2B.D3	Healthy Teens	Following your successful report, the local youth service has decided to run a health-promotion campaign. You have been asked to produce some materials that could be included in a pack, which will be given out in youth clubs, libraries and medical centres, as part of the health-promotion campaign. You will need to research and collect existing information regarding the health risk. Once you have some relevant information regarding the health risk you can use this to produce materials for a health campaign. These materials need to describe the health risk and advice for teenagers. Present the information to your peers and recommend how the health-promotion materials could be adapted for a different target group.	An information pack containing: posters, leaflets, booklets, wall displays. Witness testimony.

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Unit 6: The Impact of Nutrition on Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Have you considered the effects of what you eat on your health and wellbeing?

This unit provides you with some answers and extends your understanding of how important a balanced diet is to your health.

In this unit you will explore what is meant by a balanced diet and its effects on the body, for example in raising immunity to infection and improving concentration. You will also explore what is meant by an unbalanced diet and how this may lead to various types of ill health. The knowledge and understanding you will gain in this unit is essential for a career in health and social care as it will help you support individuals to make the right choices to improve their health and wellbeing.

In this unit, you will explore the nutritional needs of individuals at different stages of their lives. You will also learn more about the specific diets that some individuals need, for example individuals with allergies or other particular dietary needs. This unit will also enable you to understand some of the personal preferences individuals may have with regard to their diet. You will apply this knowledge and understanding to create nutritional plans for individuals with special dietary needs, which will develop your nutritional planning skills.

This unit will help you to prepare for a career in health and social care. It will also contribute to your own health and wellbeing by supporting you in making your own nutritional choices.

Learning aims

In this unit you will:

A explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals

B understand the specific nutritional needs and preferences of individuals.

Learning aims and unit content

What needs to be learnt

Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals

Topic A.1: Dietary intake and food groups

Components of a balanced diet, including basic sources, function and effects of each:

- Essential nutrients:
  - carbohydrates: simple (sugars), complex (starch and non-starch polysaccharides [fibre])
  - proteins: animal and plant sources
  - fats and oils: animal fats, vegetable oils, fish oils
  - vitamins: A, B (complex), C, D, E and K
  - minerals: calcium, iron, sodium
  - water
- sources using five food groups - carbohydrates, protein, milk and dairy products, fruit and vegetables, fats and sugars.
- functions of food groups, e.g. growth, energy, maintaining body functions
- Recommended Daily Intakes (RDIs).

Topic A.2 Long-term effects of balanced and unbalanced diets

Effects of a balanced diet, including:

- raised immunity to infections
- greater energy levels, increased concentration
- faster healing of skin, tissues and mucus membranes.

Effects of an unbalanced diet, including:

- malnutrition:
  - over-nutrition, including coronary heart disease, obesity, type 2 diabetes, stroke, weight gain
  - under nutrition, e.g. specific nutrient deficiencies, low concentration span, importance of varied diet for vegetarians/vegans
- vitamin deficiency
  - vitamin A, e.g. night blindness, impaired maintenance and repair of skin, mucus membranes, accelerated ageing
  - vitamin B, e.g. beriberi
  - vitamin C, e.g. scurvy
  - vitamin D, e.g. rickets, bone loss-osteoporosis, low blood calcium, brittle bones, impaired tooth formation
  - vitamin E, e.g. lethargy, apathy, muscle weakness
  - vitamin K, e.g. impaired blood clotting
- mineral deficiency, e.g. calcium (impaired bone and teeth formation), iron (anaemia)
- nutrient excess, e.g. tooth decay.

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What needs to be learnt

Learning aim B: Understand the specific nutritional needs and preferences of individuals

Topic B.1 Factors influencing the diet of individuals and their associated dietary needs:

- religion and culture, e.g. Hinduism, Judaism, Islam, Buddhism
- moral reasons, e.g. vegetarians, vegans
- environment, e.g. access to food and food storage, location, climate
- socio-economic factors, e.g. costs, income, trends, family, class, peer pressure, the media
- personal preferences
- illness, e.g. effects on appetite, effects on dietary requirements
- underlying health condition resulting in specific nutritional needs, e.g. allergies, lactose intolerance, Coeliac disease, Diabetes, Irritable Bowel Syndrome, Crohn's Disease.

Topic B.2 Nutritional variation during life stage development

Life stages:

- infancy 0–2 years: breastfeeding, formula feeding, weaning
- early childhood 3–8 years: to support growth and higher energy needs, avoidance of additives and sugar
- adolescence 9–18 years: to support growth and higher energy needs
- early to middle adulthood 19–65: activity levels, variations according to occupation and lifestyle, pregnancy, lactating mothers
- later adulthood 65+: activity levels, lifestyle, decrease in energy needs.

Topic B.3 Considerations for nutritional planning

Learners are expected to apply their knowledge and understanding of dietary intake, long-term effects of balanced and unbalanced diets, and specific nutritional needs and preferences to create nutritional plans for individuals.

Considerations for nutritional planning:

- factors influencing the diet of individuals and their associated dietary needs (as listed in Topic B.1)
- life stage of individual and associated nutritional requirements, e.g. infancy, early childhood, adolescence, early and middle adulthood, later adulthood.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals			
1A.1 Identify components of a balanced diet, giving examples of each.	2A.P1 Describe the components of a balanced diet and their functions, sources and effects.	2A.M1 Compare the effects of balanced and unbalanced diets on the health and wellbeing of two individuals.	2A.D1 Assess the long-term effects of a balanced and unbalanced diet on the health and wellbeing of individuals.
1A.2 Identify three effects of an unbalanced diet on the health and wellbeing of individuals.	2A.P2 Describe the effects of an unbalanced diet on the health and wellbeing of individuals, giving examples of their causes.		
Learning aim B: Understand the specific nutritional needs and preferences of individuals			
1B.3 Identify the specific dietary needs of an individual.	2B.P3 Describe the specific dietary needs of two individuals at different life stages.	2B.M2 Explain the factors influencing the dietary choices of two individuals with specific dietary needs at different life stages.	2B.D2 Discuss how factors influence the dietary choices of two individuals with specific dietary needs at different life stages.
1B.4 Create, with guidance, a nutritional plan for a selected individual. #	2B.P4 Create a nutritional plan for two individuals with different specific nutritional needs. #	2B.M3 Compare nutritional plans for two individuals with different nutritional needs.	

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

A holistic case study could be used linking all themes throughout the learning aims. This would encourage a holistic approach to the assessment of the unit, and support the learner to include evidence that potentially meets all the criteria. Achievement of the higher grades would be achieved by the learner providing more depth and detail to elements of the case study rather than completing additional tasks.

To engage and motivate learners, it is recommended that a variety of assessment methods are employed when assessing this unit. It is important for learners to appreciate that issues relating to nutrition (as with many other areas in health and social care) can be an emotive subject, and should be dealt with in a sensitive manner. In keeping with the ethical principles applied to health and social care, names should be changed and written permission for the use of information should be obtained where appropriate.

Learning aim A

The assessment for learning aim A could require learners to present information to individuals who attend a community centre in the learners' home area.

For 2A.P1, learners need to describe components of a balanced diet, for example carbohydrates, their functions, sources (e.g. bread, pasta) and their main effects. This could be evidenced in the form of a table in an instructional leaflet to help inform others about components and the importance of a balanced diet. Detailing the effects of an unbalanced diet, and giving examples of their causes within the leaflet, will enable learners to also achieve 2A.P2.

In order to achieve 2A.M1, learners would benefit from the provision of case studies by the centre, enabling them to compare the effects of balanced and unbalanced diets on the health and wellbeing of two individuals: one individual for each of the two types of diet. Assessment could also be in the form of a leaflet or booklet. This could be extended to include an assessment of the long-term effects
of having a balanced or an unbalanced diet.

For 1A.1, learners are asked to identify components of a balanced diet and should give examples of each. This could be in the form of a leaflet or booklet that informs individuals about the components of balanced and unbalanced diets. When exploring an unbalanced diet, learners must identify three effects of an unbalanced diet on the health and wellbeing of individual (1A.2).

Learning aim B

The assessment of learning aim B could be based on case studies given to the learner, drawn from a professional health or social care magazine, online sources, BBC Learning Zone Class Clips or current newspapers. Alternatively, learners could base the evidence on themselves and a member of their family. Both individuals should be at different life stages and have different nutritional requirements.

In keeping with the ethical principles applied to health and social care, written permission for the use of information obtained from family members should be submitted along with the learner's work. All names should be changed.

Learning aim B examines the specific nutritional needs and preferences of individuals. While the learner will need to describe the specific needs for two individuals to meet 2B.P3, they should develop this further for 2B.M2 by explaining which factors may need to be taken into account, for example access to food, budget, culture or religion. For 2B.D2, the discussion of these factors could include exploring the effects of these factors on two individuals with specific dietary needs. For example, how a limited budget for food can reduce the choice an individual has, how this could affect the choices they make, and how the individual could overcome any difficulties. It is essential that any case study provided by the centre to learners provides sufficient detail about factors affecting individuals' specific dietary needs.

To achieve 2B.P4, the learner must create a nutritional plan for two individuals with specific nutritional needs at different life stages, such as an infant and an adolescent (and this can follow on naturally from 2B.P3, having described their specific dietary needs). Learners will need to apply their knowledge and understanding of dietary intake, long-term effects of balanced and unbalanced diets, and the specific nutritional needs and preferences of the two individuals to create appropriate nutritional plans for the two individuals. 2B.M3 will involve extending this to comparing their different nutritional plans.

For 1B.3, learners are required to identify dietary needs of an individual, while for 1B.4, learners are required to create a nutritional plan for a given individual. Unlike at level 2, learners are not expected to create nutritional plans for individuals with different specific nutritional needs.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.3, 2B.P3, 2B.M2, 2B.D2	Impact of Balanced and Unbalanced Diets on Health and Wellbeing	You are working in a GP practice alongside the Practice Nurse who has asked you to look into how two service users (a teenager and an older gentleman who has recently retired) can be supported to improve their diet. They have differing nutritional needs due to illness and allergies and the GP has referred them to the nurse for further advice and information regarding their diets. You have been asked to explore the service users' diets with them, putting together a booklet for their reference afterwards. Having first shown the booklet to the practice nurse and GP, you will then present the information to the service users. You should: • describe to the service users components of a balanced diet and their functions and sources • explain and analyse the potential effects of healthy and unhealthy aspects of the service users' diets on their health and wellbeing • describe their specific dietary needs, discussing how factors influence their dietary choices, e.g. cost, convenience, religion or personal preferences.	Written booklet. Evidence could include: role play and signed observation records, digital recordings, annotated photographs.

Criteria covered	Assignment	Scenario	Assessment evidence
1B.4, 2B.P4, 2B.M3	Nutritional Needs of Individuals	The two service users you met with have asked you to create a nutritional plan for them, outlining their specific needs. Put together the nutritional plans as requested, and show them to the practice nurse and GP for approval, considering their different life stages and specific dietary needs.	Written nutritional plans. Evidence could include: presentation slides, written report.

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Unit 7: Equality and Diversity in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

We live in a multi-cultural society, with individuals with diverse needs. It is important that all individuals have equal access to health and social care services and that their diverse needs can be met.

In this unit you will explore the importance of non-discriminatory practice in health and social care by looking at what discriminatory and non-discriminatory practice look like in health and social care and the impact of both in relation to service users and those who work in the sector.

You will also explore how health and social care practices can promote equality and diversity, looking at ways of adapting services to meet individuals' diverse needs and the benefits to service users of doing so.

When working in health and social care you will meet people who look and sound different from you, and who have backgrounds completely different from yours. This unit will give you the chance to explore some of the diverse needs of service users that you might come across when working in the health and social care sector.

Learning aims

In this unit you will:

A understand the importance of non-discriminatory practice in health and social care

B explore how health and social care practices can promote equality and diversity.

Learning aims and unit content

What needs to be learnt
Learning aim A: Understand the importance of non-discriminatory practice in health and social care
Topic A.1 Discriminatory and non-discriminatory practice in health and social care ● definition of non-discriminatory practice in health and social care: not treating individuals or groups less fairly than others, valuing diversity, adapting care to meet diverse needs ● examples of discrimination in health and social care, e.g. prejudice, stereotyping, labelling, refusal of medical treatment, offering inappropriate treatment or care, giving less time when caring for an individual than needed ● examples of non-discriminatory practice in health and social care, e.g. providing appropriate health and social care to meet the needs of individuals, adapting care to meet the diverse needs of different individuals, providing equality of access of health and social care services. **Topic A.2 Impact of discriminatory and non-discriminatory practice in health and social care** ● effects of discrimination on service users, including loss of self-esteem, stress, reluctance to seek support and treatment, impact on waiting times for different groups ● non-discriminatory practice meeting the diverse needs of individuals ● importance of meeting legal and workplace requirements, including adherence to current and relevant legislation, e.g. Equality Act ● importance of following workplace and national codes of practice on non-discriminatory practice, e.g. by relevant regulatory body (Health and Care Professions Council, Care Council for Wales, Northern Ireland Social Care Council) ● how legislation and codes of practice support non-discriminatory practice in health and social care, e.g. how the legal framework protects carer and service user, enforcement of non-discriminatory practices, employer and employee responsibilities, desire to avoid litigation/deregistration, safeguarding.

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What needs to be learnt

Learning aim B: Explore how health and social care practices can promote equality and diversity

Learners must consider how the diverse needs of service users in health and social care may be affected by the factors listed below.

Topic B.1 Factors that may affect the care needs of individuals

- gender – acknowledgement of personal preferences, e.g. same sex wards
- sexual orientation – respect for sexual orientation
- gender reassignment – have choice of gender respected, use of correct forms of address
- age – use of appropriate language, appropriate forms of address
- disability, e.g. equality of access to services
- marriage and civil partnership, e.g. respect for service user's choice regarding involvement of partners or family in their care
- pregnancy and maternity, e.g. choice of birth plan, birthing partner, ante-natal care, breastfeeding
- race – equality of access to services regardless of ethnic or national origins
- religion and belief – different needs relating to beliefs and practices of individuals from a range of different religious and secular groups
  - religious groups, e.g. Christianity, Islam, Judaism, Hinduism, Buddhism – beliefs, festivals and holy days, food and diet, forms of worship, dress, symbols, health/medical beliefs
  - secular groups, e.g. humanism, atheism – respect for secular beliefs
- social class – equality of access to health and social care services regardless of social class
- family structure – impact of family structure on care needs, e.g. single parent, nuclear, extended, no family
- geographical location – equality of access to health and social care services, e.g. in rural areas, in urban areas.

Topic B.2 How adapting services to meet the diverse needs of service users promotes equality and diversity in health and social care

Learners must be able to relate how services can be adapted to meet the diverse needs of service users in health and social care, linking them to the categories in Topic B.1.

- adaptations to services to meet the diverse needs of service users in health and social care, e.g. access to services, provision of support, dietary requirements, provision of personal care, provision of prayer facilities, access to washing and toilet facilities, observing religious rituals, visiting arrangements, provision of person-centred approach, same-sex carers, provision of opportunity and places of worship, mixed wards, festivals and holy days, awareness of practices relating to dress/clothing, level of service provided, provision of suitable accommodation for couples, multi-agency working, involving family members/carers in care planning, involving partners in care plans, entitlement to an independent advocate, use of appropriate language, use of appropriate forms of address, acknowledging personal preferences, respecting personal choices
- benefits to service users of adapting services, including being respected, treated equally, not discriminated against, maintaining dignity/privacy, feeling safe, improved quality of care, personalised care, accessibility of care.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Understand the importance of non-discriminatory practice in health and social care			
1A.1 Define non-discriminatory practice in health and social care, using two examples.	2A.P1 Describe non-discriminatory and discriminatory practice in health and social care, using examples.	2A.M1 Explain the importance of legislation and codes of practice in promoting non-discriminatory practice in health and social care, using examples.	2A.D1 Assess the impact of discriminatory practice for health and social care workers, with reference to selected examples.
1A.2 Identify how one code of practice or piece of legislation promotes non-discriminatory practice in health and social care.	2A.P2 Describe how codes of practice and legislation promote non-discriminatory practice in health and social care.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Explore how health and social care practices can promote equality and diversity			
1B.3 Identify the different needs of individuals in relation to health and social care provision.	2B.P3 Describe the different needs of service users in health and social care, with reference to examples.		
1B.4 Identify ways that health and social care provision can be adapted to meet the diverse needs of a selected individual.	2B.P4 Describe how health and social care provision can be adapted to meet the diverse needs of different individuals, with reference to examples.	2B.M2 Explain the benefits of adapting health and social care provision to meet the diverse needs of different individuals, with reference to two selected examples.	2B.D2 Assess the effectiveness of health and social care provision for different individuals with diverse needs, with reference to two selected examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Class discussion is valuable for this unit and both individual experience and the media can be a useful source of material to promote thought and debate. Visits to relevant organisations or from guest speakers could help provide learners with a basis for their assignments and enable them to gain an understanding of the different needs of individuals in health and social care settings. Possible speakers could include service users with diverse needs discussing real-life experiences, local religious leaders, representatives from disability and carer groups, and health and social care workers.

The unit could be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, learners could produce a handbook or presentation/display informing others, such as service users, about equality and diversity in health and social care.

Learners' assignments must be based on examples from different health and social care settings. This will enable learners to demonstrate an understanding of the diverse needs of different types of service users. Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/ witness statements should be completed and retained for internal and external verification.

Learning aim A

To achieve 2A.P1, learners will be expected to describe discriminatory and non-discriminatory practices, and give examples of non-discriminatory or discriminatory practices for three of the categories (listed in the unit content) to illustrate their understanding. To achieve 2A.P2, the learner will describe at least two codes of practice and will be able to describe the ways in which these promote non-discriminatory practice in health and social care. Learners will need access to current and relevant codes of practice, relevant to either social care or health practitioners. However, at level 2, learners are not expected to be familiar with the complex detail of codes of practice within health and social care.

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To achieve 2A.M1, learners will need to extend this work to explain the importance of non-discriminatory practice to health and social care workers, with reference to at least two relevant examples. This must include reference to current and relevant legislation and codes of practice and how they promote non-discriminatory practice. These examples could be either instances of non-discriminatory practice, or discriminatory practices, highlighting the respective benefits or negative consequences.

To achieve 2A.D1, learners could use two examples to provide an assessment of the impact of discriminatory practice for health and social care workers.

To achieve 1A.1, learners must define non-discriminatory practice in health and social care using two examples. For 1A.2, learners must identify how one code of practice or legislative act promotes non-discriminatory practice. Level 1 learners are not expected to be familiar with the detail of health and social care codes of practice.

Learning aim B

To achieve 2B.P3, the learner will be expected to give a clear description of potential individual needs related to all the factors listed in the unit content (for example gender), using at least one example for each category of diverse needs. These examples should be from a range of health and social care settings so that learners can gain insight into the wide range of diverse needs of different types of service users.

To achieve 2B.P4, learners must go on to describe what health and social care staff/settings can do to adapt provision of services. The description will be illustrated with examples. Learners could either provide a brief example for each category or make reference to a couple of detailed examples.

To achieve 2B.M2, learners will explain the benefits of adapting health and social care provision to meet diverse needs, making reference to two individuals with different needs that must be taken into consideration.

To achieve 2B.D2, learners must extend this work to assess the effectiveness of health and social provision for individuals with diverse needs (as defined by the categories listed in the unit content), making a judgement as to whether it was appropriate and sufficient overall.

To achieve 1B.3, a learner will be expected to identify the different needs of service users and identify ways that health and social care provision can be adapted to meet the diverse needs of one specific individual (1B.4).

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Equality and Diversity in Health and Social Care	You have been asked to help produce materials for an induction programme for new care assistants at Buttercup Care Home. Residents come from a wide cross-section of society. Produce a chapter for an induction handbook for staff to support them in understanding the importance of non-discriminatory practice and how codes of practice and legislation improve care practice in health and social care. In your handbook, you need to include the following, making reference to examples: ● a description of non-discriminatory and discriminatory practice ● a description of how codes of practice and current and relevant legislation promote non-discriminatory practice, explaining their importance in promoting non-discriminatory practice ● an assessment of the potential impact of discriminatory practice for health and social care workers.	Chapter of induction handbook.

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Criteria covered	Assignment	Scenario	Assessment method
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	Meeting Diverse Needs of Service Users in Health and Social Care	A couple of the new care assistants at the Buttercup Care Home have read the chapter of the handbook you produced. They ask you how health and social care provision can be adapted to meet the diverse needs of the residents they care for. You have been asked to present ideas to help the two new care assistants plan care for two service users. You will need to describe the service users' diverse needs and how service provision could be adapted to meet these needs. You have been asked to explain how your proposed ideas on adapting services will benefit the service users. You need to assess how effective these proposed changes are likely to be in meeting their diverse needs.	Role play scenario. Signed observation record. Presentation notes/slides. Evidence could include: signed witness testimonies, digital recordings.

Unit 8: Individual Rights in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

What rights do you have as an individual? Do we all have the same rights? What rights do service users have? Do people in care have the same rights as you?

This unit investigates the rights of individuals using health and social care services, including the right to be respected, the right to be treated equally and fairly, and the right not to be discriminated against.

The unit also considers the responsibilities of employers and employees to uphold the rights of service users and how these responsibilities impact on the rights of individual users.

Recent improvements in legislation and codes of practice have informed health and social care practice to the benefit of service users. In this unit you will examine these improvements and how they affect the delivery of health and social care.

Through completing this unit, you will gain an insight into how the rights of individuals underpin all practice in health and social care.

Learning aims

In this unit you will:

A investigate the rights of individuals using health and social care services

B examine the responsibilities of employers and employees in upholding service users' rights in health and social care.

Learning aims and unit content

What needs to be learnt
Learning aim A: Investigate the rights of individuals using health and social care services
Topic A.1 The rights of individuals using health and social care services ● to be respected ● to be treated as an individual ● to be treated with dignity ● to be treated equally and not discriminated against ● to be allowed privacy and confidentiality ● to be allowed access to information about self ● to have account taken of own choices, e.g. to communicate in preferred method/language ● to be allowed independence ● to be safe ● to be able to take risks ● to be involved in own care ● current and relevant legislation and how it protects the rights of service users, e.g. Human Rights Act, Equality Act, Mental Health Act. **Topic A.2 How care workers can uphold the rights of service users** Learners must be able to give examples of how rights of service users can be upheld in health and social care settings, including the difficulties of doing so. Learners must also understand the associated benefits of upholding the rights of service users. ● anti-discriminatory practices ● ensuring privacy during personal care ● offering person-centred approach ● showing empathy ● being honest.

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What needs to be learnt

Learning Aim B: Examine the responsibilities of employers and employees in upholding service users' rights in health and social care

Employers and employees have responsibilities that can impact on the rights of individual service users.

Topic B.1 Responsibilities of employers and employees in ensuring safety

Ways of ensuring safety:

- risk assessment (the application of risk assessment to a health and social care setting and its importance, taking into account the right to take acceptable risks)
- safeguarding (importance of preventing harm)
- other ways, e.g. control of substances hazardous to health, use of Personal Protective Equipment and infection control, reporting and recording accidents and incidents, complaints procedures, provision of toilets, washing facilities and drinking water, provision of first-aid facilities
- current and relevant legislation, e.g. the Health and Safety at Work etc. Act.

Topic B.2 Responsibilities of employers and employees in ensuring confidentiality:

- accurate recording and proper storage and retrieval of information (including electronic methods), written records, use of photographs, mobile phones and social media)
- disclosure
- importance of maintaining confidentiality, including to safeguard service users, to adhere to legal and workplace requirements, to respect the rights of service users
- instances when breaches of confidentiality are appropriate, including to safeguard other individual(s), to safeguard a service user, to report criminal activities
- current and relevant legislation, e.g. the Data Protection Act including General Data Protection Regulations, the Freedom of Information Act.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate the rights of individuals using health and social care services			
1A.1 Identify the individual rights of service users in health and social care.	2A.P1 Summarise the individual rights of service users in health and social care.	2A.M1 Explain ways in which service users' individual rights can be upheld in health and social care, using selected examples.	2A.D1 Assess the benefits and potential difficulties of upholding service users' rights in health and social care, using selected examples.
1A.2 Identify how current and relevant legislation protects the rights of service users, with reference to one example.	2A.P2 Describe how current and relevant legislation protects the rights of service users, using examples.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Examine the responsibilities of employers and employees in upholding service users' rights in health and social care			
1B.2 Identify how an employee can plan to maximise the safety of service users.	2B.P2 Describe how an employee can plan to maximise the safety of service users.	2B.M2 Explain why risk assessment is important in health and social care.	2B.D2 Evaluate the importance of the use of risk assessments in health and social care, using selected examples.
1B.3 Identify how the right to confidentiality is protected in health and social care.	2B.P3 Describe how the right to confidentiality is protected in health and social care.	2B.M3 Explain why the right to confidentiality is protected in health and social care, using examples.	2B.D3 Justify occasions where there is a need for an employee to breach confidentiality, using examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

It is recommended that assignments for this unit involve looking at the practical ways in which health and social care settings approach individual rights and the current and relevant legislation that underpins these rights. Where possible, visiting speakers who work in health and social care could discuss their work. This will enable learners to apply theory to practice. Class debates, presentations and current news articles are all suitable forms of assessment for this unit.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting and explore individual rights of service users within a particular health and social care setting. Alternatively, assignments could be set within different health and social care settings, to provide learners with the opportunity to examine individual rights of different types of service user.

Learning aim A

For 2A.P1, learners will be expected to summarise all the individual rights listed in the unit content, relating each one to health and social care. For 2A.P2, it is expected that learners will make reference to current and relevant legislation, such as the Equality Act and describe at least two ways in which the legislation protects individual rights of service users. Learners could apply individual rights to a particular group of service users, such as patients in a day care centre. For 2A.M1, learners must explain ways of upholding individual service users' rights, which may also be applied to a particular group, or groups, of service users. Learners can either explain three examples in detail, or use a wider range of illustrative examples from different settings to support their explanation. They will need to ensure that their answer refers to both the ways that this can be done in practice and also the current and relevant legislation that upholds these rights. To achieve 2A.D1, learners need to be able to assess the benefits and potential difficulties of upholding service users' rights. This could involve looking at case studies where there is a tension between upholding a service user's right and an employee's responsibilities, or when upholding one service user's rights would affect another service user.

To achieve 1A.1, learners will be required to identify at least five rights of service users in health and social care. This can be presented in various formats, from a poster to a presentation slide. To achieve 1A.2, learners will need to identify relevant legislation and use at least one example of the way that this legislation protects the rights of service users.

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Learning aim B

This learning aim examines the responsibilities of both the employer and the employee and, specifically, their duty of care to service users in terms of their safety. It will focus on the ways that rights are upheld and the specific responsibilities health and social care settings have to safeguard the service user.

To achieve 2B.P2, it is expected that learners will be able to describe the main ways an employee within health and social care can plan to maximise the safety of service users, applying it to a particular health and social care setting.

To achieve 2B.M2, learners will make reference to health and safety legislation, for example the Health and Safety at Work etc. Act, and explain the importance of risk assessment. Responses will be directly related to a health and social care setting, rather than a general explanation of its importance. For example, this could focus on explaining the importance of risk assessing a day trip before taking residents out for the day.

To achieve 2B.D2, learners need to evaluate the importance of the use of risk assessments. They will be able to use examples to give precise and detailed information about the use of risk assessments and how these can be used to maximise the safety of service users. They will also be able to balance this with weaknesses such as the conflict with the service user's right to take risks. For example, horse riding is a risky activity but also a beneficial therapeutic activity
that enables people to gain respect and improve confidence and mobility.

To achieve 2B.P3, learners are expected to describe how the right to confidentiality is protected in detail, applying it to health and social care. To achieve 2B.M3, learners will explain why the right to confidentiality is protected in health and social care, using examples, possibly from case studies or the media. Learners are expected to make reference to current data protection legislation to support their answer. Reference to data protection legislation would be relevant to demonstrate the importance of record maintenance, keeping and storing information securely, and the right of service users to confidentiality. It would also show learners how legislation is applied to everyday situations. To achieve 2BD.3, learners will use examples to justify the occasions when confidentiality can be breached by staff, such as to safeguard others.

To achieve 1B.3, learners must identify the main ways an employee within health and social care can plan to maximise the safety of service users. Learners must give at least four practical ways that a service can do this.

To achieve 1B.4, learners need to identify how the right to confidentiality is protected in health and social care. This could be presented in the form of a poster, showing service users how their rights are protected.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.2, 1B.3, 2B.P2, 2B.P3, 2B.M2, 2B.M3, 2B.D2, 2B.D3	Individual Rights in Health and Social Care	You are about to engage in a work experience placement in a care setting. Due to recent media coverage on the ill-treatment of service users in a particular care centre, you want to find out about the rights of service users and the responsibilities of staff caring for them before you visit the setting. In order to prepare for the placement, you decide to put together a handbook for yourself covering the following: ● individual rights of service users including current and relevant legislation ● responsibilities of care staff in dealing with service users ● maintaining service user confidentiality.	Handbook (written or IT-produced). Evidence could include: presentation slides, written report, newspaper/magazine article.

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Criteria covered	Assignment	Scenario	Assessment evidence
		When looking at the individual rights of service users, including the importance of current and relevant legislation, you must include the following: • a detailed summary of the individual rights of care service users, referring to current and relevant legislation where appropriate • a detailed explanation, using three examples, of ways in which the rights of service users can be upheld in care centres • an assessment of the benefits to service users of having their rights upheld and any difficulties this may create for care staff.	

Criteria covered	Assignment	Scenario	Assessment evidence
		When looking at the responsibilities of care staff in dealing with service users, you must include the following: ● a description of one example, from a particular care setting, of how an employee can plan to maximise the safety of care service users ● an explanation of why the use of risk assessment is important for the wellbeing of service users in health and social care settings ● an evaluation, using two examples, of why it is important to carry out risk assessments in care settings. When looking at maintaining confidentiality, you must include the following: ● a description of how service user confidentiality is promoted in a particular care setting ● an explanation of why the right to confidentiality is important in care settings ● a justification of two examples, from a care setting, of where a breach of confidentiality could be justified.	

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Unit 9: Healthy Living

Level: **1 and 2**

Unit type: **Mandatory**

Guided learning hours: **30**

Assessment type: **External**

Unit introduction

This unit gives you the opportunity to explore how healthy and unhealthy lifestyle choices impact on health and wellbeing.

Health and wellbeing are influenced by a range of biological and lifestyle factors. Some of the choices people make can have a positive effect on their lives, both in the short term and the long term Exercising, for example, may have a short-term effect for a person of creating a 'feel good' factor, but also contribute to long-term weight management and heart health.

However, health and wellbeing are also influenced by the negative choices people make in their everyday lives. For example, if a person chooses to smoke heavily and drink more units of alcohol than the recommended daily and weekly limits, this will have both a short-term and long-term impact on their health and wellbeing.

In this unit, you will explore how a range of factors contribute to good health and wellbeing, and other factors that can lead to poor health and wellbeing.

Many health and social care professionals help people to review and analyse their current health and wellbeing. This type of analysis forms the basis from which health improvement plans can be designed.

In this unit, you will develop your skills in analysing information and will explore personal strategies that can be implemented to improve health and wellbeing. You will also consider the barriers and limitations that may have an impact on the success of measures taken to improve health and wellbeing.

Learning aims

In this unit you will:

A explore the factors that contribute to healthy and unhealthy lifestyles, and their effects on health and wellbeing

B explore ways of improving health and wellbeing.

Learning aims and unit content

What needs to be learnt

Learning aim A: Explore the factors that contribute to healthy and unhealthy lifestyles, and their effects on health and wellbeing

Topic A.1 Defining a healthy lifestyle

- World Health Organization (WHO) definition of health – a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity (for the context of this unit, 'health and wellbeing'):
  - physical effects: reduced chance of illness, healthy body systems, healthy weight maintenance, improved fitness, higher energy levels
  - intellectual effects: improved concentration, clearer thinking, ability to learn
  - emotional effects: greater levels of happiness, improved mood, improved self-confidence, improved self-esteem, positive self-image, developing and maintaining close intimate and sexual relationships, increased emotional resilience, improved motivation levels, reduced stress, good mental health
  - social effects: improved quality of social life, closer friendships, extended patterns of social relationships.

Topic A.2 Defining effects of an unhealthy lifestyle

- Physical effects: disease and illness, weight gain/loss, body fat composition, short-term health problems, long-term health problems.
- Intellectual effects: reduced potential success in education, negative impact on long-term career prospects, inability to think clearly.
- Emotional effects: general feelings of unhappiness and worthlessness, low self-esteem, negative self-image, feelings of stress and anxiety, difficulties in developing and maintaining close, intimate and sexual relationships, psychological dependence.
- Social effects: loss of friends, increased pressure on existing friendship groups, negative impact on family relationships, decreased levels of involvement in social activities, social isolation, increased potential for accidents, injury or criminal record.

Topic A.3 Factors that contribute to healthy or unhealthy lifestyles and their effects

For each factor, learners should be able to make the link to physical, intellectual, emotional and social effects. Any specific coverage in addition to the effects above in Topics A.1 and A.2 is given below.

- Diet and nutrition: balanced/unbalanced diet, food groups and common sources (fats, carbohydrates, proteins, vitamins, minerals, fibre and water), nutrient balance/imbalance (vitamins and minerals), recommended daily intake:
  - physical effects: maintenance of healthy weight, appropriate weight loss, higher energy levels, common diet-related illnesses (including obesity, diabetes, coronary heart disease), excessive weight loss.
- Exercise: frequency of exercise, types of exercise, appropriate levels of exercise for life stage:
  - physical effects: maintenance of healthy weight, weight loss, energy levels, impact on flexibility, endurance, strength, stamina, likelihood of obesity, coronary heart disease, respiratory conditions, effects on Body Mass Index (BMI) (calculating and interpreting BMI, significance and limitations).

continued

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What needs to be learnt

- Home environment: type of home accommodation, condition of home environment, location, personal space, the influence of partners and family, level of conflict, access to services:
  - o physical effects: chance of illness/disease/health problems relating to living conditions, existing health conditions.
- Work environment: manual/non-manual work, job satisfaction/dissatisfaction, career success/lack of success, mental stimulation, support from work colleagues and employers, work/life balance, level of conflict:
  - o physical effects: impact of type of work on health, illness or injury, impact of manual and sedentary jobs.
- Alcohol consumption: safe and unsafe drinking patterns (binge drinking, underage drinking, recommended weekly consumption levels), alcoholism:
  - o physical effects: health risks associated with excessive alcohol consumption (cancer, mental health issues, weight gain, liver disease), health benefits of small quantities of alcohol in middle and later adulthood, impaired judgement leading to accident/injury/unsafe sexual practice
  - o emotional and social effects: dependence, effect on mental health.
- Smoking: quantity smoked and pattern of smoking, cause of smoking:
  - o physical effects: health risks associated with smoking, (lung cancer, bronchitis, coronary heart disease, emphysema)
  - o emotional and social effects: dependence.
- Recreational drug use: levels of consumption, age of consumption, unknown composition of substances:
  - o physical effects: accidental death, illness and disease, impaired judgement leading to accident/injury/unsafe sexual practice
  - o emotional and social effects: dependence, effects on mental health.
- Safe and unsafe sexual practices: use of contraception, number of sexual partners, informing sexual partners of a pre-existing sexual infection or health status, use of barrier methods, participation in sexual health screening:
  - o physical effects: contraction and spreading of sexually transmitted infections (STIs) (chlamydia, gonorrhoea, HIV/AIDS, herpes), development of cervical cancer, pregnancy
  - o emotional and social effects: developing and maintaining close intimate and sexual relationships.
- Personal hygiene: bathing/showering (frequent and after exercise), hand washing, frequency of changing of clothes:
  - o physical effects: contraction and spread of disease and illness, body odour
  - o emotional and social effects: loss of friends, social isolation, bullying, unemployment.
- Sleep patterns: the importance of regular sleep, number of hours of sleep, age-related factors, employment-related factors (shift work, stress):
  - o physical effects: fatigue, impact on energy levels, risk of accident.

What needs to be learnt

Topic A.4 Influences on adopting of healthy and unhealthy lifestyles

Learners need to be aware that there are factors that can be outside the control of individuals and that there are a range of influences that can affect lifestyle choices. Learners should know how each of the factors below may affect individual lifestyle choices:

- partners and family
- culture and religion
- peer group pressure
- role models
- media influence
- self-esteem levels
- education and understanding
- personal and family finances
- genetic inheritance (including predisposition)
- mental health and illness.

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What needs to be learnt

Learning aim B: Explore ways of improving health and wellbeing

Topic B:1 Ways to improve health and wellbeing

- Identify areas for potential improvement: diet, exercise, home/work environment, alcohol consumption, smoking, recreational drug use, sexual practices and personal hygiene.
- Improving health and wellbeing – implementation.
- Assess the difficulties that might be encountered in starting and keeping to a healthy lifestyle:
  - getting started: setting of realistic goals, seeking support, accessing professional advice
  - time commitment: setting regular time aside to exercise, balancing exercise and home life commitments, balancing exercise and work commitments, managing potential times when it is difficult to keep to the plan
  - motivation: motivation to start, keeping to plans after initial interest falls, pushing through difficult times when little progress appears to be happening.
- Setting realistic targets for improving health and wellbeing in different areas: diet, exercise, weight, home/work environment, alcohol consumption, smoking, recreational drug use, sexual practices and personal hygiene.
- Intervention strategies and their effect on health improvement: healthy lifestyle plan, support strategies (hypnotherapy, acupuncture), techniques to stop smoking, reduce alcohol consumption and recreational drug use (face-to-face support, nicotine replacement therapy).

Topic B.2 Types and sources of support available to help promote healthy lifestyles

Forms of support: listening, empathy, encouragement, advice and guidance:

- formal support: doctors, health specialists, counsellors, youth workers, teachers, career advisers, human resources department, support groups
- informal support: family, friends, partners, work colleagues
- support in maintaining positive change: keeping to the plan, maintaining a positive outlook.

Topic B.3 The barriers to achieving a healthy lifestyle

Limitations – financial limitations, access to resources and support, genetic factors, time limitations, current physical condition, unrealistic goals:

- motivation to change
- influence of partners and family
- peer group pressure
- media influence
- self-esteem levels
- time available
- lack of education and understanding
- addiction
- financial barriers
- availability of negative lifestyle choices
- lack of access to support.

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is assessed through the completion of an externally set examination.

Examination format

The learner will complete a 60-minute examination with 50 marks. This unit is externally assessed using a paper-based exam marked by Pearson.

Learners will complete a paper-based test that contains a mixture of question styles, including objective questions, short-answer questions and extended writing questions.

The learner will need to demonstrate knowledge and understanding, the application of this knowledge and understanding, and the skill of evaluation.

Unit 10: Human Body Systems and Care of Disorders

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Did you know that the human body systems work together to maintain health? The various parts of the human body are reliant on each other – each part must function properly for the body to remain stable. What about the specific components of these systems and the organs? Where are they? What do they do?

In this unit you will explore the major organs and systems of the human body, giving you an understanding of basic anatomy and physiology. You will look at the structure, function and location of these organs and body systems, and how they work together in maintaining the body as a whole.

You will also investigate common disorders related to the body systems and how these disorders affect individual body systems, including the possible symptoms experienced by the individual. You will apply your understanding of this to exploring the subsequent care that individuals receive when something goes wrong. You will also develop the practical skills to be able to carry out routine testing associated with measuring some common disorders.

It is essential for health and social care workers to understand how the human body works so that appropriate care can be given to individuals who have particular illnesses or conditions.

Learning aims

In this unit you will:

A understand the structure and function of main organs and major body systems, and their interrelationships

B explore routine care of disorders relating to body systems.

Learning aims and unit content

What needs to be learnt
Learning aim A: Understand the structure and function of main organs and major body systems, and their interrelationships.
Topic A.1 Structure and functions of main organs in the body ● Skin, heart, lungs, stomach, bladder, brain, eyes, ears, pancreas, intestines, liver, kidneys, ovaries and testes, uterus. **Topic A.2 Structure of major body systems** ● Circulatory system: heart, blood, blood vessels. ● Respiratory system: upper and lower respiratory tracts. ● Nervous system: brain, nerves, autonomic nervous system, the senses. ● Renal system: kidneys, ureters, bladder, urethra. ● Digestive system: mouth, oesophagus, stomach, small and large intestine, rectum. ● Endocrine system: glands, hormones. ● Other systems, e.g. reproductive systems (structure of male and female reproductive systems), musculoskeletal system (bones, joints, ligaments, muscles). **Topic A.3 Functions of major body systems** ● Circulatory system: supplying oxygen to body tissues, removal of waste products, electrical conduction of the heart. ● Respiratory system: maintenance of oxygen supply, excretion of carbon dioxide and water vapour. ● Nervous system: processing of and response to information about changes in the body, aiding perception through the five senses. ● Digestive system: ingestion, digestion, absorption and elimination of food. ● Renal system: filtering of blood, salt balance, pH balance, fluid balance. ● Endocrine system: secretion of hormones to maintain balance in the body. ● Other systems: e.g. reproductive systems (manufacture of specialised sex cells, fertilisation, development of embryo, foetus and birth of a baby), musculoskeletal system (control of movement and co-ordination). **Topic A.4 Relationships between major body systems** ● Circulatory and respiratory systems: transport of inspired oxygen and expired carbon dioxide via the blood to and from all parts of the body. ● Musculoskeletal and nervous systems: to enable physical movement. ● Digestive and endocrine systems: secretion of insulin to allow the absorption of glucose from the blood to the cells. ● Endocrine and reproductive systems: secretion of hormones, the menstrual cycle. ● Coordination of systems through homeostasis, e.g. maintenance of body temperature, the function of the endocrine system in maintaining an optimum internal environment.

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What needs to be learnt

Learning aim B: Explore routine care of disorders relating to body systems

Topic B.1 Disorders relating to body systems

- Circulatory system disorders, e.g. hypertension, coronary heart disease, deep vein thrombosis.
- Respiratory system disorders, e.g. bronchitis, asthma.
- Nervous, e.g. stroke, Parkinson's Disease, multiple sclerosis, sensory impairment.
- Digestive system disorders, e.g. bowel cancer, cholecystitis, irritable bowel syndrome.
- Renal system disorders, e.g. urinary tract infection, renal failure.
- Endocrine system disorders, e.g. Type 1 and Type 2 Diabetes, underactive/overactive thyroid gland.
- Disorders relating to other body systems, e.g. reproductive (cervical cancer, testicular cancer, infertility, sexually transmitted infections), musculoskeletal (osteoarthritis, osteoporosis).

Topic B.2 Routine care of disorders

Learners must have a basic understanding of common forms of routine care that can be applied to the disorders listed in Topic B.1.

- Regular monitoring and support of disorders by professional: e.g. tests, provision and use of aids, prescribing of treatment and medication, support for self-administered medication.
- Regular self-monitoring of disorders: e.g. tests, lifestyle changes, self-administration of medication, appropriate environment (e.g. temperature, controlling risks of infection).
- The impact of care on people with disorders: positive effects of care, e.g. greater mobility, reduction of pain, easing of breathing difficulties, improvements associated with control of diabetes; emotional and social benefits to the individual, e.g. enhanced mood, greater ability to socialise; negative effects of care, e.g. cost of treatment, time taken to carry out some procedures such as dialysis, cost of treatment, side effects of treatment.
- Carrying out and recording routine observations that support care, e.g. taking temperature, taking pulse, measuring respiration rates, measuring blood pressure; Interpreting results in relation to normal values.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Understand the structure and function of main organs and major body systems, and their interrelationships			
1A.1 Identify the structure and function of three main organs in the human body.	2A.P1 Describe the structure and function of the main organs in the human body.		
1A.2 Identify the structure of one major body system.	2A.P2 Describe the structure of major systems in the human body.		
1A.3 State the function of one major body system.	2A.P3 Describe the functions of major systems in the human body.	2A.M1 Explain the function of component parts of one major system in the human body.	
1A.4 Outline the relationship between three of the major body systems.	2A.P4 Describe the relationship between major body systems.	2A.M2 Explain how two major body systems interrelate.	2A.D1 Analyse how body systems interrelate to maintain one example of homeostasis in the human body.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning Aim B: Explore routine care of disorders relating to body systems			
1B.5 State one common disorder related to each of three selected major body systems.	2B.P5 Describe one common disorder related to each major body system.	2B.M3 Explain in detail the effects of three common disorders on the major body systems.	
1B.6 Identify the routine care given for one common disorder for each of three selected major body systems.	2B.P6 Describe the routine care given for one common disorder related to each major body system.	2B.M4 Discuss the impact of routine care given to individuals, with reference to a selected example.	2B.D2 Recommend and justify appropriate routine care for a selected individual with a common disorder.
1B.7 Carry out and record over a period of time one routine observation that can be used to support care.	2B.P7 Carry out and record over a period of time one routine observation that can be used to support care, interpreting your results in relation to norm values.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

Depending on the routine observation that is carried out for learning aim B, some equipment will be required as follows:

- temperature: different types of thermometers
- pulse: stopwatch or watch with second hand
- blood pressure: manual and electronic sphygmomanometers (blood pressure machines) – some clinical areas are demanding that carers can take blood pressures manually as it is considered to be more accurate.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

The evidence for this unit may be gathered in a variety of ways. It is essential to incorporate the command/indicative verbs included in the assessment criteria into the task set for learners and to use vocationally contextualised assignments that are engaging and motivating for the learners.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, one assignment could cover human anatomy and physiology, such as a wall display or guidebook for service users, and another assignment could cover common disorders and their routine care for a particular group of service users in the format of a handbook for new healthcare assistants. Alternatively, having one holistic assignment covering both anatomy and physiology, as well as care of common disorders will ensure that assignments are vocationally-related and learners link practice of care to the theory of how the human body works.

Assignments do not have to be presented in a written format. Learners could undertake a role play or a presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification.

Learning aim A

For 2A.P1, learners should be able to give a clear description of the structure and the function of the major organs in the human body. Learners should cover all major organs that are indicated in the unit content. For 2A.P2 and 2A.P3, learners will describe the structure and functions of the major body systems. Learners will cover seven main systems in total, in order to achieve a Pass grade. All the main systems that have been detailed in the unit content, as well as at least one other system, should also be included.

To achieve 2A.M1, learners need to go into greater detail to explain the function of the specific component parts of one major system in the human body. For example, if learners select the circulatory system, they must explain how the heart, blood and blood vessels (capillaries, arteries and veins) work together to allow the system to function properly. They must also explain the functions of each individual component and how the heart and blood vessels work together to move blood around the body.

In order to give learners a good understanding of the relationship between the body systems, practical activities such as step tests and treadmill exercises could be used to help illustrate these relationships.

For 2A.P4, learners should be able to give a clear description of the relationship between the major body systems. Learners could present this description in the form of an annotated diagram or wall display showing the interrelationships between each of the body systems. The diagram must be annotated with sufficient detail to meet the assessment criteria.

To achieve 2A.M2, the learner must go into further detail to explain how two of the major body systems interrelate. Learners must show a clear understanding of why this interrelationship exists. Learners must give examples of instances when the two systems interrelate – for example, how the circulatory and respiratory system work together during exercise.

For 2A.D1, the learners must be able to show their understanding of homeostasis. They must be able to analyse how the ability of certain body systems to interrelate to maintain one particular instance of homeostasis – for example, temperature regulation or hormone balance.

Learners are expected to be able to identify the structure and function of three main organs of the body in order to achieve 1A.1. For 1A.2 and 1A.3, they must identify the structure of one major body system and state its function.

For 1A.4, learners will outline how three body systems relate to one another, such as the circulatory, respiratory and digestive systems. The assessment of learning aim A could require learners to present information as a detailed wall display or handbook, informing service users of how the human body works.

Learning aim B

Assessment of learning aim B could be in the form of a role play. For example, the learner could play the role of a care worker explaining to a patient the type of care they will be given for a particular disorder. They must also demonstrate routine testing for a selected disorder.

For 2B.P5, learners should be able to describe one common disorder related to each major body system listed in the unit content. The learner should be able to document the main features of the disorders. As with learning aim A, learners must cover at least seven main body systems (circulatory, respiratory, nervous, renal, digestive, endocrine and one other from the unit content). For 2B.M3, learners must be able to explain in detail the effect that three common disorders have on individuals and their body systems. Learners must provide details and give reasons and/or evidence to clearly support their explanation. For example, learners could describe the main features of Parkinson's disease, and give a detailed explanation of how it affects the nervous system and why individuals experience tremors.

To achieve 2B.M4, learners must discuss the effects of routine care given to individuals, looking at both the positive and negative impact as appropriate, such as side effects, cost or impact of coexisting illnesses or allergies. This should be in relation to a selected disorder affecting one of the major body systems. Learners could be given real case studies. Case studies should be chosen so that learners can see a clear link between routine care given and the potential effects on the body system.

To achieve 2B.D2, learners must recommend and justify appropriate routine care for a selected individual with a common disorder related to one of the major body systems. They must consider the positive and negative effects of the care given, such as side effects, cost or impact of coexisting illnesses or allergies. This must be done in relation to one of the major body systems chosen previously in order to demonstrate a deeper level of understanding. This could be covered in the form of a case study.

To achieve 2B.P6, learners could describe the routine care given for the disorder they have already covered in 2B.P5. This will allow learners to extend their knowledge of the chosen disorder.

To achieve 2B.P7, learners must carry out one routine observation that can be used to support care. Learners need to demonstrate that they can carry out the observation safely and in a suitable way on at least three occasions, for example temperature testing orally, or via the ears. This is to ensure that they have sufficient evidence to interpret. Learners may perform the observation in simulated conditions, performing observations on each other. Learners must be supervised doing this.

It is essential that learners know how to record measurements accurately and appreciate the importance of the measurement they have got (in relation to normal values). However, learners must not attempt to diagnose conditions, in the event of results not being consistent with the normative values. Infection control must be observed in relation to cleaning of equipment.

If blood pressure is to be taken, it is advisable to allow learners to practice with both manual and electronic devices. Some clinical areas are returning to manual machines in the interests of accuracy. It would be advisable to invite an expert in to demonstrate as this technique can be difficult to master and will take time.

Allowing learners to test blood glucose levels is not appropriate as this is considered to be an invasive procedure with an associated infection risk.

Where centres have appropriate equipment for learners to carry out the selected tests (such as thermometers for testing body temperature or sphygmomanometers for measuring blood pressure), these tests can be carried out in a suitable location on the premises. Alternatively, centres could explore making use of any locally available facilities such as a local health and fitness centre or a local pharmacy.

To achieve 1B.5, learners need to state one common disorder for each of three selected major body systems. To achieve 1B.6, learners must identify the routine care that would be suggested in the treatment of these disorders. This could also be assessed through a role play or through production of an information leaflet. To achieve 1B.7, learners must carry out one routine observation that can be used for a common disorder relating to one of the major body systems on at least three occasions. At level 1, learners are not expected to be able to interpret the results of the test carried out.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment title	Scenario	Assessment evidence
1A.1, 1A.2, 1A.3, 2A.P1, 2A.P2, 2A.P3 2A.M1	The Amazing Human Body	A group of Year 8 pupils are coming to visit your health and social care class. These pupils are interested in studying health and social care, and your teacher has asked you to give a short presentation on what you have learnt about the human body to give them a taster of a health and social care lesson. In your presentation, you must describe the structure and function of the main organs in the body and the major body systems. Your teacher has asked that you focus on one of the major body systems in more detail and explain the function of the component parts.	• Presentation (including notes and/or recording). • Information leaflets.
1A.4, 2A.P4, 2A.M2, 2A.D1	How Do the Body Systems Work Together?	Your teacher has asked you to design a wall display for the classroom on the relationships between the human body systems. They want to display this as a revision aid for the whole class. Design a display which illustrates how all the major body systems work together. The display must also include a more detailed exploration of the relationship between two of the major body systems, explaining how they work together and affect each other, and how homeostasis is maintained.	• Detailed wall display. • A leaflet. • Presentation. • Case study.

Criteria covered	Assignment title	Scenario	Assessment evidence
1B.5, 1B.6, 2B.P5, 2B.P6	Common Disorders and Their Care	You are a health care assistant working in a hospital. You have been asked to summarise common disorders relating to the major body systems for a new starter in your team. You must also describe routine care that is given for each of these disorders.	• Information booklet. • Leaflet. • Detailed poster display.
1B.7, 2B.P5, 2B.P6 2B.P7, 2B.M3, 2B.M4, 2B.D2	High Blood Pressure: Effects and Routine Care	You have been asked to talk to the relative of a patient who has just been diagnosed with high blood pressure. They want to know how it is affecting their relative's body, and the type of routine care that is required and why. • Talk to the relative about what high blood pressure is and the effect it has on the body systems. • Talk about the routine care and monitoring required for effective management of the condition, and the impact this care will have, justifying the reasons for this routine care. As the patient has recently been diagnosed with high blood pressure, they need to be shown how to monitor their blood pressure in relation to norm values. The patient has been advised by the GP to try and improve their diet to help reduce their blood pressure. You will need to observe their blood pressure on three different occasions, over a period of time to monitor their progress.	• Observation/recording of role play.

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Unit 11: Services in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Which area of health and social care services interests you in particular? You might enjoy working with older people, children or people with disabilities. Or perhaps you have not yet decided where to begin your health and social care career. In this unit, you will explore the wide range of services offered by the health and social care sector.

Unfortunately, many people do not have easy access to health and social care services, due to their personal situation or geographical location. However, there are many ways in which professionals and service providers can support these service users. You will explore the many existing barriers, as well as the support mechanisms that are used to improve access to essential services.

Partnership working is essential in health and social care so that the service offered can be tailored to an individual's needs. Professionals from different services might collaborate to give a 'package' of health and care to a service user. This is called 'multi-agency care'. Alternatively, different professionals from the same service (for example, a General Practitioner (GP) and a health visitor) could work together to support individuals who need a particular type of service. This is called 'multi-disciplinary care'.

In this unit, you will also examine these concepts and why some individuals benefit from these similar, but different, approaches to giving care.

Learning aims

In this unit you will:

A understand the provision of health and social care services

B explore factors that affect access to health and social care services

C examine partnership working in health and social care.

Learning aims and unit content

What needs to be learnt
Learning aim A: Understand the provision of health and social care services
Topic A.1 Provision of health and social care services Structure of health and social care services: ● primary care: e.g. GP, optician, dentist, health visitor, midwives ● secondary care: e.g. hospital care, therapists, counsellors, social workers ● tertiary care: e.g. day care, nursing homes, residential care homes, fostering arrangements, hospices, specialist care units (e.g. renal units, oncology units) ● informal care: e.g. family, friends, home carers. Types of provision: ● statutory provision: NHS, social services ● private and independent provision, e.g. dentists, care homes, hospitals, physiotherapists, domiciliary care, cosmetic clinics ● voluntary services: national and local charities, e.g. Salvation Army, Samaritans. Differences in types of provision: cost, funding sources (public, private, donation), waiting times, availability/accessibility of service. ● national organisations: e.g. Social Services, Care Quality Commission, NHS, Department of Health ● local organisations: e.g. children's trusts, ambulance trusts, mental health trusts ● impact of different forms of health and social care provision – learners must be able to compare the impact of different forms of provision. **Topic A.2 Current and relevant legislation** ● Current and relevant legislation and regulations, e.g. Health and Social Care Act, Mental Health Act, Care Quality Commission Regulations, Care Act. ● Impact of legislation on the provision of health and social care services: the availability of services, the resources that must be provided to service users, rights of service users within the services, basic service level agreements.

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What needs to be learnt

Learning aim B: Explore factors that affect access to health and social care services

Topic B.1 Factors that affect access to health and social care services

- Geographical location: proximity to services, transport links, local funding arrangements, varying levels of service demand.
- Socio-economic: education, health awareness and lifestyle choices.
- Equality and diversity: disability (sensory, physical and mental), cultural/religious (e.g. appointments outside of prayer times, same-sex carers), other relevant factors, e.g. sexual orientation, gender, race, age.
- Communication: e.g. English as an additional language, age-appropriate language by professionals, use of jargon and acronyms by professionals, not using preferred titles, alternative methods of communication.
- Financial: cost of transportation, cost of service, funding availability (e.g. local and private funding arrangement), loss of income due to receiving treatments.
- Quality of care provision: respect from professionals, preserving dignity.
- How provision can be adapted to improve access to health and social care services: e.g. leaflets in other languages, alternative formats, domiciliary services, support from volunteers.

Learning aim C: Examine partnership working in health and social care

Topic C.1 Partnership working in health and social care

Types of partnership working:

- Multi-agency working e.g. social services working with mental health trust, children's services working with the justice system.
- Multi-disciplinary working e.g. a health visitor working with a GP, psychiatric nurse with an occupational therapist.
- Benefits of partnership working in health and social care – effective mix of skills, best use of expertise, continuity of care, seamless service, cost reduction.
- Potential difficulties of partnership working, e.g. professional animosity between agencies and professionals, poor communication between professionals from different organisations, manipulation by service users, logistics, financial constraints, breakdown in services.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Understand the provision of health and social care services			
1A.1 Outline the provision of health and social care services.	2A.P1 Describe the provision of health and social care services.	2A.M1 Discuss the differences in the different types of health and social care provision, with reference to examples.	2A.D1 Compare national provision of health and social care services to local provision.
1A.2 Outline one effect of current and relevant legislation on the provision on health and social care services. #	2A.P2 Outline how current and relevant legislation affects the provision of health and social care services. #		
Learning aim B: Explore factors that affect access to health and social care services			
1B.3 Identify factors that positively affect access to health and social care services.	2B.P3 Describe factors which positively affect access to health and social care services.	2B.M2 Assess how factors affect access to health and social care services.	2B.D2 Make recommendations on how to improve access to health and social care services for a selected individual.
1B.4 Identify factors that negatively affect access to health and social care services.	2B.P4 Describe factors which negatively affect access to health and social care services.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Examine partnership working in health and social care			
1C.5 Identify professionals who might work in partnership in health and social care.	2C.P5 Describe how professionals could work together in partnership in health and social care, using selected examples.	2C.M3 Explain the potential benefits of partnership working in health and social care to service users.	2C.D3 Assess potential difficulties of partnership working in health and social care.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

The evidence for this unit may be gathered in a variety of ways. It is essential to incorporate the command/indicative verbs included in the assessment criteria into the task set for learners. It is also essential to verify internally any assignment suggestions taken from the list of assignments.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, learners could put together a report that explores health and social services in the local area, considering the provision, factors that affect access and partnership working. By focusing on the local area, assignments will be relevant to learners who can observe firsthand the provision of services and it will help ensure that the unit is current.

Assignments do not have to be presented in a written format. Learners could undertake a role play or a presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification.

Learning aim A

This learning aim is designed to assess learners' understanding of which health and social care services are available and how this is affected by legislation. Prior to assessment, learners will benefit from visits to different local health or social care settings, use of case studies and the opportunities for discussion in order to clarify their understanding.

Evidence for this learning aim could be presented as an information pack that details the provision of health and social care services in the learner's local area.

The first section could cover the different forms of health and social care provision. To achieve 2A.P1, the learner will need to give a description of the services in their local area, covering the range that is included in the unit content – i.e. primary, secondary, tertiary and informal care. For 2A.M1, learners must discuss the differences between the types of health and social care provision (i.e. statutory, private and independent, voluntary), making reference to specific examples such as within the local area. For 2A.D1, learners must give a comparison of two different forms of provision that support individuals with the same needs, in different ways. For all criteria, learners must consider both formal and informal provision (i.e. given by family, friends or home carers).

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For 2A.P2, learners need to outline how current and relevant legislation affects health and social care provision, including how these services are funded at various levels and from various sources.

For 1A.1, learners are asked to outline different types of health and social care provision in their local area, including the different types of service organisations indicated in the unit content. For 1A.2, learners are asked to outline one effect of current and relevant legislation on the provision on health and social care services. Learners could produce the evidence for these assessment criteria by means of a poster or an illustrative diagram. Tutors should ensure that the information is clear and not obscured by unnecessary artwork.

Learning aim B

This learning aim is designed to assess learners' understanding of those factors that contribute to or prevent access to health and social care services. Prior to assessment, learners would benefit from access to case studies in professional magazines such as *The Nursing Times*, which describe some of the pertinent issues.

Learners can give evidence for this learning aim by producing a newspaper article that explores the factors that affect access of health and social care services. To achieve 2B.P3 and 2B.P4, they must give a description of factors that positively and negatively affect access. Learners must cover at least one factor from each category that is included in the unit content, i.e. geographical location, socio-economic situation, equality and diversity, communication and financial situation. For 2B.M3, learners must include an assessment of how these factors affect access. To achieve 2B.D2, learners must be able to give recommendations on how to improve access to health and social care services for a selected individual. This could be an anonymous case study based on a service user in the local area. This will require learners to conduct a certain amount of research into local services that may be experiencing access issues. In addition, learners will find it useful to have an awareness of accessibility of health and social care provisions in other areas in order to find out how they address access concerns.

For 1B.3 and 1B.4, learners must identify the factors that negatively and positively affect access to health and social care services. This could be presented as a simple PowerPoint presentation.

Learning aim C

This learning aim is intended to assess the learner's understanding of different ways of partnership working in health and social care services. Prior to assessment, learners would benefit from researching local examples of partnerships – for example, the GP, the practice nurse and the health visitor forming a multi-disciplinary partnership. For this learning aim, learners could produce a magazine article, for example.

2C.P5 requires a description of how three professionals might work together in a multi-disciplinary partnership. This needs to be a relevant partnership situation that reflects current practice. An explanation of the potential benefits of such partnerships to individuals who use the services is required for 2C.M4, and an assessment of the potential difficulties that could arise for individuals who are supported by such partnerships will satisfy 2C.D3.

For 1C.5, learners are asked to identify three professionals who might work in a partnership situation. The evidence for this could be presented as an email addressed to the editor of the national care magazine that indicates the professionals whom the learner will use as the basis for the article.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Who Looks After Us All?	You are a volunteer at the local GP. The manager has heard that you are studying a health and social care qualification, and has asked for your help. The manager would like you to produce an information pack on the health and social care services available in the local area for the local service users. The pack will be used as part of a local services promotion. In your pack you must: ● describe the provision of health and social services ● outline how current and relevant legislation affects the provision of health and social care services ● discuss the differences between the types of provision ● compare the national provision of health and social care services to local provision.	● Information pack, poster.

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Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	Why Can't I Get In?	Your local newspaper is offering a prize of £50 for the best article on barriers to health and social care services. The senior editor would like to publish this as part of a campaign to highlight the barriers which local people have experienced when trying to use health and social care services, and ways in which these can be overcome. In your article you must include: ● a description of factors which positively and negatively affect access to health and social care services in the local area ● an assessment of how factors affect access to health and social care services, using examples of service users interviewed ● recommendations on improving access for a selected individual.	● Newspaper article.
1C.5, 2C.P5, 2C.M3, 2C.D3	Multi-disciplinary Partnerships	The editor of the national care magazine is happy with your research so far and would like to commission you to write an article looking into how professionals work together to provide care, an explanation of the benefits and an assessment of the difficulties of partnership working in health and social care.	● Magazine article.

Unit 12: Creative and Therapeutic Activities in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

How do you feel when you do something you enjoy? Does your hobby help you to relax or do you feel a sense of achievement when you have completed something? Creative and therapeutic activities have numerous benefits for everyone, including service users in health and social care.

Sometimes it is easy to focus on what issues or problems the people whom you look after may have, and not think about other aspects of their lives. A holistic approach to caring for people means that you care for individuals by taking into account all aspects of their lives. Giving them the opportunity to take part in an activity or to create something can help to maintain physical and intellectual ability, improve self-esteem and sometimes aid recovery.

In this unit, you will learn about different types of creative and therapeutic activities that can be used in health and social care settings to benefit individuals of different ages and abilities. This involves getting to know the individuals you are caring for and finding out what their interests are. You can then encourage them to keep up with hobbies and interests, or to learn some new skills, which could give physical, cognitive, emotional and social benefits.

You will also learn about the role of the professional in supporting individuals to take part in activities, and the principles and values that are intended to empower all individuals to have equal opportunity to participate in creative and therapeutic activities.

In this unit you will have the chance to try out some different activities and then select, plan and carry out and evaluate at least one suitable activity with an individual or group according to relevant health, safety and security regulations and guidelines.

Learning aims

In this unit you will:

A explore different creative and therapeutic activities used in health and social care and their benefits

B understand how professionals support and encourage individuals who take part in creative and therapeutic activities

C be able to plan and implement appropriate creative and therapeutic activities in a health and social care setting.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore different creative and therapeutic activities used in health and social care and their benefits
Topic A.1 Different creative and therapeutic activities used in health and social care Creative and therapeutic activities: ● arts, craft and performing arts: e.g. drawing, painting, photography, knitting, sewing, embroidery, tapestry, drama, singing, music ● sport and exercise: e.g. swimming, walking, running, yoga, horse riding, dancing, pilates ● games and quizzes: e.g. crosswords, board games, jigsaw puzzles, Sudoku, general knowledge quizzes ● other activities: e.g. gardening, cookery, ICT, reading, massage, multi-sensory stimulation, interaction with animals as therapy ● appropriate settings: e.g. pre-school, day care, hospitals, residential care, domiciliary care, community groups, supported living, special needs schools and training centres. **Topic A.2 Benefits of creative and therapeutic activities** ● Physical: maintain or improve mobility, improve strength and coordination (including hand–eye coordination), reduce symptoms. ● Intellectual: maintain memory, problem-solve, improve communication, improve organisation. ● Emotional: improved motivation, improved self-concept and self-esteem, increased sense of achievement, develop new interests. ● Social: interaction with others, develop and maintain new relationships, share goals and achievements, improved confidence.
Learning aim B: Understand how professionals support and encourage individuals who take part in creative and therapeutic activities
Topic B.1 The role of professionals in supporting and encouraging individuals ● Professionals: e.g. activity coordinators, physiotherapists, occupational therapists and speech and language therapists, healthcare assistants, social care assistants. ● Ways professionals support activities: e.g. planning and running creative and therapeutic activities, appropriate selection of activities, giving resources, offering practical help and advice, offering expertise, motivating individuals and groups, adapting activities to meet individual needs. ● Principles and values: anti-discriminatory practice, respect for cultural diversity and beliefs, equality of opportunity, empowerment, ensure dignity, promote independence, confidentiality. ● Ways professionals support inclusion: development of relationships, use of preferred methods of communication, encouragement of participation, encouragement of new experiences.

What needs to be learnt

Learning aim C: Be able to plan and implement appropriate creative and therapeutic activities in a health and social care setting

Topic C.1 Plan and implement appropriate activities

- Adhering to current and relevant sections of legislations, regulations and guidelines during the planning and implementation of creative and therapeutic activities, e.g. the Health and Safety at Work Act, the Control of Substances Hazardous to Health Regulations (COSHH), the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), policies of the organisation, Codes of Practice, Equality Act.
- Needs of the individual or group: physical, cognitive, social, emotional.
- Factors affecting choice of activity: settings, potential benefit, age, intellectual ability, physical ability, communication skills, culture, gender, health and fitness of individual(s), availability of resources and facilities, time and cost restrictions.
- Planning: risk assessment (including identifying potential hazards and risks, completing risk assessment form, appropriateness of activity for service user, identifying ways of minimising risks), time for setting up, completing and clearing away, resources needed (including awareness of cost), availability of location, selection of appropriate space, availability of helpers if needed.
- Resources: appropriate equipment, e.g. specialist helpers, art and craft materials, musical instruments, digital music players, cameras, computers, puzzle books and games, cookery ingredients and equipment, gardening equipment, appropriate clothing and protective equipment.
- Specialist resources: e.g. large-print items, left-handed scissors, easy grip tools, talking books, non-slip mats, computer touch pads or screens.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore different creative and therapeutic activities used in health and social care and their benefits			
1A.1 Identify three creative and therapeutic activities suitable for individuals or groups in one health and social care setting.	2A.P1 Describe three creative and therapeutic activities suitable for individuals or groups in two different health and social care settings.		
1A.2 Outline the benefits of three creative and therapeutic activities for individuals or groups in one health and social care setting.	2A.P2 Describe the benefits of three creative and therapeutic activities for individuals or groups in two different health and social settings.	2A.M1 Assess the suitability of creative and therapeutic activities for an individual or group, with reference to a case study.	2A.D1 Make recommendations to improve creative and therapeutic activities for an individual or group, with reference to a case study.
Learning aim B: Understand how professionals support and encourage individuals who take part in creative and therapeutic activities			
1B.3 Outline the role of professionals who plan and implement activities in one health and social care setting.	2B.P3 Describe the role of professionals when planning and implementing activities in one health and social care settings.	2B.M2 Compare and contrast the role of two professionals when planning and implementing activities in two different health and social settings.	2B.D2 Evaluate the impact of professional support on a selected individual participating in creative and therapeutic activities.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Be able to plan and implement appropriate creative and therapeutic activities in a health and social care setting			
1C.4 Describe three factors that affect the selection, planning and implementation of creative and therapeutic activities.	2C.P4 Describe factors that affect the selection, planning and implementation of creative and therapeutic activities in one health and social care setting.		
1C.5 Plan one creative and therapeutic activity for service users of one health and social care setting.	2C.P5 Select, plan and implement one individual or one group creative and therapeutic activity for service users of one health and social care setting. #	2C.M3 Assess the selection, planning and implementation of the creative and therapeutic activity.	2C.D3 Recommend improvements to the planning and implementation of the creative and therapeutic activity.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

The special resources required for this unit might be:

- art and craft materials
- musical instruments or a music player
- cooking ingredients and equipment
- access to a kitchen
- gardening implements
- suitable space for activities.

This is not an exhaustive list, however, and activities may be selected according to individual needs. It is essential that learners consider the resources available at the centre/setting when planning their activity.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Because of the differences in the learning aims, this unit can best be achieved through several small assignments, which could include written work and oral presentations. The final assignment will be the planning and implementation of practical activities suitable for individuals or groups.

Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods are used over the course of the qualification to engage and motivate learners.

Learning aim A

To achieve 2A.P1, learners are required to describe at least three different creative and therapeutic activities that would be suitable for individuals or groups in two different health and social care settings. This must be three for each of the two settings. They should be guided towards considering activities that are different, rather than three that are very similar, such as all art or craft activities. In order to do this, it is recommended that learners choose two very different health and social care settings, such as a special needs school and a hospital.

To achieve 2A.P2, learners are expected to describe the benefits of the different activities they selected for 2A.P1. They should consider the physical, cognitive, emotional and social benefits to individuals or groups of taking part. For example, in 2A.P1 they may have suggested physical activity such as a type of cardiovascular exercise, so for 2A.P2 they should be able to describe specific benefits, such as raising serotonin levels resulting in a sense of wellbeing, improving balance and coordination, and strengthening muscles.

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To achieve 2A.M1, learners are required to take creative and therapeutic activities from a case study and assess their suitability for the particular individual or group.

Teachers need to give the case study to the learners and could use professional magazines such as *Learning Disability Practice* or *Children and Young People Now* for this purpose. In addition, centres may have local contacts with residential care homes or other health or care facilities that could be used as inspiration for case studies. For 2A.D1, learners must consider how the creative and therapeutic activities used in the case study could be improved for the benefit of the recipient individuals or group. Learners must justify their recommendations based on how the improvements will help the physical, cognitive, emotional or social development of the recipients.

For 1A.1, learners must identify at least three creative and therapeutic activities that can be or are used in one health and social care setting, then outline the benefits of these activities for the intended individuals or groups for 1A.2.

Learning aim B

For 2B.P3, learners will be expected to describe the role of professionals when planning and implementing activities in one particular health and social care setting. They could present this as a case study of a professional who plans and implements an activity. The role should be described in terms of supporting the planning and implementation of activities, but also in terms of supporting the principles and values of giving care.

To achieve 2B.M2, learners must compare and contrast the role of two different professionals in the planning and implementation of creative and therapeutic activities in two different settings. The comparison could be between planning and implementing activities for individuals and for a group, or between children and adult settings. They need to be suitably varied in order for the learner to have opportunity to highlight the practical differences.

For 2B.D2, learners will evaluate the impact of professional support on a selected individual participating in creative and therapeutic activities. It is suitable for learners to use the examples chosen for 2B.M2. Both 2B.M2 and 2B.D2 could be completed as an extension to the case study completed for 2B.P3, and in order to achieve 2B.D2, learners could conduct an observation in a creative and therapeutic environment or interview professionals and participants to gather information to use as evidence. Particular attention should be paid to how the professional has impacted on the individual's sense of inclusion, participation and empowerment, and physical, cognitive, social and emotional benefits.

For 1B.3, learners will give a brief outline of the role of professionals in the planning and implementation of creative and therapeutic activities in one health and social care setting.

Learning aim C

To achieve 2C.P4, learners will give a description of the factors that affect the selection, planning and implementation of creative and therapeutic activities in one health and social care setting.

For 2C.P5, learners are expected to select, plan and implement a creative and therapeutic activity, suitable for either an individual or a group in a health and social care setting. They could be given a form or table similar to a lesson plan, or they could be asked to design their own format. Learners should be encouraged to consider all aspects of the planning stage and ensure that they include as much detail as possible.

Implementation is likely to be in a classroom simulation, although if learners are on work placement, they may be able to plan and implement an activity in consultation with their supervisor. In a classroom-based setting the activity could be filmed, but in the workplace, the implementation would need to be evidenced by a signed observation record and could also involve signed witness testimonies. All classroom simulations should also be accompanied by an observation record completed by the teacher.
If learners wish to give photographs of any work, they must ensure any rules regarding the taking and display of photographs of individuals or groups are followed.
Learners must demonstrate a working knowledge of the health, safety and security regulations/legislation that are relevant to the selection, planning and implementation of activities in a health and social care setting. Teachers are advised that it is not necessary to cover all sections of the regulations/legislation listed in the unit content. Learners only require knowledge of how to apply the relevant sections of legislation that apply to their chosen activities.

For 2C.M3, learners are expected to assess the activity they implemented. They should be encouraged to reflect on what they did and how successful it was, and this must include the selection of the activity, the planning stage and the implementation. They should also include an assessment of how much the participants enjoyed the activity, and how successful the results were.

To achieve 2C.D3, learners will give recommendations on how to improve the planning and implementation of the activity. The assessment used for 2C.M3 will be particularly useful; in particular, feedback gathered from participants will inform suggested improvements. Learners should be encouraged to follow the 'plan, implement, review' learning cycle to help improve and make recommendation for improvement.

For 1C.4, learners will describe three factors that can affect the selection, planning and implementation of creative and therapeutic activities in health and social care settings. The unit content contains sufficient examples regarding the choice of activity as well as indicating the effect of having to adhere to relevant sections of health, safety and security regulations. To achieve 1C.5, learners need to plan one creative and therapeutic activity for users of one health and social care setting. They could be given a form or table similar to a lesson plan, or they could be asked to design their own format. Learners are not required at this level to select their own activity, so teachers could give a suitable scenario for learners to use as a basis for their plan.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Creative and Therapeutic Activities and Their Benefits	A local young carers' group wants to make sure that there is a wide enough variety of activities available for the individuals and groups they care for in your community. They have asked you to give a report describing a selection of appropriate activities, and their benefits to service users.	• Written report. • Presentation. • Slides. • Observation record.
1B.3, 2B.P3, 2B.M2, 2B.D2	The Role of Professionals	The group are very pleased with the work that you have produced, but are concerned whether staff are clear about their roles in supporting and encouraging individuals when working with different groups and individuals. They have asked you to come into their meeting to give a presentation on the role of professionals when planning and implementing creative and therapeutic activities. The group is involved with a number of different professionals who support and encourage individuals taking part in creative and therapeutic activities. You decide to extend the presentation to compare and contrast the roles of two of these different professionals and evaluate the impact of professional support on a selected individual participating in creative and therapeutic activities.	• PowerPoint presentation. • Role play. • Video recording.

Criteria covered	Assignment	Scenario	Assessment evidence
1C.4, 1C.5, 2C.P4, 2C.P5, 2C.M3, 2C.D3	Plan and Implement Activities in Health and Social Care Settings	The group have asked you to take part in a pilot study implementing some of the creative and therapeutic activities. They have asked you to plan one activity and submit the plans to them. You will also need to ensure that you are clear about how legislation, guidelines and Codes of Practice govern what they do. You must then implement and evaluate your activity.	Written report, one or two activity plans, witness statement, photographic/filmed evidence, evaluation.

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Unit 13: The Health and Social Care Sector

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

A career in the health and social care sector could involve choosing from an enormous selection of jobs. The roles and responsibilities in the health and social care sectors are many and varied. If you have considered a career in this sector, then this unit will help you explore the area in more depth.

In this unit you will need to complete a placement of a minimum of 25 hours in a health or social care setting.

You will learn about the basic structure of the health and social care sector. This will include the different types of services and provision in the sector, including different types of statutory, private and voluntary provision and their different characteristics. You will also learn about the different job roles available in the sector and their requirements, such as training or qualifications.

There are a number of skills that health and social care workers need to develop in order to work effectively with in the sector. You will learn about these skills and their importance and will have the opportunity to see how these are put into practice on your work placement. You will also investigate the importance of maintaining professional standards. You will investigate the purpose and benefits of the placement setting to service users. You will be able to see first-hand what working in the sector is like on your work placement. An important aspect of working in health and social care is the ability to reflect. In this unit you will have to reflect on your performance during your work placement and make recommendations for future improvement.

Learning aims

In this unit you will:

A develop an understanding of the skills and professional standards required of health and social care workers

B investigate service provision and job roles in the health and social care sector

C undertake a work placement within the health and social care sector and reflect upon performance.

Learning aims and unit content

What needs to be learnt
Learning aim A: Develop an understanding of the skills and professional standards required of health and social care workers
Topic A.1 Skills required when working in the health and social care sector: ● teamwork, recording and reporting information accurately, following instructions, time management, maintaining dignity, empowerment, promoting independence, respecting diversity, culture and beliefs, maintaining confidentiality, empathy, caring disposition ● communication with colleagues and service users: verbal and non-verbal skills, conversation, active listening, alternative forms, e.g. British Sign Language, Makaton, picture cards, Lightwriters, assistive software ● observation of service users: to observe behaviour, to identify improvement or deterioration in ability or health status ● planning activities: e.g. according to ability, provision of resources, planning and displaying work. **Topic A.2 Professional standards:** ● own behaviour: professional conduct, timekeeping, personal hygiene, dress code, positive attitude, values, confidentiality ● responsibilities: professional relationships, identifying and meeting individual needs of service users, managing service, maintaining service users' safety, safeguarding activities ● importance of maintaining skills and professional standards, and possible consequences of not doing so.

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What needs to be learnt

Learning aim B: Investigate service provision and job roles in the health and social care sector

Topic B.1 The different types of provision relating to health and social care, and their characteristics

- Different types of provision:
  - o statutory provision
  - o private provision
  - o voluntary provision.
- Different services provided in health and social care: e.g. GP services, midwifery, surgery, general medicine, nursing, private hospitals, dentists, physiotherapy clinics, health centres, Alcoholics Anonymous, Macmillan Cancer Support, British Heart Foundation, SANE, National Blood Service, Air Ambulance, day care, residential care for older people, residential care for young people with complex needs, night shelters, domiciliary care, warden-assisted complexes, sheltered housing, training centres, advice centres.

Topic B.2 Job roles within health and social care settings

- For example, nurses (mental health, general, children, learning disability), midwives, doctors (general practitioner, consultant), physiotherapists, occupational therapists, clinical psychologists, physiotherapists, dieticians, counsellors, healthcare assistants, social workers, social work assistants, social care support workers, housing officers, key workers, family support workers, day care officers, community development workers, activity coordinators, youth workers.
- Working in health and social care: training and qualifications required, requirement to register, salary scales.
- Purpose and benefits: e.g. care/activities given, safeguarding, quality of life, access to treatments and services, social and support networks, emotional support, support with activities of daily living, increased sense of independence.

What needs to be learnt

Learning aim C: Undertake a work placement within the health and social care sector, and reflect upon performance

Topic C.1 Skills to use for addressing a work-related task, including:

- communicating with others, e.g. line manager, colleagues, service users
- working with others, including colleagues and relatives of service users
- completing tasks within agreed timescales
- following instructions
- following health and safety practices
- maintaining confidentiality, adhering to the Data Protection Act and General Data Protection Regulation (GDPR)
- asking for help and guidance when necessary
- placement expectations: active participation, following placement policies and procedures including absence, agreed working hours, limits of role.

Topic C.2 Reflective practice and evaluation

- Reflective practice: understanding how to reflect on your own work and its importance for future learning, setting goals and working towards them, identifying strengths, achievements and areas to improve.
- Ways of reflecting on practice: checklists, supervisor reports, one-to-one interviews with placement supervisor, feedback from teacher and peers, recall actions on a daily basis, use of a diary to record own performance.
- What to reflect on: working with service users, participation with placement staff, solving problems, recalling actions that happened during the day.

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Develop an understanding of the skills and professional standards required of health and social workers			
1A.1 Identify the skills and professional standards required to work in the health and social care sector.	2A.P1 Describe the skills and professional standards required to work in the health and social care sector.	2A.M1 Explain how the skills and professional standards required in the health and social care sector enable successful working with service users, with reference to a selected placement.	2A.D1 Assess the importance of skills and professional standards required to work in the health and social care sector.
Learning aim B: Investigate service provision and job roles in the health and social care sector			
1B.2 Give three examples of the each of the different types of provision and services in either health and social care.	2B.P2 Describe the different types of provision in health and social care.	2B.M2 Explain the different characteristics of different types of health and social care provision, using selected examples.	2B.D2 Assess the different characteristics of different types of health and social care provisions.
1B.3 Identify three different roles of health and social care workers.	2B.P3 Describe three different roles of health and social care workers.	2B.M3 Compare and contrast the characteristics of three selected job roles in the health and social care sector.	2B.D3 Assess own suitability for three selected job roles within the health and social care sector.
1B.4 Outline the purpose of provision of a selected health and social care setting.	2B.P4 Describe the purpose of provision and the benefits to service users of a selected health and social care setting.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Undertake a work placement within the health and social care sector and reflect upon performance			
1C.5 Demonstrate work-related skills to address a work task within the health and social care sector. #	2C.P5 Demonstrate work-related skills to address work-related tasks within the health and social care sector. #		
1C.6 Identify the skills learned and understanding gained while on work placement.	2C.P6 Describe the skills learned and understanding gained while on work placement.	2C.M4 Discuss own performance on work placement, describing strength and areas for improvement, giving recommendations for future development.	2C.D4 Analyse own strengths and areas for improvement on work placement, justifying recommendations for future development.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

In order to achieve this unit, learners must have the opportunity to undertake a work placement within the health and social care sector. Learners must be placed in an appropriate health and social care setting for a minimum of 25 hours. This could either be a block placement or one day a week, or a combination. This could encompass more than one placement or learners could select which placement setting to use for the assessed component.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Although this unit could be achieved through one holistic assignment designed to assess all criteria, it would probably be more appropriate to use two or three smaller assignments. For example, learners could complete the requirements for learning aims A and B together as preparation for work placement, and then either complete separate assignments for learning aim C, or combine them so that experience gained within the placement can give an opportunity to gain required knowledge and understanding of skills and professional standards when working in health or social care.

Learning aim A

In 2A.P1, learners need to consider the different skills that health and social care workers should have or be developing in the workplace, as well as the professional standards they have to maintain. To achieve 2A.M1, they should explain how these skills and professional standards are used to ensure that they work successfully with service users in the selected sector. For 2A.D1, learners must give an assessment of the importance of the skills and professional standards required in the selected sector.

To achieve 1A.1, learners must identify the skills and professional standards required to work in the health or social care sector.

If the assessment for learning aim A is combined in an assignment with the tasks for learning aim B, learners should be able to use observations from their work placement to amplify their responses.

Learning aim B

To achieve 2B.P2, learners are expected to explain what statutory, private and voluntary provision means, and then to describe some of the different types of services that are available. Learners must ensure that the different types of services covered include one from each of health and social care. This could be completed in the form of a table, and requires basic description, rather than a detailed report. To achieve 2B.M2, learners must look at an example of statutory, private and voluntary provision in their selected sector, and explain the characteristics of each with reference to their chosen examples. To achieve 2B.D2, learners' answers must be extended to assess the different characteristics of three different types of organisations in the health and social care sector.

To achieve 1B.2, learners must be able to give three examples of each of the different types of provision in health or social care.

To achieve 2B.P3, learners will need to describe three different roles including at least one from health and one from social care. To achieve 2B.M3, learners are expected to compare and contrast the duties, training, qualifications and roles of three different workers in the selected sector, ensuring that both sectors are covered. A description of daily tasks that might be carried out should be included. Salary ranges for each role could also be considered. It is important that learners are advised to select the three different job roles carefully to enable successful completion of 2B.D3 and that at least one example is taken from the health sector and one from the social care sector. For this criterion, learners will assess their own suitability for the selected job roles.

To achieve 1.B3, learners must identify different roles in the selected sector.

To achieve 2B.P4, learners are expected to be able to describe the purpose of the placement setting. This will focus on the care that the service user receives from the placement setting and benefits that this has for them. The benefits may be physical, intellectual, emotional or social.

For 1B.4, learners will be expected to identify the care given by the placement setting, but will not link the benefits to the individual.

Learning aim C

This learning aim is to be completed both during and after work placement, and learners could be advised to keep a daily diary during the placement to ensure that they remember what they have done so that they can reflect on and evaluate their performance.

For 2C.P5 and 1C.5, learners should be clear about the practical tasks they are expected to perform. They should also be responsive to broader issues such as timekeeping and health and safety issues in their placement.

It is recommended that learners complete a minimum of 25 hours on their work placement. This could be over consecutive working days, or spread over a wider period of time. Evidence from a simulated placement is not acceptable.

To achieve 2C.P6, learners must describe the skills they have developed and the understanding they have gained on their placement. This should enable them to start to relate theory to practice. For 2C.M4, they need to discuss their performance in work placement. This should include a description of their strengths and of areas where they feel that they require further development and they must give recommendations on how they could improve their performance in future placements. In 2C.D4, learners need to analyse the strengths of their performance on work placement and areas for future development, justifying recommendations on

how they could improve their performance in future placements. This could be completed in the form of an action plan or a mock appraisal with the placement supervisor or unit teacher.

To achieve 1C.6, learners must identify the skills learned and understanding gained while on placement.

Through undertaking this unit, learners may realise that a specific role or sector (health, social care) is not suitable for them, which will help them make informed career choices later on. Learners need to be aware that placements which do not meet their original expectations are still beneficial. Also, while learners are on placement, they should be encouraged to explore what other roles in the setting involve, as it may give them an idea as to what they wish to do in their own eventual career.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 2A.P1, 2A.M1, 2A.D1 1B.2, 2B.P2, 2B.M2, 2B.D2	The Health and Social Care Sector	You have been asked by a careers adviser to produce an information pack for learners going into health and social care settings on work experience. You need to include the different types of provision and services available, and an assessment of the roles of different health and social care workers. You must also assess the importance of the skills and professional standards required of health and social care practitioners.	Information pack Presentation
1B.4, 2B.P4, 1C.5, 2C.P5 1B.3, 2P.3, 2M.3, 2D.3	Working in Health and Social Care	You will need to complete a work placement diary which covers the 25 hours you are on work placement. In your diary you will need to include: ● the purpose and benefits of the placement setting to the service users ● a record of the daily activities. While on placement you will also need to be assessed to show that you can demonstrate skills required when undertaking work tasks. Write a short report that assesses your own suitability for working in your placement and two other roles: one in health and one in social care.	Work placement diary Witness testimony and observation record Placement report

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Criteria covered	Assignment	Scenario	Assessment evidence
1C.6, 2C.P6, 2C.M4, 2C.D4	Reviewing performance	Halfway through your work placement, you have an interview with your manager. They have asked you to reflect on and evaluate your work, identifying what you have learned, your strengths and areas where you feel you could improve. They will discuss these with you and ask you to write an action plan that makes recommendations on how you can improve your performance for the remainder of your placement.	Interview Observation record/witness testimony of interview Table showing skills and understanding gained, strengths, areas for improvement and recommendations for improvement Action plan/mock appraisal

Unit 14: The Early Years Sector

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Are you good with children? Do you find it easy to capture their imagination with games, creative activities and role play? Have you found yourself thinking, 'I would like to work with babies – or toddlers – or young children'? If you have considered any of these career options, then this unit will help you explore the area in more depth.

In this unit you will need to complete a placement of a minimum of 25 hours in an early years setting.

In this unit, you will learn about the basic structure of the early years sector. This will include the different types of services and provision for children and their families. This will include statutory, private and voluntary provision. You will also learn about the different job roles available in the sector and their requirements, such as training or qualifications.

You will learn about how activities are used to promote children's development and ways in which early years settings do this. You will also learn about how to plan activities for children and have a go at producing a plan yourself.

There are a number of skills that early years workers need to develop in order to work effectively with children and their families. You will learn about these skills and their importance, and will have the opportunity to see how these are put into practice on your work placement. You will also investigate the importance of maintaining professional standards so that both early years workers and children are protected. You will be able to see first-hand what working in the sector is like on your work placement. An important aspect of working in early years is the ability to reflect. In this unit you will have to reflect on your performance during your work placement and make recommendations for future improvement.

Learning aims

In this unit you will:

A develop an understanding of the skills and professional standards required of early years workers

B explore planning experiences and activities for children in early years settings

C investigate service provision and job roles in the early years sector

D undertake a work placement in the early years sector and reflect on your experience.

Learning aims and unit content

What needs to be learnt
Learning aim A: Develop an understanding of the skills and professional standards required of early years workers
Topic A.1 Skills required when working in the early years sector: ● communicating with children: talking with children of different ages, effective listening with children, asking questions which help to encourage the child's language skills, writing for children (including use of lowercase and uppercase letters), reading to and with children ● building effective working relationships with children: respecting children, working with all children irrespective of needs and abilities, observing children's behaviour and skills during play, telling colleagues what you have observed, knowing when to intervene to ensure safety and/or extending the children's play, knowing how to empower children to develop independence ● developing effective working relationships with colleagues: being part of a team, communicating with colleagues, recording and reporting information accurately, following instructions, time management ● supporting children with additional needs. **Topic A.2 Professional standards:** ● own behaviour: professional conduct, timekeeping, personal hygiene, uniform code, positive attitude, values, confidentiality ● responsibilities: professional relationships, managing children's behaviour, identifying and meeting individual needs of children, maintaining children's safety, policy relating to safeguarding children ● importance of maintaining skills and professional standards, and the possible consequences of not doing so.
Learning aim B: Explore planning experiences and activities for children in early years settings
Topic B.1 Importance of providing suitable experiences and activities ● Different age groups of children: e.g. babies birth to 1 year, toddlers 1 to 3 years, pre-school children 3 to 5 years, school-aged children 5 to 8 years. ● Appropriate experiences: suitable materials and resources to give children the opportunity to experiment indoors and outdoors. ● Different activities: suitable materials and resources to encourage a child's sensory development, imagination and creativity, and to meet their physical needs. **Topic B.2 Role of the early years practitioner** The role of the early years practitioner in giving suitable experiences and activities for children of different ages: assisting in the planning and preparation, resources available, making sure the environment is safe but giving opportunities for risk-taking, working with children during experiences and activities, suitability for placement setting, needs and interests of the child.

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What needs to be learnt

Learning aim C: Investigate service provision and job roles in the early years sector

Topic C.1 The different types of provision for children and their families and their characteristics:

- statutory provision: for example, nursery, schools, services for children with specific needs, children's centres
- private provision: for example, nursery, private schools, out-of-school clubs, after-school clubs, breakfast clubs, crèches, childminders, nannies, pre-schools, holiday clubs (home and abroad)
- voluntary provision: for example, youth groups, crèches.

Topic C.2 Job roles in the early years sector:

- for example, nursery workers, room supervisors, nursery managers, childminders, nannies, teachers, learning support assistants, play workers, hospital play specialists
- working in early years: training and qualifications required, requirement to register, salary scales.

Learning aim D: Undertake a work placement in the early years sector and reflect on your experience

Topic D.1 Skills to use for addressing a work-related task

- Skills including:
  - communicating with others, e.g. line manager, colleagues, children
  - working with others, including colleagues and primary carers
  - completing tasks within agreed timescales
  - following instructions
  - following health and safety practices and safeguarding practices
  - asking for help and guidance when necessary
  - maintaining confidentiality, adhering to the Data Protection Act and General Data Protection Regulation (GDPR).
- Placement expectations: active participation, following placement policies and procedures including absence, agreed working hours, limits of role.

Topic D.2 Reflective practice and evaluation

- Reflective practice: understanding how to reflect on your own work and its importance for future learning, setting goals and working towards them, identifying strengths, achievements and areas to improve.
- Ways of reflecting on practice: different recording methods, e.g. checklists, supervisor reports, one-to-one interviews with placement supervisor, feedback from teacher and peers, recalling actions on a daily basis, use of a diary to record own performance.
- What to reflect on: working with children, participation with placement staff, solving problems, recalling actions that happened during the day.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Develop an understanding of the skills and professional standards required of early years workers			
1A.1 Identify the skills and professional standards required to work in the early years sector.	2A.P1 Describe the skills and professional standards required to work in the early years sector.	2A.M1 Explain how the skills and professional standards required in the early years sector enable successful working with adults and children, with reference to a selected case study.	2A.D1 Assess the importance of skills and professional standards required to work in the early years sector.
Learning aim B: Explore planning experiences and activities for children in early years settings			
1B.2 Identify an activity or experience suitable for children in a selected age group.	2B.P2 Describe different activities and experiences suitable for children in two different age groups.	2B.M2 Explain why selected activities and experiences are appropriate for different age groups.	2B.D2 Evaluate appropriateness of selected activities for children in different age groups.
1B.3 With guidance, produce a plan for an activity that would be suitable for children in a selected age group.	2B.P3 Produce a plan for an activity that would be suitable for children in a selected age group.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Investigate service provision and job roles in the early years sector			
1C.4 Give three examples of each of the different types of provision and services in early years.	2C.P4 Describe different types of provision and services in early years.	2C.M3 Explain the characteristics of different types of early years services, using selected examples.	
1C.5 Identify the different roles of early years workers.	2C.P5 Describe three different roles of early years workers who give care to children.	2C.M4 Compare and contrast the characteristics of three selected job roles in the early years sector.	2C.D3 Assess own suitability for three selected job roles within the early years sector.
Learning aim D: Undertake a work placement in the early years sector and reflect on your experience			
1D.6 Demonstrate work-related skills to address a work-related task. #	2D.P6 Demonstrate work-related skills to address different work-related tasks. #		
1D.7 Identify the skills learned and understanding gained while on work placement.	2D.P7 Describe the skills learned and understanding gained while on work placement.	2D.M5 Discuss own performance on work placement, describing strength and areas for improvement, giving recommendations for future development.	2D.D4 Analyse own strengths and areas for improvement on work placement, justifying recommendations for future development.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

In order to complete this unit, learners will need to have a placement in an early years setting and attend for a minimum of 25 hours. An early years setting can be from birth to 8 years old. This can either be a block placement, or a day or half-day placement over the course of a programme.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson.

Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Although this unit could be achieved through one holistic assignment designed to assess all criteria, it would probably be more appropriate to use two or three smaller assignments. For example, learners could complete the requirements for learning aims A and C together as preparation for work placement, and then either complete separate assignments for learning aims B and D, or combine them so that experience gained within the placement can give an opportunity to gain required knowledge and understanding of skills and professional standards when working in early years.

Learning aim A

For 2A.P1, learners need to consider the different skills that an early years worker should have or be developing in the workplace, as well as the professional standards they have to maintain.

To achieve 2A.M1, they should explain how these skills and professional standards are used to ensure that they work successfully with both adults and children. Learners can be given a case study.

For 2A.D1, learners must give an assessment of the importance of the skills and professional standards required in the early years sector.

For 1A.1, learners are required to identify the different skills and professional standards that are required to work in the early years sector.

If the tasks in learning aim A are combined in an assignment with the tasks for learning aim C, learners should be able to use observations from their work placement to amplify their responses.

Learning aim B

For 2B.P2, learners will need to describe two different activities. These could be either play activities or learning activities. The learners should be encouraged to use the activities in their placement as a basis to help them with the activity. They will need to relate the activity to two different age groups and say why these are suitable. The age groups should come from those in the content.

For 2B.M2, learners will need to be able to relate the importance of the activity to the children's development. They should use examples and relate this to overall development, and so must relate the importance of the activity to physical, intellectual, emotional and social development. For this reason, guidance may be needed to help the learner select an appropriate activity.

For 2B.D2, learners will evaluate the appropriateness of selected activities for children in different age groups.

For 1B.2, learners will need to identify one activity that is suitable for one named age group. Learners should be encouraged to use their placement as a source of finding suitable activities for this assessment criterion.

For 2B.P3, learners will need to produce a plan for an activity suitable for a child in one of the given age groups. It is recommended that they do this while on placement and take into account the needs and interests of the child, the suitability of the activity in the setting, resources available, risk assessment and time and constraints.

For 1B.3, the learners will need to produce a realistic plan for the activity, although the plan will be basic.

For 1B.3 and 2B.P3, learners only need to produce a plan; they do not need to implement the activity.

Learning aim C

To achieve 2C.P4, learners are expected to explain what statutory, private and voluntary provision means, and then to describe some of the different types of services that are available. This could be completed in the form of a table, and requires basic description, rather than a detailed report.

To achieve 2C.M3, learners must look at an example of statutory, private and voluntary provision in early years, and explain the characteristics of each, with reference to their chosen examples.

To achieve 1C.4, learners must be able to give three examples each of provision and services in the early years sector.

To achieve 2C.P5, learners must look at three different roles of early years workers.

To achieve 2C.M4, learners are expected to compare and contrast the duties, training, qualifications and roles of three different workers in the early years sector. A description of daily tasks that might be carried out should be included. Salary ranges for each role could also be considered.

It is important that learners are advised to select the three different workers carefully to enable successful completion of 2C.D3. For this criterion, learners will assess their own suitability for the selected job roles.

To achieve 1.C5, learners must identify different roles in the early years sector.

Learning aim D

This learning aim is to be completed both during and after work placement. Learners could be advised to keep a daily diary during the placement to ensure that they remember what they have done, so that they can reflect on and evaluate their performance.

For 2D.P6, learners should be clear about the practical tasks they are expected to perform. They should also be responsive to broader issues such as timekeeping and health and safety issues in their placement.

For 1D.6, learners need to demonstrate work-related skills to address only one work task.

It is recommended that learners complete a minimum of 25 hours on their work placement. This could be over consecutive working days, or spread over a wider period of time. Evidence from a simulated placement is not acceptable.

To achieve 2D.P7, learners must describe the skills they have developed and the understanding they have gained on their placement. This should enable them to start to relate theory to practice.

For 2D.M5, they need to discuss their performance in work placement. This should include a description of their strengths and of areas where they feel that they require further development and they must give recommendations on how they could improve their performance in future placements. In 2D.D4, learners need to analyse the strengths of their performance on work placement and areas for future development, justifying recommendations on how they could improve their performance in future placements. This could be completed in the form of an action plan or a mock appraisal with the placement supervisor or unit teacher.

To achieve 1D.7, learners must identify the skills learned and understanding gained while on placement.

Through undertaking this unit, learners may realise that a specific role or this sector is not suitable for them, which will help them make informed career choices later on. Learners need to be aware that placements that do not meet their original expectations are still beneficial. Also, while learners are on placement, they should be encouraged to explore what other roles in the setting involve, as it may give them an idea as to what they wish to do in their own eventual career.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 2A.P1, 2A.M1, 2A.D1 1B.2, 1B.3, 2B.P2, 2B.P3, 2B.M2, 2B.D2 1C.4, 1C.5, 2C.P4, 2C.P5, 2C.M3, 2C.M4, 2C.D3	The Early Years Sector	You have been asked by the manager of a local early years provider to produce an information pack for learners on work experience. You need to include the different types of provision and services available, and an assessment of the roles of different early years workers and the work they do. You must also assess the importance of the skills and professional standards required of early years workers.	Information pack

Criteria covered	Assignment	Scenario	Assessment evidence
1D.6, 2D.P6	Working in Early Years	While on your work placement, you will need to complete a work placement diary which covers the 25 hours you are on work placement. In your diary you need to include a record of: • daily activities you completed on placement • the different activities and experiences that the placement gives for the children and how these can support development. Take one activity and explain how it could be suitable for another age group and what changes may need to be made. Produce a plan for an activity that could be used for a child or children within your placement. While on placement, you will also need to be assessed to show that you can demonstrate skills required when undertaking work tasks.	Diary Witness testimony Placement Report Observation record Written report Written plan
1D.7, 2D.P7, 2D.M5, 2D.D4	Reviewing performance	Halfway through your work placement, you will have an interview with your manager. They have asked you to reflect on and evaluate your work, identifying what you learned, your strengths and areas where you feel you could improve. Your manager will discuss these with you and ask you to write an action plan that makes recommendations on how you can improve your performance during the rest of your placement.	Table showing skills and understanding gained, strengths, areas for improvement and recommendations for improvement Action plan/mock appraisal

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Unit 15: Carrying Out a Research Project in Health and Social Care

Level: **1 and 2**

Unit type: **Mandatory**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

How are research projects and investigations in health and social care carried out? What is the role of planning in carrying out such investigations? Why are projects significant in enhancing learning and achievement?

Being able to explore ideas, plan activities and reach outcomes are important study and life skills.

Research in health and social care may be used to identify needs, for example the availability of mobile screening units in rural areas; highlight gaps in provision, for example NHS dentists in areas where only private provision is available; plan provision, for example in newly populated areas; inform or improve policy or practice; monitor progress, for example new treatments or methods of working; or examine topics of contemporary importance, for example teen pregnancy rates, binge drinking in young adults.

In this unit, you will use your health and social care knowledge and skills and find out more about your interests. You will learn more about the area you want to specialise in, or explore a new topic that interests you, while developing your project skills.

You will explore what makes a successful health and social care project, applying what you have learnt to your own project. You will choose and plan your project, thinking about its aims and objectives. You will then carry out the project, using your research skills, project management skills and what you have learnt from other units. On completion, you will review the project outcomes and your own performance.

Through planning, carrying out and reviewing a health and social care project, you will gain confidence and important skills that can be used elsewhere. These skills should help you with your plans for employment and education.

There are lots of different types of project to choose from, for example a written health and social care-based investigation, or a research-based study in health and social care. The project should be set within the health and social care sector.

You will carry out your project by yourself, but your teacher will support you. Whichever way you work, you must cover everything that the unit asks you to do.

Learning aims

In this unit you will:

A explore methods which may be used for carrying out research in health and social care

B plan a health and social care research project

C carry out a health and social care research project

D reflect on the health and social care research project outcomes and own performance.

Learning aims and unit content

What needs to be learnt

Learning aim A: Explore methods which may be used for carrying out research in health and social care

Topic A.1 Primary research methods:

- formal and informal observations (covert and overt)
- structured interviews
- focus groups
- questionnaires
- use of open and closed questions.

Topic A.2 Secondary research methods:

- literature searches, e.g. textbooks, professional magazines, published statistics
- internet searches, e.g. online journals, online versions of professional magazines, health and care websites.

Learning aim B: Plan a health and social care research project

Topic B.1 Choosing a project topic

- Selecting a topic, e.g. from a range of teacher-provided project options.
- Reasons for choice, e.g. area of current or future interest, complements main learning programme, supports development, relevance to health and social care.
- Selecting working title, e.g. with teacher guidance, devising own working title.
- Agreeing project focus with teacher.
- Setting clear goals, e.g. SMART targets (Specific, Measureable, Achievable, Realistic, Time-based).
- Identifying a question, problem to be solved, task or brief, e.g. effects of smoking or binge drinking among young people, current health campaigns such as encouraging healthy eating and exercise to combat obesity.
- Identifying project aim(s) and objective(s).
- Reviewing appropriateness of project aim(s) in terms of being Specific, Measurable, Achievable, Realistic, Time-based, Exciting, Recorded (SMARTER).
- Reviewing appropriateness of project objective(s), including relevance to the health and social care sector, SMARTER, available resources, usefulness of project.

Topic B.2 Health and social care research project plan

- Project aims and objectives.
- Milestones as agreed with teacher, e.g. completion of proposal, logging progress, meeting deadlines, checking questionnaires before use, submitting questionnaires.
- Complexity of project, including number of stages, number of people involved.
- Overall timescale, e.g. short term, medium term, long term.
- Agreeing plan with teacher, making appropriate modifications, changes.
- Listing order of main project activities.

continued

What needs to be learnt

- Project method and design, e.g. questionnaires (use of closed and open questions), structured and unstructured questions, use of websites, journals, professional magazines, media, books, e-resources, data (graphs, tables, statistics).
- Identifying project completion deadline, including interim dates for feedback.
- Identifying main resources available for project, i.e. primary, secondary (e.g. internet, journals), access to subjects, availability of information on the topic.
- Internal influences, e.g. workload capacity, project design, support from teachers.
- Identifying constraints, including resources (people and equipment), costs, deadlines, project aim(s).
- Following relevant ethical guidelines, including informed consent, right of individuals to refuse information, confidentiality.
- Possible risks to project, e.g. ethical issues, access to service users and confidentiality and use of information gathered, non-return of questionnaires, lack of resources, inappropriate timescales.
- Ways of reducing risks, e.g. modifying project in line with available resources, piloting questionnaires with small number of subjects, collecting completed questionnaires by hand.

Learning aim C: Carry out a health and social care research project

Topic C.1 Using skills to carry out a health and social care project

- Time management, including meeting project deadline.
- Project management, including monitoring progress, modifying plan where necessary, problem solving, independent enquiry.
- Following relevant health and safety practices.
- Health and social care-specific skills, e.g. communication skills, promoting health and social care values, showing empathy towards service users, risk assessment.
- Other skills, e.g. communication skills, teamwork, use of technology, creative thinking, numerical/statistical skills, ensuring that questionnaires and other research methods used will obtain required information.
- Interpret and present project findings, e.g. representation and presentation of data.
- Evaluation of findings, e.g. drawing conclusions, comparing aims, limitations of research, strengths and weaknesses of research project.

Topic C.2 Present the research project

- Coherent and structured presentation of the project following standard format:
  - title page
  - contents page
  - introduction, including aim(s) and objective(s)
  - method, including subject details
  - research information or data collected using appropriate method(s)
  - interpretation of results using appropriate method(s), e.g. displaying data in graphs or tables using ICT
  - project outcome(s)
  - project conclusion(s)
  - references
  - appendices (if appropriate).

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What needs to be learnt

Learning aim D: Reflect on the health and social care research project outcomes and own performance

Topic D.1 Review health and social care research project outcomes

- Project results and main outcomes.
- Strengths: areas of the project where aims and objectives have been achieved.
- Areas for improvement: where project outcomes do not meet planned aims and objectives.
- Ways of improving the project, e.g. use of larger sample, piloting questionnaires first, researching availability of secondary sources prior to beginning project, more realistic timeline, use of SMARTER targets.

Topic D.2 Reviewing own performance

- Meeting project aims and objectives.
- Meeting project deadlines.
- Skills learnt and used.
- Strengths and areas for improvement.
- Ways to improve performance, e.g. planning, use of skills and techniques, further practice, presentation of the project.
- Weighing up strengths and areas for improvement.
- Indicators of extent of success, e.g. feedback, data produced.
- What they have learnt from their research project.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore methods which may be used for carrying out research in health and social care			
1A.1 Identify methods of primary research used in health and social care. *	2A.P1 Describe methods of primary research used in health and social care. *	2A.M1 Compare two methods of primary research used in health and social care with regard to their usefulness in gathering data. *	2A.D1 Discuss the potential difficulties of using one method of primary research, with regard to gathering data for a health and social care research project. *
1A.2 Identify methods of secondary research used in health and social care. *	2A.P2 Describe methods of secondary research used in health and social care. *		
Learning aim B: Plan a health and social care research project			
1B.3 Identify reasons for carrying out a health and social care project.	2B.P3 Describe the health and social care project topic in terms of reasons for choice and aims and objectives.	2B.M2 Explain how the health and social care project plan will enable the stated aims and objectives to be achieved.	2B.D2 Assess the health and social care project plan and recommend ways of minimising risks to achievement of aims and objectives.
1B.4 Outline the main points of a health and social care project plan, defining relevant activities and milestones. #	2B.P4 Create a health and social care project plan, clarifying milestones, activities, and project method and design. #		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Carry out a health and social care research project			
1C.5 Use appropriate skills and resources when undertaking work on a provided health and social care project, with guidance. * #	2C.P5 Independently use appropriate skills and resources to undertake and complete own health and social care project. * #	2C.M3 Use appropriate project-management skills and relevant resources to complete a health and social care project. * #	2C.D3 Use project-management skills to deal with potential problems in completing the health and social care project, justifying solutions. * #
1C.6 Present the health and social care project, following standard format, outlining main conclusions with support. *	2C.P6 Present the health and social care project, following standard format, describing conclusions. *		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim D: Reflect on the health and social care research project outcomes and own performance			
1D.7 Identify areas of success and areas for improvement in meeting the stated outcomes of the health and social care project.	2D.P7 Review the success of the health and social care project against the project plan, aims and objectives.	2D.M4 Analyse the success of the health and social care project in relation to planned outcomes and own performance.	2D.D4 Evaluate the health and social care project in relation to planned outcomes, proposing ways to improve the project outcomes and own performance.
1D.8 Identify strengths and areas of improvement, with regard to own performance in producing the health and social care project.	2D.P8 Review the effectiveness of own performance in relation to the range of skills used and enhancement of sector-related knowledge.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

There are no specific resources required for the completion of this unit.

This unit gives learners the opportunity to carry out a health and social care-based research project on any relevant related topic. Therefore the resources required for this unit will depend on the choice and format of the chosen health and social care research project that learners are carrying out. When planning their projects, learners need to take into account the resources available to them.

This unit could be delivered towards the end of the programme. This enables learners to bring together themes and skills, gained from earlier units, in a final project. It is essential that learners receive sufficient teacher guidance with regard to planning and completing the project. While independent study is to be encouraged, learners at levels 1 and 2, may not have the confidence to complete a piece of research without support.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment.*

It is recommended that teachers create either one holistic assignment to assess all the assessment criteria within a level, or alternatively several, smaller assignments to divide the health and social care research project into stages.

Health and social care research project outcomes will depend on the chosen topic and context and could be:

- ephemeral – for example a one-off event (such as a health-promotion activity aimed at promoting healthy eating within a school or college); however evidence in the form of a report would still be required
- mainly written – for example a report presenting research on case studies in health and social care.

Level 2 learners can use their project to explore an area of personal interest, by being encouraged to think of their own idea for the basis of their project. Before learners commence their research projects, teachers must ensure that the proposed topics and intended designs are viable, at the appropriate level of demand, and valid.

Level 2 learners will be expected to be able to plan the research project, considering possible risks and ways of reducing these risks. Learners must be able to conduct their own research and carry out the project independently. For Merit and Distinction, learners need to develop a critical perspective, reflecting on the impact of constraints, problems encountered, actions taken in response, and the range of knowledge and skills development that may be needed as a result of the experience.

Teachers may need to give level 1 learners a list of suitable health and social care topics from which they can select one to base their project on.

When it comes to planning the project, level 1 learners will produce a basic plan and may be given a pro forma of a project plan to complete. At level 1, teachers should give learners a list of suitable resources prior to the learner completing the research.

Learners could present their health and social care project and review to others, for example their peers. Learners can plan and carry out projects in small groups but they must provide sufficient evidence to meet the unit assessment criteria on an individual basis.

Practical observations must be evidenced with signed witness statements and/or observation records that clearly show learners' achievement against the target criteria. This can be supplemented with additional evidence, for example digital evidence and annotated photographs, where appropriate. Learners must include in their evidence a list of resources used. Learners must take care to ensure confidentiality of information where appropriate.

Verbal evidence, for example presentations or question and answer sessions, must be evidenced with a signed witness statement, with a written transcript recording what was said.

Signed teacher observation records and learners' evidence need to be retained for quality assurance purposes.

Learning aim A

To achieve 2A.P1, learners must describe the primary research methods used in health and social care included in the unit content and for 2A.P2, learners must describe the secondary research methods.

For 2A.M1, learners must choose two methods of primary research used in health and social care from those described, and compare them with regard to their usefulness in gathering data.

In order to achieve 2A.D1, learners must extend their work for 2A.M1 and evaluate the potential difficulties which could arise, when using one of their chosen methods of primary research for a health and social care research project.

The work for this learning aim could be presented as a booklet to inform potential researchers of the methods available.

At level 1, learners must identify the primary and secondary research methods included in the unit content. The work at level 1 could be presented as a poster.

Learning aim B

Evidence for 2B.P3 must comprise a full description of the project in terms of relevance both to the qualification overall, and specifically, to some aspect of health and social care. In addition, the learner's reasons for the choice of topic should be logical, and follow a clear order. Learners must also include a description of the aims and objectives of the project which should be coherent, and clearly set at level 2. This evidence could be presented as a report.

To achieve 2B.P4, learners must create a plan for their project which clarifies the research activities to be carried out, milestones, timescales and the project method and design, for example how available resources will be used, which should have been agreed with the teacher.

Evidence for 2B.M2 could be in the form of a written commentary, attached to the plan. Learners must explain how the plan will enable the learner to achieve the aims and objectives, and for 2B.D2, learners must extend their commentary to assess the plan, giving recommendations on how risks to success may be minimised, referring to the unit content.

To achieve 1B.3, learners must identify reasons for carrying out the project, referring to the relevant unit content, and for 1B.4, learners must outline the main points of the health and social care project with relevant activities and milestones. Work for both of these assessment criteria could be combined and presented as a handout.

Learning aim C

For 2C.P5, learners are required to carry out a relevant and appropriate health and social care project independently, using a variety of skills and resources. It is suggested (although not part of the final assessment), that learners are encouraged to keep a log of their activities, which corresponds closely with their project plan. This may be used by the teacher as a medium for formative assessment. It is anticipated that written projects will include a variety of formats, for example written text, graphs and tables, to demonstrate learner skills.

To achieve 2C.M3, learners must demonstrate within the project that they have used their skills to manage resources and complete a health and social care project. To achieve the Merit criterion, learners must demonstrate a breadth of skills, show that they have adhered to deadlines, or adapted them skilfully, and present their project completed and on time.

To achieve 2C.D3, learners must show that they have used their project management skills to deal with potential problems, and record how these were dealt with in order to present a completed project on time.

For 2C.P6, learners will present their health and social care project following the standard format as set out under *Topic C.2*, describing results, main trends and conclusions.

To achieve 1C.5, learners must produce a project using appropriate skills and resources, although the project will be basic. Learners should be encouraged to keep a project log (although not part of the formal assessment), in order to demonstrate progress, and as a guide. For 1C.6, learners will present the project following the standard format; however, the information they record will enable them to give an outline only of the main project conclusions.

Learning aim D

Both 2D.P7 and 2D.P8 must be achieved following the completion of the health and social care project. Learners must produce a further report which reviews both the success of the project in meeting the project plan, stated aims and objectives (2C.P5), and also a review of their own effectiveness, in relation to the range of skills they have used to produce the project (2D.P7).

To achieve the higher assessment criteria, learners must extend their review to analyse the success of their project against planned aims and objectives and also their own performance (2D.M4), and evaluate the project, proposing ways to improve both the project outcomes and their own performance (2D.D4). Proposals must be logical, realistic and achievable.

To achieve 1D.7 and 1D.8, learner evidence could take the form of either a poster or a leaflet, which identifies areas of success and areas for improvement relating to the final project (1D.7), and strengths and areas of weakness relating to their own performance (1D.8).

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A1. 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Research Methods	Prepare a booklet for new researchers, on the different types of primary and secondary research methods, which may be used to obtain information.	Booklet.
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	My Health and Social Care Project Plan	Choose and plan a health and social care project. Include a commentary explaining the topic in terms of relevance, rationale, aims and objectives, describing why you reached the decisions you did.	Written plan, including a timeline and end-to-end process chart.
1C.5, 1C.6, 2C.P5, 2C.P6, 2C.M3, 2C.D3	My Health and Social Care Research Project	Research and carry out a health and social care project, using appropriate skills and resources. Present the project using standard format.	Project work, e.g. exercise programmes, data collection, performance, signed witness statements and/or observation records. Supplementary evidence, e.g. annotated photographs, digital evidence of performance.
1D.7, 1D.8, 2D.P7, 2D.P8, 2D.M4, 2D.D4	My Health and Social Care Project Review	Review the project outcomes against original aims and review your own performance in relation to the skills used and how much your sector knowledge has increased.	Visual presentation. Discussion with teacher. Observation records.

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Unit 16: Vocational Experience in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

A career in the health and social care sector may involve choosing from an enormous selection of jobs. The roles and responsibilities in the health and social care sector are many and varied. If you have considered a career in this sector, this unit will help you explore the area in more depth.

In this unit, you will need to complete a placement of a minimum of 60 hours in a health or social care setting.

You will learn about the basic structure of the health and social care sector and explore the different types of services and provision in the sector, including different types of statutory, private and voluntary provision and their different characteristics. You will also learn about the different job roles available in the sector and their requirements, such as training or qualifications.

There are a number of skills that health and social care workers need to develop to work effectively within the sector. You will learn about these skills and their importance and will see how these are put into practice on your work placement. You will also investigate the importance of maintaining professional standards and the purpose and benefits of the placement setting to service users. On your work placement, you will see first-hand what working in the sector is like.

An important aspect of working in health and social care is the ability to reflect. In this unit, you will reflect on your performance during your work placement and make recommendations for future improvement.

Learners may need to have relevant criminal records disclosure checks carried out before they can take up a health and social care work placement.

Learners may take either Unit 16: *Vocational Experience in Health and Social Care* or Unit 17: *Community Volunteering in Health and Social Care*, they cannot take both.

Learning aims

In this unit you will:

A develop an understanding of the skills and professional standards required of health and social care workers

B investigate service provision and job roles in the health and social care sector

C understand the application process for a period of work experience in health or social care

D undertake a work placement within the health and social care sector, and reflect on performance.

Learning aims and unit content

What needs to be learnt
Learning aim A: Develop an understanding of the skills and professional standards required of health and social care workers
Topic A.1 Skills required when working in the health and social care sector ● Teamwork, recording and reporting information accurately, following instructions, time management, maintaining dignity, empowerment, promoting independence, respecting diversity, culture and beliefs, maintaining confidentiality, empathy, caring disposition. ● Building professional relationships with service users of all ages and abilities. ● Understanding the limits and boundaries of the professional relationship, not sharing personal information, not accepting gifts and rewards for service, showing respect for the individual, not allocating more time to one individual than another, not discussing other individuals, including members of staff, with service users. ● Providing equal care/treatment to all users of the service, e.g. not treating individuals or groups less favourably than others, providing care and support that meets the needs of individuals. ● Communication with colleagues and service users: verbal and non-verbal skills, conversation, active listening, alternative forms, e.g. British Sign Language, Makaton, picture cards, Lightwriters, assistive software. ● Observation of service users: to observe behaviour, to identify improvement or deterioration in ability or health status. ● Planning activities: e.g. according to ability, provision of resources, planning and displaying work. **Topic A.2 Professional standards** ● Own behaviour: professional conduct, timekeeping, personal hygiene, dress code, positive attitude, values, confidentiality. ● Responsibilities: professional relationships, identifying and meeting individual needs of service users, managing service, maintaining service users' safety, safeguarding activities. ● Importance of maintaining skills and professional standards: to ensure that individuals receive the best quality care or treatment. ● Possible consequences of not maintaining skills and standards, e.g. harm or diminished quality in service for the individual, loss of registration with professional bodies, loss of employment, civil and legal action by organisations and individuals. ● Adherence to relevant legal requirements, e.g. registration with the Health and Care Professions Council, holding a clear enhanced Criminal Records Disclosure documentation certificate.

What needs to be learnt
Learning aim B: Investigate service provision and job roles in the health and social care sector
Topic B.1 The different types of provision relating to health and social care, and their characteristics ● Different types of provision: o statutory provision o private provision o voluntary provision. ● Different services provided in health and social care: e.g. GP services, midwifery, surgery, general medicine, nursing, private hospitals, dentists, physiotherapy clinics, health centres, Alcoholics Anonymous, Macmillan Cancer Support, British Heart Foundation, SANE, National Blood Service, Air Ambulance, day care, residential care for older people, residential care for young people with complex needs, night shelters, domiciliary care, warden-assisted complexes, sheltered housing, training centres, advice centres. ● Characteristics of different types of provision: e.g. structures, organisational motives, continuity and consistency of service, funding. **Topic B.2 Job roles within health and social care settings** ● For example, nurses (mental health, adult, children, learning disability), midwives, doctors (general practitioner, consultant), physiotherapists, occupational therapists, clinical psychologists, dieticians, counsellors, healthcare assistants, social workers, social work assistants, social care support workers, housing officers, key workers, family support workers, day care officers, community development workers, activity coordinators, youth workers. ● Working in health and social care: training and qualifications required, requirement to register, salary scales. ● Purpose and benefits, including care/activities given, safeguarding, quality of life, access to treatments and services, social and support networks, emotional support, support with activities of daily living, increased sense of independence.

What needs to be learnt
Learning aim C: Understand the application process for a period of work experience in health or social care
Topic C.1 Methods of communicating personal information ● organisational application procedures ● completion of application forms ● letters of application ● letters of acceptance/decline ● appropriate content and format ● appropriate CV ● use of ICT. **Topic C.2 Preparation for interviews** ● telephone skills ● ascertaining and organising transport arrangements ● understanding acceptable dress codes ● appropriate general appearance, e.g. hair, shoes, acceptable amount of cosmetics, jewellery ● knowledge of interview procedures ● collating relevant documents, e.g. copy of CV, Criminal Records Disclosure documentation, relevant qualifications ● importance of being prepared, including increased confidence, presenting a positive appearance to interviewer(s), more in control of self. **Topic C.3 Interview skills** ● verbal and non-verbal communication skills ● careful listening ● answering questions ● asking relevant questions ● conveying interest ● personal and social skills ● punctuality.

What needs to be learnt
Learning aim D: Undertake a work placement within the health and social care sector, and reflect on performance
Topic D.1 Skills to use for addressing a work-related task, including: ● communicating with others, e.g. line manager, colleagues, service users ● working with others, including colleagues and relatives of service users, showing empathy ● completing tasks within agreed timescales ● completing tasks begun by others, when required ● following instructions ● following health and safety practices ● maintaining confidentiality, adhering to the Data Protection Act and General Data Protection Regulation (GDPR) ● asking for help and guidance when necessary ● placement expectations: active participation, following placement policies and procedures, including absence, agreed working hours, punctuality, limits of role ● behaviour, e.g. not using mobile phones, demonstrating respect towards service users, staff, visitors to the setting. **Topic D.2 Reflective practice and evaluation** ● Reflective practice: understanding how to reflect on your own work and its importance for future learning, setting goals and working towards them, identifying strengths, achievements and areas to improve. ● Ways of reflecting on practice: checklists, supervisor reports, one-to-one interviews with placement supervisor, feedback from teacher and peers, recall actions on a daily basis, use of a diary to record own performance. ● What to reflect on: working with service users, participation with placement staff, solving problems, recalling actions that happened during the day. ● Evaluating practice: What has been learnt? What were the strengths? What were the challenges? What could be improved? How will what has been learnt affect future actions?

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Develop an understanding of the skills and professional standards required of health and social care workers			
1A.1 Identify the skills and professional standards required to work in the health and social care sector.	2A.P1 Describe the skills and professional standards required to work in the health and social care sector.	2A.M1 Explain how the skills and professional standards required in the health and social care sector enable successful working with service users, with reference to a selected placement.	2A.D1 Assess the importance of skills and professional standards required to work in the health and social care sector.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate service provision and job roles in the health and social care sector			
1B.2 Give three examples of each of the different types of provision and services in either health or social care.	2B.P2 Describe the different types of provision in health and social care.	2B.M2 Explain the different characteristics of different types of health and social care provision, using selected examples.	2B.D2 Assess the different characteristics of different types of health and social care provisions.
1B.3 Identify three different roles of health and social care workers.	2B.P3 Describe three different roles of health and social care workers.	2B.M3 Compare and contrast the characteristics of three selected job roles in the health and social care sector.	2B.D3 Assess own suitability for three selected job roles within the health and social care sector.
1B.4 Outline the purpose of provision of a selected health and social care setting.	2B.P4 Describe the purpose of provision and the benefits to service users of a selected health and social care setting.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Understand the application process for a period of work experience in health or social care			
1C.5 Identify different methods of communicating personal information.	2C.P5 Describe different methods of communicating personal information.		
1C.6 Identify the knowledge and skills required to prepare for an interview in health and social care.	2C.P6 Describe the knowledge and skills required to prepare for an interview in health and social care.	2C.M4 Discuss the importance of being prepared for an interview in health and social care.	
1C.7 Demonstrate at least three interview skills for health and social care. #	2C.P7 Demonstrate effective interview skills for health and social care. #	2C.M5 Assess own performance in an interview for health and social care.	2C.D4 Evaluate own performance in an interview for health and social care, making justified recommendations for improvement.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim D: Undertake a work placement within the health and social care sector, and reflect on performance			
1D.8 Demonstrate work-related skills to address a work task within the health and social care sector. #	2D.P8 Demonstrate work-related skills to address work-related tasks within the health and social care sector. #		
1D.9 Identify the skills learned and understanding gained while on work placement.	2D.P9 Describe the skills learned and understanding gained while on work placement.	2D.M6 Discuss own performance on work placement, describing strengths and areas for improvement, giving recommendations for improvement.	2D.D5 Analyse own strengths and areas for improvement on work placement, justifying recommendations for future development.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Prerequisite

Learners may need to have relevant criminal records disclosure checks carried out before they can take up a health and social care work placement.

Resources

In order to achieve this unit, learners must have the opportunity to undertake a work placement within the health and social care sector. Learners must be placed in an appropriate health and social care setting for a minimum of 60 hours. This could either be a block placement or one day a week, or a combination. This could encompass more than one placement, or learners could select which placement setting to use for the assessed component.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Although this unit could be achieved through one holistic assignment designed to assess all criteria, it would probably be more appropriate to use two or three smaller assignments. For example, learners could complete the requirements for learning aims A, B and C together as preparation for work placement.

Evidence of practical work should be recorded by making use of witness statements, observation records and annotated video/audio recordings which **do not** identify vulnerable individuals and groups of any age. Signed permission from settings and individuals should be obtained before conducting interviews etc, and the evidence retained in the learner portfolio. Evidence should be gathered throughout the placement and should be authenticated by a teacher or a person of authority from the organisation. Centres are ultimately responsible for verification of evidence and should be confident that those who sign witness statements and observation records in a health and social care work placement are sufficiently competent to do so. Observation records should clearly show learner achievement against the target criteria. Signed witness statements and supporting learner evidence should be retained by the centre for quality assurance purposes.

Other evidence could be presented in the form of a logbook, including initial research into health and social care job roles; application documentation; diary notes from the work placement; and, finally, reflection on the experience.

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Learning aim A

In 2A.P1, learners need to consider the different skills that health and social care workers should have or be developing in the workplace, as well as the professional standards they have to maintain. To achieve 2A.M1, they should explain how these skills and professional standards are used to ensure that they work successfully with service users in the selected sector. For 2A.D1, learners must give an assessment of the importance of the skills and professional standards required in the selected sector.

To achieve 1A.1, learners must identify the skills and professional standards required to work in the health or social care sector.

If the assessment for learning aim A is combined in an assignment with the tasks for learning aim B, learners should be able to use observations from their work placement to amplify their responses.

Learning aim B

To achieve 2B.P2, learners are expected to explain what statutory, private and voluntary provision mean, and then to describe some of the different types of services that are available. Learners must ensure that the different types of services covered include one from each of health and social care. This could be completed in the form of a table, and requires basic description, rather than a detailed report. To achieve 2B.M2, learners must look at an example of statutory, private and voluntary provision in their selected sector, and explain the characteristics of each with reference to their chosen examples. To achieve 2B.D2, learners' answers must be extended to assess the different characteristics of three different types of organisations in the health and social care sector.

To achieve 1B.2, learners must be able to give three examples of each of the different types of provision in health or social care.

To achieve 2B.P3, learners need to describe three different roles, including at least one from health and one from social care. To achieve 2B.M3, learners are expected to compare and contrast the duties, training, qualifications and roles of three different workers in the sector, ensuring that both health and social care sectors are covered. A description of daily tasks that might be carried out should be included. Salary ranges for each role could also be considered. It is important that learners are advised to select the three different job roles carefully to enable successful completion of 2B.D3, and that at least one example is taken from the health sector and one from the social care sector. For this criterion, learners will assess their own suitability for the selected job roles.

To achieve 1.B3, learners must identify different roles in the selected sector.

To achieve 2B.P4, learners are expected to be able to describe the purpose of the placement setting. This will focus on the care that the service user receives from the placement setting and benefits that this has for them. The benefits may be physical, intellectual, emotional or social.

For 1B.4, learners will be expected to briefly describe the care given by the placement setting, but will not link the benefits to the individual.

Learning aim C

Learning aim C is intended to contribute towards the preparation of learners for work experience, and also the world of work. The application process is an essential part of gaining employment, and the skills developed during the delivery and assessment of this learning aim will provide learners with transferrable skills.

Learners will benefit from access to appropriate documents, for example CV templates which are available online and also within previous issues of health and social care textbooks. Although not part of the assessment, learners will benefit from producing an up-to-date CV in preparation for future plans.

Assessment criteria 1C.5, 1C.6, 2C.P5, 2C.P6 and 2C.M4 may be presented in written format; for level 1, learner evidence could be in the form of a poster, while for level 2, the evidence could take the form of a leaflet or booklet. For 2C.M4, learners must show an appreciation of the benefits of being prepared for interview.

For 1C.7 and 2P.7, learners are required to demonstrate their interview skills, by participating in a mock interview. At level 1, learners must demonstrate at least three skills and at level 2, all of the skills included in Topic C.3 must be covered. This may take place on a one-to-one basis or in small groups or pairs. However, it should be noted that assessment of the interview skills must be presented as a fully completed, signed and dated tutor observation record for each individual learner. For 2C.M5, learners must review their interview performance and for 2C.D4, they must make recommend improvements.

Learning aim D

This learning aim is to be completed both during and after work placement, and learners could be advised to keep a daily diary during the placement to ensure that they remember what they have done, so that they can reflect on and evaluate their performance.

For 2D.P8 and 1D.8, learners should be clear about the practical tasks they are expected to perform. They should also be responsive to broader issues such as timekeeping and health and safety issues in their placement.

It is recommended that learners complete a minimum of 25 hours on their work placement. This could be over consecutive working days, or spread over a wider period of time. Evidence from a simulated placement is not acceptable.

To achieve 2D.P9, learners must describe the skills they have developed and the understanding they have gained on their placement. This should enable them to start to relate theory to practice. For 2C.M6, they need to discuss their performance in work placement. This should include a description of their strengths and of areas where they feel that they require further development, and they must give recommendations on how they could improve their performance in future placements. For 2C.D5, learners need to analyse the strengths of their performance on work placement and areas for future development, justifying recommendations for how they could improve their performance in future placements. This could be completed in the form of an action plan or a mock appraisal with the placement supervisor or unit teacher.

To achieve 1D.9, learners must identify the skills learned and understanding gained while on placement.

Through undertaking this unit, learners may realise that a specific role or sector (health or social care) is not suitable for them, which will help them make informed career choices later on. Learners need to be aware that placements which do not meet their original expectations are still beneficial. In addition, while learners are on placement, they should be encouraged to explore what other roles in the setting involve, as it may give them an idea as to what they wish to do in their own eventual career.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 2A.P1, 2A.M1, 2A.D1, 1B.2, 1B.3, 1B.4, 2B.P2, 2B.P3, 2B.P4, 2B.M2, 2B.M3, 2B.D2, 2B.D3	The Health and Social Care Sector	You are asked by a careers adviser to produce an information pack for learners going into health and social care settings on work experience. You need to include the different types of provision and services available, their purpose and the benefits to service users. Your work must also include an assessment of the roles of different health and social care workers. You must assess the importance of the skills and professional standards required of health and social care practitioners.	Information pack. Presentation. Tutor observation record. Learner presentation notes.
1C.5, 1C.6, 2C.P5, 2C.P6, 2C.M4	Are You Ready?	The careers adviser is impressed by your work and asks you to produce materials on communicating own personal information and preparing for interviews in health and social care services.	Poster/booklet.

Criteria covered	Assignment	Scenario	Assessment evidence
1C.7, 2C.P7, 2C.M5, 2C.D4	How Did That Go?	In preparation for your forthcoming work experience, you must take part in a mock interview with your teacher. You must demonstrate all of the following skills: ● verbal and non-verbal communication skills ● careful listening ● answering questions ● asking relevant questions ● conveying interest ● personal and social skills ● punctuality.	Tutor observation record. Video recording.
1D.8, 1D.9 2D.P8, 2D.P9 2D.M6, 2D.D5	Reviewing Performance	Halfway through your work placement, you have an interview with your manager. They ask you to reflect on and evaluate your work, identifying what you have learned, your strengths and areas where you feel you could improve. They will discuss these with you and ask you to write an action plan that makes recommendations on how you can improve your performance for the remainder of your placement.	Interview. Observation record/witness testimony of interview, detailed checklist completed by placement supervisor. Table showing skills and understanding gained, strengths, areas for improvement and recommendations for improvement. Action plan/mock appraisal.

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Unit 17: Community Volunteering in Health and Social Care

Level: **1 and 2**

Unit type: **Optional**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Why do people contribute their time and energy to volunteering in health and social care? What is the role of volunteers in your local health and social care community and what opportunities for volunteering exist? What are the benefits of volunteering to your local community, the organisation and the volunteer?

Working as a health and social care community volunteer can be rewarding and fun. It can be a good way for you to meet people of different ages, cultures and nationalities who have the same sort of interests as you. It is also a great way for you to learn new skills and to contribute to a good cause.

This unit will help you to understand the importance of volunteering in health and social care, both to the voluntary organisation(s) and within your community. You will explore the wide range of volunteering opportunities in the health and social care sector and the organisations involved. Opportunities for volunteering could include your local community centre, a day centre or residence for older people or younger people who have complex needs.

There are a number of skills that volunteers for health and social care organisations should develop. You will learn about these skills and their importance and will have the opportunity to see how these are put into practice on your voluntary placement.

You will gain understanding of the process of applying for a voluntary placement, which may require an interview if it involves working with vulnerable people. You will explore methods of communicating personal information and interview technique.

At the end of the unit, you will review your placement. You might discover that you have skills that can be used in lots of situations. This will help to give you an idea of the health and social care-related career you might like to follow, or which course you would like to do next.

Learners may need to have relevant criminal records disclosure checks carried out before they can take up a health and social care community voluntary placement.

Learners may take either *Unit 16: Vocational Experience in Health and Social Care* or *Unit 17: Community Volunteering in Health and Social Care*, they cannot take both.

Learning aims

In this unit you will:

A develop an understanding of the skills and standards required of volunteers in the health and social care sector

B investigate community volunteering opportunities and the organisations involved in the health and social care sector

C understand the application process for a voluntary placement in the health and social care sector

D undertake and review a community voluntary placement in the health and social care sector.

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Learning aims and unit content

What needs to be learnt
Learning aim A: Develop an understanding of the skills and standards required of volunteers in the health and social care sector
Topic A.1 Skills required when working in the health and social care sector ● Teamwork, recording and reporting information accurately, following instructions, time management, maintaining dignity, empowerment, promoting independence, respecting diversity, culture and beliefs, maintaining confidentiality, empathy, caring disposition. ● Building professional relationships with service users of all ages and abilities. ● Understanding the limits and boundaries of the professional relationship, not sharing personal information, not accepting gifts and rewards for service, showing respect for the individual, not allocating more time to one individual than another, not discussing other individuals, including members of staff, with service users. ● Providing equal care/treatment to all users of the service, e.g. not treating individuals or groups less favourably than others, providing care and support which meets the needs of individuals. ● Communication with colleagues and service users: verbal and non-verbal skills, conversation, active listening, alternative forms, e.g. British Sign Language, Makaton, picture cards, Lightwriters, assistive software. ● Observation of service users: to observe behaviour, to identify improvement or deterioration in ability or health status. ● Planning activities, e.g. according to ability, provision of resources, planning and displaying work. **Topic A.2 Expected standards** ● Own behaviour: timekeeping, personal hygiene, dress code, positive attitude, values, confidentiality. ● Responsibilities: managing service, maintaining service users' safety, safeguarding activities. ● Importance of maintaining skills and professional standards: to ensure that individuals receive the best quality care or treatment. ● Possible consequences of not maintaining skills and standards, e.g. harm or diminished quality in service for the individual. ● Adherence to relevant legal requirements, e.g. holding a clear enhanced Criminal Records Disclosure documentation certificate.

What needs to be learnt

Learning aim B: Investigate community volunteering opportunities and the organisations involved in the health and social care sector

Topic B.1 Health and social care community volunteering opportunities and organisations involved

- Community volunteers in health and social care: volunteer in after-school clubs, community groups, nurseries, care homes.
- Volunteer roles, e.g. support roles, assisting in nursing homes, residential and day care settings, health and social care specialist roles, e.g. signing, advocacy, interpreting, befriending.
- Activities carried out by volunteers, e.g. talking to residents in a residential care home, reading to service users, writing letters for service users, supporting health and social care professionals by helping with meal times, participating in activities, completing clerical tasks, e.g. filing, registering day care attendees, acting as an interpreter for individuals who either have English as an additional language, or who communicate in their community language.
- Purpose of activities carried out by volunteers, e.g. raise funds, provide services, support service users, provide social service.
- Difference between paid and volunteer roles, e.g. level of responsibility, financial authority.
- The role of schools/colleges in community volunteering in health and social care, e.g. National Voluntary Initiatives.
- The stated aims/roles of organisations in community volunteering in health and social care, e.g. National Council for Voluntary Organisations (NCVO), National Association for Voluntary and Community Action (NAVCA), Muslim Hands UK, The Salvation Army, St John Ambulance, Mencap.
- Importance of voluntary roles in relation to organisational aims.

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What needs to be learnt

Learning aim C: Understand the application process for a voluntary placement in the health and social care sector

Topic C.1 Methods of communicating personal information

- organisational application procedures
- completion of application forms
- letters of application
- letters of acceptance/decline
- appropriate content and format, e.g. letter, CV
- use of ICT.

Topic C.2 Preparation for interviews

- telephone skills
- ascertaining and organising transport arrangements
- appropriate general appearance, e.g. hair, shoes, acceptable amount of cosmetics, jewellery
- knowledge of interview procedures
- collating relevant documents, e.g. copy of CV, Criminal Records Disclosure documentation, relevant experience
- importance of being prepared, including increased confidence, presenting a positive appearance to interviewer(s), more in control of self.

Topic C.3 Interview skills

- verbal and non-verbal communication skills
- careful listening
- answering questions
- asking relevant questions
- conveying interest
- personal and social skills
- punctuality.

What needs to be learnt

Learning aim D: Undertake and review a community voluntary placement in the health and social care sector

Topic D.1 Skills to use for addressing a voluntary placement, including:

- communicating with others, e.g. supervisor, colleagues, service users
- working with others, including colleagues and relatives of service users, showing empathy
- completing tasks within agreed timescales
- completing tasks begun by others, when required
- following instructions
- following health and safety practices
- maintaining confidentiality, adhering to the Data Protection Act and General Data Protection Regulation (GDPR)
- asking for help and guidance when necessary
- using problem-solving skills to tackle problems in the voluntary organisation
- placement expectations: active participation, following placement policies and procedures, including absence, agreed working hours, punctuality, limits of role
- behaviour, e.g. not using mobile phones, demonstrating respect to service users, staff, visitors to the setting.

Topic D.2 Reflective practice and evaluation

- Reflective practice: understanding how to reflect on your own work and its importance for future learning, setting goals and working towards them, identifying strengths, achievements and areas to improve.
- Ways of reflecting on practice: checklists, supervisor reports, one-to-one interviews with placement supervisor, feedback from teacher and peers, recall actions on a daily basis, use of a diary to record own performance.
- What to reflect on: working with service users, participation with placement staff, solving problems, recalling actions taken during the day.
- Evaluating practice: what has been learnt? What were the strengths? What were the challenges? What could be improved? How will what has been learnt affect future actions?

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Develop an understanding of the skills and standards required of volunteers in the health and social sector			
1A.1 Identify the skills and standards required to volunteer in the health and social care sector.	2A.P1 Describe the skills and standards required to volunteer in the health and social care sector.	2A.M1 Explain how the skills and standards required in the health and social care sector enable successful working with service users, with reference to a selected voluntary placement.	2A.D1 Assess the importance of skills and standards required to volunteer in the health and social care sector.
Learning aim B: Investigate community volunteering opportunities and the organisations involved in the health and social care sector			
1B.2 Outline roles that volunteers carry out within the local community in health and social care.	2B.P2 Describe volunteering opportunities available in the local community and why they may be suitable for own community volunteering in health and social care.	2B.M2 Compare voluntary and paid roles within organisations in the local community for suitability for own community volunteering in health and social care.	2B.D2 Assess own suitability for different voluntary opportunities in local health and social care-related organisations.

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Understand the application process for a voluntary placement in the health and social care sector			
1C.3 Identify different methods of communicating personal information.	2C.P3 Describe different methods of communicating personal information.		
1C.4 Identify the knowledge and skills required to prepare for an interview for a voluntary placement in health and social care.	2C.P4 Describe the knowledge and skills required to prepare for an interview for a voluntary placement in health and social care.	2C.M3 Discuss the importance of being prepared for an interview for a voluntary placement in health and social care.	
1C.5 Demonstrate at least three interview skills for health and social care. #	2C.P5 Demonstrate effective interview skills for health and social care. #	2C.M4 Assess own performance in an interview for health and social care.	2C.D3 Evaluate own performance in an interview for health and social care, making justified recommendations for improvement.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim D: Undertake and review a community voluntary placement in the health and social care sector			
1D.6 Demonstrate general work skills while undertaking a community volunteer placement in health and social care. #	2D.P6 Select and apply general work skills to solve problems when undertaking a community volunteer placement within the health and social care sector. #		
1D.7 Identify strengths and areas of improvement of a community volunteer placement in health and social care.	2D.P7 Review the experience of community volunteering in health and social care, considering own contribution to the organisation.	2D.M5 Explain ways to improve own contribution as a community volunteer to the volunteering role undertaken.	2D.D4 Assess how experience and skills gained can be applied to development of career plans.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Prerequisite

Learners may need to have relevant Criminal Records Bureau (CRB) checks carried out before they can take up a health and social care community voluntary placement.

Resources

There are a wide number of organisations and agencies that you could contact for advice and guidance on volunteering opportunities in health and social care. These include Association of Voluntary Organisations (AVO) and National Association for Voluntary and Community Action (NAVCA). Forming links with local youth centres, care homes and Primary Care Trusts could also prove useful.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment.*

Learners should be assessed using centre-devised assignments. Teachers should ensure that assignments involve a variety of assessment methods to engage and motivate learners.

The emphasis in this unit is on enabling learners to find and undertake health and social care community voluntary work that matches their skill set and interests. Learners will work towards reviewing how their voluntary work can contribute to their personal and career plans.

At level 2, the length of the health and social care community volunteering role should, where possible, be at least 20 hours. This allows learners to be fully involved in the placement, gain the skills needed and demonstrate their ability to work in the sector. It is, therefore, recommended that learners fulfil a voluntary placement, two hours a week over a minimum of ten weeks.

At level 1, there is no given amount of time for the voluntary work. However, it must be sufficient to allow learners to gain the knowledge and experience they need to meet the assessment criteria.

Evidence of practical work should be recorded by making use of witness statements, observation records and annotated video/audio recordings which **do not** identify vulnerable individuals and groups of any age. Signed permission from settings and individuals should be obtained before conducting interviews etc, and the evidence retained in the learner portfolio. Evidence should be gathered throughout the placement and should be authenticated by a teacher or a person of authority from the voluntary organisation. Centres are ultimately responsible for verification of evidence and should be confident that those who sign witness statements and observation records in a health and social care community voluntary placement are sufficiently competent to do so. Observation records should clearly show learner achievement against the target criteria. Signed witness statements and supporting learner evidence should be retained by the centre for quality assurance purposes.

Other evidence could be presented in the form of a logbook, including initial research into health and social care community voluntary positions; application documentation; diary notes from the voluntary work placement; and, finally, reflection on the experience.

Centres should note that the use of videos/pictures and photographs of vulnerable service users of all ages, is not to be used in the presentation of evidence for this qualification.

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Learning aim A

In 2A.P1, learners need to consider the different skills that volunteers in the health and social care sector should have or be developing, as well as the standards they have to maintain. To achieve 2A.M1, they should explain how these skills and standards are used to ensure that volunteers work successfully with service users in the selected sector. For 2A.D1, learners must give an assessment of the importance of the skills and standards required for voluntary work in the health and social care sector.

To achieve 1A.1, learners must identify the skills and standards required to undertake a voluntary placement in the health or social care sector.

If the assessment for learning aim A is combined in an assignment with the tasks for learning aim B, learners should be able to use observations from their voluntary placement to amplify their responses.

Learning aim B

For 2B.P2, learners must consider volunteering opportunities available in the local community and why these may be suitable for their own placement. For 2B.M2, learners should expand the description to compare voluntary and paid roles in the local community. 2B.D2 requires further assessment of the learner's suitability for different local voluntary opportunities in the health and social care sector.

For 1B.2, learners are required to give an outline description of roles volunteers carry out in the local community in the health and social care sector.

Evidence for these criteria could be presented as a portfolio of evidence or an information pack. Learners should be encouraged to conduct their own research, in addition to obtaining information in class sessions, to guarantee some measure of originality for the final evidence presented.

The portfolio will contain written evidence from the learner and could take the form of leaflets, booklets and information handouts on relevant sections of the unit content.

Learning aim C

Learning aim C is intended to contribute towards the preparation of learners for a voluntary placement, and also the world of work. The application process is an essential part of gaining employment, and the skills developed during the delivery and assessment of this learning aim will provide learners with transferrable skills.

Learners will benefit from access to appropriate documents, for example CV templates which are available online and also within previous issues of health and social care textbooks. Although not part of the assessment, learners will benefit from producing an up-to-date CV in preparation for future plans.

Assessment criteria 1C.3 1C.4, 2C.P3, 2C.P4 and 2C.M3 may be presented in written format; for level 1, learner evidence could be in the form of a poster, while for level 2, the evidence could take the form of a leaflet or booklet. For 2C.M4, learners must show an appreciation of the benefits of being prepared for interview.

For 1C.5 and 2P.5, learners are required to demonstrate their interview skills, by participating in a mock interview. At level 1, learners must demonstrate at least three skills and at level 2, all of the skills included in Topic C.3 must be covered. This may take place on a one-to-one basis or in small groups or pairs. However, it should be noted that assessment of the interview skills must be presented as a fully completed, signed and dated tutor observation record for each individual learner. For 2C.M4, learners must review their interview performance and for 2C.D3 recommend improvements.

Learning aim D

This learning aim is to be completed both during and after the voluntary placement, and learners could be advised to keep a daily diary during the placement to ensure that they remember what they have done, so that they can reflect on and evaluate their performance.

For 2D.P6 and 1D.6, learners should be clear about the practical tasks they are expected to perform. They should also be responsive to broader issues such as timekeeping and health and safety issues in their placement.

To achieve 2D.P7, learners must describe the skills they have developed and the understanding they have gained on their placement and how their volunteer role contributed to the organisation. This should enable them to start to relate theory to practice. For 2D.M5, they need to discuss their performance in work placement. This should include a description of their strengths and of areas where they feel that they require further development, and they must give recommendations on how they could improve their performance in future placements. For 2C.D4, learners need to assess the experience and skills gained while on placement and how these can be used to inform career plans for future development. This could be completed in the form of an action plan or a mock appraisal with the placement supervisor or unit teacher.

To achieve 1D.7, learners must identify the strengths of their performance during their voluntary placement and areas for improvement.

Through undertaking this unit, learners may realise that a specific role or sector (health or social care) is not suitable for them, which will help them make informed career choices later on. Learners need to be aware that placements which do not meet their original expectations are still beneficial. In addition, while learners are on placement, they should be encouraged to explore what other roles in the setting involve, as it may give them an idea as to what they wish to do in their own eventual career.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1B.2, 2A.P1, 2B.P2, 2A.M1, 2B.M2, 2A.D1, 2B.D2	Community Volunteering in Health and Social Care	You have seen a number of nursing homes in your local area and have thought about volunteering. Research the types of volunteer opportunities available, the jobs volunteers do, the skills and standards required, the importance of these skills and standards, and the importance of volunteers to the local community. Include comments on your own suitability for the roles.	Portfolio of evidence which includes local health and social care-related community volunteering opportunities available and an assessment of own suitability for the placements.
1C.3, 1C.4, 2C.P3, 2C.P4, 2C.M3	Are You Ready?	The careers adviser is impressed by your work and asks you to produce materials on preparing for interviews in health and social care services.	Poster/booklet.
1C.5, 2C.P5, 2C.M4, 2C.D3	How did that go?	In preparation for your forthcoming voluntary placement, you must take part on a mock interview with your teacher. You must demonstrate all of the following skills: ● verbal and non-verbal communication skills ● careful listening ● answering questions ● asking relevant questions ● conveying interest ● personal and social skills ● punctuality.	Tutor observation record. Video recording.

Criteria covered	Assignment	Scenario	Assessment evidence
1D.6, 1D.7, 2D.P6, 2D.P7, 2D.M5, 2D.D4	Being a Community Volunteer in Health and Social Care	Having volunteered, it is time to consider the individual and team working skills that you will use. You will then demonstrate appropriate skills. On completion of the placement, reflect on what you have learnt about yourself and the sector you worked in.	Portfolio of evidence which includes witness statements, observation records, annotated photos of the activities carried out, annotated video recordings. You must also produce a diary/log in which you reflect on your time in the setting, including comments on your own performance, what you have learnt, and how you will use this knowledge in future. Evidence for the review could be in the form of a written presentation or notes from a verbal presentation, supported by an assessor's observation record.

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Unit 18: Child Development and Observation

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Knowing how children develop and learn underpins all that those working with babies and young children do. Having this knowledge, enables those working in these environments to interact with children, and provides them with developmentally appropriate experiences that help them to grow into healthy adults. Children's individual needs can be met through observation and careful assessment, enabling them to progress and learn. One essential role of those working with babies and young children is to ensure their healthy and safe development. Knowledge of child development and the role of observation can aid early recognition of concerns for the child's safety and wellbeing.

This unit provides you with an introduction to some of the key aspects of how children develop and learn, and the importance of observing and recording information and how this information is used. You will learn about some of the key milestones of children's development from birth to eight years, and understand the factors that can affect healthy growth and development. The unit considers the roles and responsibilities of those working with babies and young children, and the importance of making regular and accurate observations to promote healthy development and help keep children safe.

This unit is aimed at those with an interest in working with babies and young children in health and social care environments. It provides you with a foundation to understanding children's development and the important role you undertake in ensuring that children can grow and develop in a positive and safe environment.

Learning aims

In this unit you will:

A understand how children develop from birth to eight years

B know the factors that influence children's development

C understand the role of observation in promoting children's development.

Learning aims and unit content

What needs to be learnt
Learning aim A: Understand how children develop from birth to eight years
Topic A.1 Growth and development Learners must understand how growth and development is defined and the ways in which they are measured. Learners must also understand that growth and development are not necessarily linear processes and that while a child's development may be atypical in physical growth, there may be differences in comparison to children's acquisition of skills and knowledge. **Growth** ● The key changes to physical size, the skeleton, muscles and the brain. ● How growth can be determined in a number of ways, e.g. through measurement of children's height, weight and head circumference. **Development** ● The increasing acquisition of skills and knowledge gained by a child. ● The need to view development holistically, as children acquire skills at varying rates in different areas of development. ● Developmental norms or 'milestones': how they have been determined by looking at data of thousands of children and considering the average or 'typical'; how these norms or milestones are used to help understand the patterns of development. Development can be broken down into the following areas: ● gross motor physical development: large movement of limbs, e.g. developing locomotion, balance and coordination ● fine motor physical development: fine manipulative movement of fingers developing hand–eye coordination, e.g. thread laces, drawing ● cognitive development: the way children develop thought processes, perception, memory, imagination and problem solving, and are able to increase their knowledge and understanding of their environment ● communication and language development: the way children communicate and develop speech, including reading and writing ● emotional and behavioural development: how children develop feelings and express their emotions through behaviour, and the development of self-concept and self-esteem ● social development: how children develop friendships with peers, cooperate with others and become aware of role models. *continued*

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What needs to be learnt

Topic A.2 The characteristics of children's development from birth to eight years

Learners must be aware that children can develop at varying rates in different areas of development. They must know the sequence of child development from birth up to eight, and be familiar with the different characteristics of development.

Learners must have knowledge of the usual sequence in physical (gross and fine motor skills), cognitive, communication and language, social and emotional development.

Birth to 12 months

Learners must understand the key milestones of babies' gross and fine motor development from birth to 12 months.

Gross motor development

- Newborns are born with uncontrolled reflexes such as sucking, rooting, stepping, grasping.
- At three months, they are able to lift up their head and chest.
- At 12 months, they can stand, walk with support.

Fine motor development

- In the first three months of life, newborns' fine motor skills develop as they learn to grasp and hold things in their hands for short periods.
- Between six months and 12 months, children's coordination and control of hand movements develops, e.g. can use a pincer grasp (index finger and thumb), can deliberately release objects by dropping them, can point.

Cognitive development

- From birth to 12 months, the child becomes aware of the world around them and develops knowledge and understanding of how to interact with their environment, e.g. learns by trial and error, understands that objects out of sight still exist.

Communication and language development

- In the first 12 months of life, babies develop their communication and language skills, e.g. turning their head to familiar voices, making babbling sounds, vocalising simple words, understanding simple instructions.

Social and emotional development:

- From birth to 12 months, babies develop relationships with others and form specific attachments to primary carers such as parents, carers, early years professionals.

12 months to three years

Gross motor development

Young children's gross and fine motor skills develop at a rapid pace between 12 months and three years as they gain control and mastery of their actions.

- Young children become more stable and are able to walk unaided, climb, run, use, sit and ride toys and walk upstairs.

Fine motor development

- Young children's fine motor skills develop as they start to use more controlled intentional actions, e.g. hold and use crayons, draw circles and feed self with spoon.

continued

What needs to be learnt

Cognitive development

- Between 12 months and three years, the young child develops an increasing awareness of their world and starts to explore the environment with purpose. They start to become aware of themselves, e.g. recognise themselves in a mirror and can complete simple puzzles.

Communication and language development

- By two years, a child has a vocabulary of up to 50 words and enjoys looking at books.
- By three years, their vocabulary has increased to around 200 words and they are starting to use simple sentences and ask questions.

Social and emotional development

- Between 18 months and two years, children essentially play on their own, and are emotionally dependent upon their primary carers.
- Between two years and three years, children start to engage with other children and respond well to adult attention, they start to share and take turns.

Three years to five years

Gross motor development

- Between three and five years, children's gross motor development develops as children continue to gain increasing control over their movements, e.g. can hop on one foot, walk in a line, skip with a rope and throw and catch a large ball.

Fine motor development

- Between three and five years, children become more able to use scissors, cut out simple shapes, draw, form letters and write own name.

Cognitive development

- Between three and five years, children begin to understand simple concepts, e.g. conservation of weight, volume, mass, can count accurately up to ten, can understand the need for rules.

Communication and language development

- Children's speech becomes easier to understand, e.g. still make errors in using words, vocabulary increases, able to use complex sentences with words such as 'because'.

Social and emotional development

- Between three and five years, children develop a wider network of social relationships. They are more able to play cooperatively with others and show preferences for friendships.

Five years to eight years

Gross motor development

- During this period, children's coordination becomes more proficient as they are able to use more sophisticated techniques to control movements. Their ball skills improve and they take on a range of activities, e.g. swimming, football, gymnastics, dance, racquet sports.

Fine motor development

- By the time children are eight, they are able to tackle more intricate tasks, e.g. tie and untie shoelaces, cut out shapes, thread a large-eyed needle and sew large stitches, colour in shapes, show good control over pencils and paintbrushes.

continued

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What needs to be learnt

Cognitive development

- Between five and eight years, children develop the ability to understand more complex concepts as they actively explore their environments, e.g. become more proficient at reasoning with others, can 'conserve' quantities and numbers, complete simple mathematical tasks.

Communication and language development

- Between five and eight years, children start to use language to explain and discuss ideas with others, e.g. enjoy simple jokes and riddles, use more complex sentence structures, begin to ask questions, are able to master the basics of reading and writing.

Social and emotional development

- Between five and eight years, children have more understanding of themselves and their place in the world, e.g. become more aware of their own feelings and the feelings of others, develop strong friendships, usually choosing the same gender.
- The potential impact one area of development can have on other areas of children's development, e.g. a long stay in hospital can affect ability to develop relationships or interact with others; disability or loss of sensory ability such as hearing affects ability to develop language; malnourishment can result in a child becoming frequently ill, and lack of sufficient vitamins impacts on cognitive development.
- The potential impact on child development of applying effective and ineffective milestones, including emotional impact resulting in an increase or loss of self-esteem and confidence, failure to detect physical difficulties, e.g. hearing, sight, understanding, resulting in a delay in accessing appropriate services.

What needs to be learnt

Learning aim B: Know the factors that influence children's development

Topic B.1 Factors that influence children's development

Learners must know the factors that can have both a positive and negative effect on children's healthy development. As children grow and develop, so does their network of friendships and environment. Their development is influenced by those they come into contact with and spend time with. As well as external influences, children's development is affected by biological and heredity factors. Learners must know the impact of influences on children's growth and development, and how this knowledge is used to plan for appropriate intervention.

The factors can be categorised as socio-economic, environmental and physical and psychological.

Socio-economic factors

- the child's immediate and extended family structure, behaviour and status
- material possessions
- carers
- education
- financial status
- employment
- birth
- death
- divorce
- access to health and welfare services
- alcoholism, drugs, abuse etc.

Environmental factors

- opportunities for the child to develop positively
- where children live (house, flat etc)
- opportunities to play
- network of friends
- pollution
- educational experiences
- facilities in the area, e.g. swimming pools, parks
- transitions to new settings.

Physical and psychological factors

- the child's biology and heredity, e.g. the way in which hormones can influence the child's physical development and temperament
- illness or disease
- attachments
- hormones
- nutrition
- emotional disposition
- physical and mental capacity, e.g. disabled, special needs
- effects on development as a result of long stays in hospital or other care environments.

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What needs to be learnt

Learning aim C: Understand the role of observation in promoting children's development

Topic C.1 Techniques used to observe children's development

Learners must understand the different types of observations that are used and the protocols that should be followed when observing children's learning and development. Learners must understand the difference between participant and non-participant observations and the advantages and disadvantages of using these techniques and strategies.

Types of observation

- participant
- non-participant.

Primary techniques used in observing children's development

- event sampling
- written observations/narratives
- diagrammatic
- checklists
- sociogram
- tracking records.

Advantages and disadvantages associated with these techniques and strategies

- time
- effectiveness at identifying required outcomes
- accuracy
- effects on those being observed
- remaining objective.

Protocols of observation

- permissions
- security of information
- disclosure
- confidentiality
- witnesses and dates.

continued

What needs to be learnt

Topic C.2 The use of observations in planning for children's learning and developmental needs

Learners must understand the importance of keeping children safe to ensure that they grow and develop positively into adulthood. Making accurate records of children's development through a variety of observational techniques plays a key role in ensuring that children can develop in a healthy and safe environment. Having an understanding of the sequences of child development and knowledge of the child's home environment, help to inform observations and planning for children's development and safety.

Learners must understand that observations can be used in a variety of ways for different purposes, including ensuring that children are reaching appropriate milestones, identifying when children need additional support and highlighting where there may be cause for concern as to a child's safety and welfare.

Learners must understand that observations can be made for a variety of reasons:

- to provide an accurate picture of a child's development in a particular time/situation
- to provide information to parents of key milestone achievements
- to identify areas of need
- to identify potential issues, e.g. health, safeguarding, developmental delays
- to assist in planning appropriate and realistic goals for children's future development
- to identify social interactions
- to identify likes and dislikes
- to identify causes of root behaviour.

Learners must understand the ways in which observations can be used to identify potential hazards to ensure that children remain safe from harm.

- Identifying the safety of the physical environment.
- Identifying the safety of resources and toys to the age/stage of development of children.

To accurately observe children in safeguarding situations, learners must understand how observations are developed and used to recognise where a child may be at risk of harm from forms of abuse, including physical, sexual and emotional abuse and neglect.

- Types of observations made.
- Specific protocol for recording observations.
- Need for witnesses and additional confidentiality measures.

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Understand how children develop from birth to eight years			
1A.1 Define what is meant by growth and development.	2A.P1 Describe what is meant by growth and development and how these are measured. *	2A.M1 Discuss, using examples, the ways in which one area of development can affect other areas of children's development from birth to eight years.	2A.D1 Analyse the potential impact on children of applying effective and ineffective milestones on children's development from birth to eight years.
1A.2 Identify the key milestones of children's development from birth to eight years.	2A.P2 Explain, using examples, the characteristics of children's development and activities that promote development from birth to eight years.		
Learning aim B: Know the factors that influence children's development			
1B.3 Describe one socio-economic factor, one environmental factor and one physical and psychological factor that influence children's development.	2B.P3 Explain the factors that influence children's development using two examples from each of socio-economic factors, environmental factors and physical and psychological factors.	2B.M2 Discuss how knowledge of a child's home environment can inform an understanding of children's development.	2B.D2 Evaluate how having knowledge of factors that influence children's development can help support the planning of appropriate provision.

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Understand the role of observation in promoting children's development			
1C.4 Identify two observational techniques and the protocols to follow when making observations of children's development.	2C.P4 Describe observational techniques using participant and non-participant observations, and their purpose in promoting children's positive development. *	2C.M3 Explain the advantages and disadvantages of using different types of observations in recording information on children's positive development. *	2C.D3 Evaluate the importance of accurately recording observations, and how observations may be used in different circumstances.
1C.5 Outline how observations can be used to identify the health and safety needs of children.	2C.P5 Describe, using examples, the importance of making accurate observations.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting, to explore how the setting uses observation to ensure that children are meeting expected milestones, and the interventions they employ to promote healthy development. Learners could either choose the setting they are most interested in, or this can be set for them. Alternatively, learners could apply the evidence for each learning aim to a different scenario or setting to ensure coverage of the unit content.

It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation with or without the aid of charts and diagrams. Evidence presented verbally should be recorded and supported by tutor observation records.

Learning aim A

To achieve 2A.P1 and 2A.P2, learners need to describe what is meant by growth and development. They should describe how growth is defined and what areas it includes. They should also describe the ways in which growth and development are measured, and explain the characteristics of children's development, providing examples of the types of activities at each stage that promote development. Evidence can be produced in the form of a leaflet to parents or presentation in a group situation.

Learners can achieve 2A.M1 and 2A.D1 through extending their discussion to consider how delay or progress in one area of development can affect another area of development. Learners should show how the effective and ineffective recognition of meeting milestones can further impact on a child's growth and development. Learners should be provided with case study examples of both good and bad practice to enable them to recognise the positive and negative impact of applying inappropriate measures and milestones on children's achievements.

For 1A.1 and 1A.2, learners could produce a wall chart or leaflet to define growth and development, showing the key differences between the two terms and identifying key milestones of development from birth to eight years.

Learning aim B

For 2B.P3, learners could use a case study to explain the factors that influence children's development from each of the categories listed in the content. This will include reference to at least two relevant examples from each of the three categories. Learners could provide real-life examples of how a child's development may be affected by each factor.

To achieve 2B.M2, learners should discuss how having an understanding of the factors surrounding a child's home life can help in developing an understanding of the child's current development. For 2B.D2, learners should extend this discussion by evaluating how having this knowledge can help to support the planning for appropriate provision for the child's future developmental needs. Learners should illustrate the areas of development these factors could affect, and provide examples of plans to support children's positive development.

To achieve 1B.3, learners should describe one factor from each of the three categories that influence children's development and the effect these may have on a child's development.

Learning aim C

To achieve 2C.P4, learners need to describe a range of observational techniques that include both participant and non-participant observations and their purpose when recording aspects of children's development. For 2C.M3, learners should extend this discussion to explain the effectiveness of using these types of observations in different situations and for different purposes, for example observing a child's progress in an activity, or observing children for safeguarding purposes. Learners should be able to identify at least three examples of observational techniques.

For 2C.P5, learners should describe, using examples, the importance of making accurate observations. This can be achieved by identifying techniques and applying them to situations, such as identifying risks associated with the environment, resources or possible risk of harm to the child.

To achieve 2C.D3, learners need to evaluate the importance of accurately recording observations and how these observations be used in different situations, such as for recording observations on development and health and safety purposes.

It is recommended that learners should be presented with one or more case studies to assist in completion of this learning aim.

To achieve 1C.4, learners should identify two observational techniques and the protocols that should be followed when making observations of children's development. For 1C.5, learners should outline how observations can be used to identify the health and safety needs of children. Learners can provide examples that identify the health needs of a child, risks associated with the environment or resources.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Children's Growth and Development	You are working in a social services team for children aged 2–5 years. Your manager feels that some parents and staff are confused by the difference between growth and development. You are asked to produce some information to illustrate the differences in the meaning of these terms and also to provide information about the importance of children being exposed to a range of opportunities so that all areas of development and growth are supported. You must include the following: ● A definition of growth and development, how each is measured and how growth is broken down into five areas. ● Short examples of development in each of the five areas. ● Examples to illustrate how one area of growth and/or development can affect another area of growth and/or development. ● An overview of key milestones and the importance of accurately assessing a child's current and future development needs. ● Examples to show how effective and ineffective recognition of meeting milestones impacts on children's development.	Class presentation. Written report. Information leaflet.

Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 2B.P3, 2B.M2, 2B.D2	Understanding the Factors that Influence Children's Development	From your experience of working with the social care team, you have learnt about the ways in which factors outside the setting can provide important information on how to provide care and support for individual children's development. Your manager asks you to provide a reflective account of your learning about factors affecting children's development, so that they can develop your ideas into practice. Your account should describe the three key categories that can influence children's development and provide examples from each category. You should provide an explanation of how having knowledge of a child's home environment can help early years professionals to understand a child's development, and how this can be used to support planning of appropriate provision that meets the child's needs and extends their development.	Reflective account. Written report. Digital recording. Verbal summary.

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Criteria covered	Assignment	Scenario	Assessment evidence
1C.4, 1C.5, 2C.P4 2C.P5, 2C.M3, 2C.D3	The Role of Observation in Promoting Children's Positive Development	Your manager asks you to provide information to the team on the different types of observation that can be used when recording children's development and the protocols you should follow when conducting observations. You are required to produce a number of examples that show when it is appropriate to use both participant and non-participant observations. You must provide an explanation of the advantages and disadvantages associated with each technique, and the importance of being objective when recording information. In addition, you need to explain how observations can be used to identify the health and safety needs of children, including the following: 1. How observations identify risks in the environment. 2. How observations are used to assess the safety of equipment, toys and resources to the age/stage of development of the child. 3. How observations are used to identify possible risk of harm or abuse to the child. 4. How observations made must accurately record information, and the potential impact on inappropriate or inaccurate observations.	Reference guide with examples of completed observations, justifying their use and purpose. Written report. Simulation and discussion. Learners should be provided with case studies and produce an account answering the scenario details. Written account. Presentation (verbal/written). Example of recording and reporting documentation.

Unit 19: Skills and Qualities for Working in the Health and Social Care Sector

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Are you hoping to have a career working with people in a health and social care setting? Would you like to work with the elderly or perhaps children and young adults with specific needs? This unit will help you understand and develop some of the practical skills and qualities you need to have in order to be an effective care practitioner.

You will need excellent communication skills to build positive relationships with the service user, to identify their specific needs and work with them to provide the care that is most suited to them. In this unit, you will learn the importance of effective team work to achieve positive outcomes for service users, especially important when working in the health and social care sector.

When working with service users, it is important to provide active support in order to empower them and promote their independence. This unit will give you the opportunity to practise skills to promote independence in a health and social care context, which could be simulated and then used to review your skills in terms of strengths and areas for future improvement. This unit will provide you with the knowledge and understanding of how these skills and qualities can be used effectively when providing care for service users. It will also give you the opportunity to develop these skills and to put them into practice.

Learning aims

In this unit you will:

A know the caring skills and personal qualities needed when providing care

B explore how the application of caring skills and qualities promotes independence and empowers service users

C reflect on the effectiveness of own caring skills and qualities.

Learning aims and unit content

What needs to be learnt

Learning aim A: Know the caring skills and personal qualities needed when providing care

Topic A.1 Caring skills and qualities needed to care for service users in the health and social care sector

- Communication skills: agreeing and using best method(s) of communication with service user, e.g. use of language, use of British Sign Language, Makaton, etc, adapting communication to meet service user's changing needs or preferences, respecting confidentiality, answering telephone/email.
- Record-keeping: completing records accurately; recording service user's needs and preferences, any problems in carrying out care and how these were overcome, any signs and symptoms indicating a change in care needs required; following organisation's confidentiality policy, security of access procedures, legal requirements; supporting individuals to understand the importance of record-keeping, note-taking, clarity and accuracy.
- Observation skills: observing changes in service user's condition; reporting and recording any significant changes in condition, how these changes would affect assistance required and supporting service users' needs.
- Teamworking skills: e.g. reliability, good timekeeping, regular attendance, commitment, willingness to share work with others and work in different ways, completing tasks to meet set deadlines, cooperating with others to complete tasks, preparing for meetings, active participation in team meetings including expressing opinions, contributing ideas, demonstrating respect for team members (e.g. by being polite).
- Problem solving and decision making: recognising limits of own role, taking a logical approach (e.g. gathering all pertinent facts and discussing issues with appropriate person).
- personal qualities: patience, empathy, honesty, respect, willingness, reliability, tact, concern, good work ethic, sense of humour, flexibility, demonstrating care values to support equality, diversity, professionalism and the rights and responsibilities of service users.

Topic A.2 How skills and qualities are applied when meeting service users' physical needs

- Effective use of personal qualities: importance to service users of promoting confidence in the service, and contributing to the health and wellbeing of service users.
- Supporting personal care: supporting individual's preferences about personal hygiene care; encouraging and enabling service users to carry out own personal care activities where possible; following procedures to ensure environment meets service user's needs (e.g. room and water temperature) and to maintain hygiene and prevent cross infection; maintaining confidentiality; maintaining privacy and dignity of service user; resolving problems (e.g. with available facilities).

continued

What needs to be learnt

- Supporting mealtimes: enabling service users to make choices, express preferences, understand what is available and understand alternative options; taking account of existing records or care plans; serving food so that it looks appetising and is prepared according to service user's needs (e.g. correct temperature, cut up, liquidised); encouraging independence with feeding, placing food and drink within easy reach and ensuring table and seating at correct height, as well as use of specialised equipment if necessary (e.g. plates with deep rims, two-handled cups); supporting service users to consume food at own pace; maintaining dignity.
- Undertaking routine health checks: following organisational procedures, being aware of when health checks are necessary, explaining to service users why health checks are necessary; taking pulse rate (resting pulse rate, recovery pulse rate after exercise, accurately record pulse rate); BMI measurement (measuring height, measuring weight, calculating BMI, understanding BMI charts, accurately recording BMI calculations); application of dressings for, e.g. cuts, sprains, pressure sores.

Learning aim B: Explore how the application of caring skills and qualities promotes independence and empowers service users

Topic B.1 Promoting independence and empowering service users

Learners must understand how effective care will empower service users to maintain their independence in any situation.

- Providing active support: supporting service users to identify what aspects of daily living they can do themselves, identifying what other people or groups can help with, identifying what the care worker can assist with or carry out, seeking additional support where necessary.
- Mobilisation, e.g. walking, wheelchair use, use of lifts: agreeing preferences, agreeing most suitable way of keeping mobile, encouraging service user to wear suitable clothing, explaining how to use mobility appliance correctly, following procedures to ensure mobility appliances are clean and in working order, removing hazards, reporting activities to record any changes in needs.
- Assistive technology, e.g. remote control of household appliances, devices to facilitate communication, intercom systems allowing access to home: supporting service users to access information about assistive technology, supporting service users to identify preferred devices, helping service users to understand instructions, monitoring and recording effectiveness of the technology, following procedures to report problems.
- Liaising with other professionals to support service users: knowing role of other professionals, e.g. occupational therapists, physiotherapists, dieticians, social workers, GPs, district nurses; understanding how they work together to empower service users.
- Promoting social wellbeing by, e.g. arranging furniture to enable interaction between service users and to promote friendships, planning and implementing activities within the setting, planning trips to places of interest, interacting with service users when performing tasks.
- Promoting emotional wellbeing by, e.g. demonstrating interest in individuals by referring to topics of interest, demonstrating empathy for distress and anxiety, taking time to listen to service users, referring issues of concern e.g. to line manager.
- Promoting intellectual wellbeing by, e.g. supporting service users to complete everyday administrative tasks (e.g. writing letters, sending emails, organising and paying bills); providing stimuli with e.g. books, magazines, audio books, creative activities, quizzes, games, etc that promote problem-solving skills; reading to individuals.

continued

What needs to be learnt
Learning aim C: Reflect on the effectiveness of caring skills and qualities
Topic C.1 Reflect on effectiveness of own caring skills and qualities ● Reflective practice: how to reflect on own work, importance for future learning, identifying strengths and areas for improvement. ● Methods of reflecting on practice, e.g. using checklists, log book or diary to record own performance; feedback from teacher and peers. ● What to reflect on: effectiveness of personal skills and attributes to service users in health and social care situation, e.g. promoting confidence in the service, promoting the independence of and empowering service users, contributing to the health and wellbeing of individual service users, avoidance of harming service users, adherence to current legislation, regulations, policies and procedures appropriate for health and social care situation; achievement of aims and objectives, e.g. positive outcomes for service users, timescales, skills and qualities used, and following the care plan. ● Evaluating practice: what has been learnt? What were the challenges? What could be improved for future actions?

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Know the caring skills and personal qualities needed when providing care			
1A.1 Identify the caring skills and qualities needed to work effectively with service users in the health and social care sector.	2A.P1 Describe the skills and qualities required to meet the needs of service users who use health and social care services.	2A.M1 Discuss the importance of effective use of the caring skills and qualities needed to work with service users, using relevant examples from the health and social care sector.	2A.D1 Evaluate the potential impact of ineffective use of caring skills and qualities on the health and wellbeing of service users in the health and social care sector, with reference to a case study.
1A.2 Outline how these skills and qualities should be used in a given health and social care situation.	2A.P2 Explain how these skills and qualities should be used in at least two different health and social care situations.		
Learning aim B: Explore how the application of caring skills and qualities promotes independence and empowers service users			
1B.3 Identify how effective caring skills and qualities promote independence of service users.	2B.P3 Describe how effective caring skills and qualities promote independence of service users.	2B.M2 With reference to case studies, explain how effective caring skills and qualities empower service users.	2B.D2 With reference to case studies, evaluate how caring skills have empowered or disempowered service users.
1B.4 Using caring skills, demonstrate at least two ways of promoting a service user's independence in a simulated health and social care situation. #	2B.P4 Using caring skills and qualities, demonstrate different ways of promoting a service user's independence in a health and social care situation. #		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Reflect on the effectiveness of caring skills and qualities			
1C.5 Identify strengths and weaknesses of own caring skills and qualities.	2C.P5 Review the effectiveness of own caring skills and qualities in promoting a service user's independence.	2C.M3 Explain ways to improve own caring skills and qualities to empower service users.	2C.D3 Analyse own strengths and where to improve caring skills with recommendations for future development.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

Learners who are not able to access suitable health and social care placements will require access to a realistic working environment, suitably equipped to enable them to practice and demonstrate skills through simulation.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within the context of a specific health and social care setting, exploring the personal skills and qualities needed to work effectively with service users, including working effectively as part of a health and social care team. Methods could include the use of simulation activities, in order for learners to gain confidence in using practical skills, prior to assessment. Learners could demonstrate their skills while on a placement in a health and social care setting, such as a care home for people with disabilities. Learners who are unable to access a suitable health and social care placement must use a simulated environment to demonstrate skills used in the provision of care services in the health and social care sector. Learners can choose the context they are interested in or this can be set for them by the teacher.

It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners.

Skills used in provision of personal care services must be observed and supported through the use of observation records and checklists. These should always be completed and retained for internal and external verification.

Learning aim A

To achieve 2A.P1, learners must describe the skills and qualities needed to meet the needs of service users. They must describe all skills and qualities listed in the content and for 2A.P2 they must explain how these skills and qualities should be used in different health and social care situations. To achieve 2A.M1, learners must discuss the importance of the effective use of caring skills and qualities when working with service users. This should be illustrated by relevant examples. To achieve 2A.D1, learners must evaluate the potential impact of ineffective use of caring skills and qualities on the health and wellbeing of service users in health and social care, drawn from a relevant case study.

At level 1, learners are expected to be able to identify the caring skills and qualities (1A.1) needed to work effectively with service users in a health and social care setting and provide an outline explanation of how these skills and qualities should be used in a situation provided by the teacher (1A.2).

Learning aim B

This learning aim will be achieved through work-based assessment or simulation. Teachers should be mindful of the sensitive nature of these activities, especially when learners are carrying out simulated health checks on peers.

To achieve 2B.P3, learners must describe how effective caring skills and qualities promote independence for service users in health and social care. Written evidence should include relevant examples from the unit content.

To achieve 2B.M2, learners are required to explain how effective caring skills empower service and for 2B.D2, learners are required to evaluate how effective caring skills have empowered or disempowered service users, using relevant case studies to illustrate their evidence

Case studies must be constructed carefully to enable learners to meet all of the evidence requirements and achieve the higher grading criteria.

To achieve 2B.P4, learners must demonstrate skills and qualities to work effectively with service users and promote independence. These skills may be demonstrated in a work placement or a simulated environment. They must demonstrate at least five skills relevant to the given situation and the skills demonstrated must be recorded by the assessor on signed witness/observation statements. These must be retained for internal and external verification. Learners should be encouraged to keep checklists, log books or diaries so they can reflect on their performance.

For 1B.3, learners are asked to identify how effective caring skills and qualities promote independence, and for 1B.4 they must use caring skills to demonstrate at least two ways to promote a service user's independence in a simulated situation.

The skills shown should be recorded for each learner and this evidence could be used for the learner to refer to for the higher grades.

Learning aim C

For 2C.P5, evidence from learners' practical demonstrations of caring skills carried out for Learning aim B should be used to support achievement. Learners could provide supporting evidence from peer assessment as well as teacher observations. Learners should develop a checklist for demonstrating personal caring skills and for assessing strengths and weaknesses of performance. Learners should also be encouraged to keep a diary or log book to record their use of skills and where they could improve.

This would inform the evidence for 2C.M3, where learners need to expand their review to explain ways to improve their own caring skills and qualities.

To achieve 2C.D3, learners must be able to analyse their own strengths and weaknesses and include recommendations for development. This could be completed in the form of an action plan or mock appraisal with the teacher.

For 1C.5 learners need to use evidence from their practical demonstrations of caring skills and qualities to identify strengths and weaknesses of own caring skills and qualities.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment method
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.M2, 1B.3, 2B.P3, 2B.M2, 2B.D2,	Caring Skills and Qualities Needed to Work Effectively with Service Users in the Health and Social Care Sector	You have been asked to produce an induction pack for BTEC Health and Social Care students. To go with the induction materials, you have been asked to produce a handout which describes: ● the skills and qualities required to meet the needs of service users ● how these skills should be used in different situations ● the importance of effective use of skills and qualities ● the potential impact of ineffective use ● and how the effective use of skills and qualities promotes independence and empowers service users.	Handout.
1B.4, 2B.P4	Empowering Service Users	You have been asked to make a video to use as part of the induction. The video must show how to carry out caring skills in a simulated health and social care situation. You will need to show how to carry out the skills correctly, demonstrating awareness of the personal qualities required and how these skills promote independence.	Demonstration evidenced by video and observation record. Checklist. Logbook. Diary.

Criteria covered	Assignment	Scenario	Assessment method
1C.5, 2C.P5, 2C.M3, 2C.D3	Review of Performance	Your teacher has asked you to reflect on and evaluate your work, identifying what you have learned, your strengths and areas where you feel you could improve. They will discuss these with you and ask you to write an action plan that makes recommendations on how you can improve your performance for the future.	Checklist. Logbook. Diary. Record of teacher and peer assessment. Written work.

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Unit 20: Understanding Disability

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Did you know that there are over four million people in the United Kingdom with disabilities? Health and social care services are important in meeting their diverse needs.

In this unit, you will explore the different types of disability, their causes and how individuals may be affected in different ways. People with disabilities face challenges in daily living; these may be physical challenges relating to mobility or communication, challenges to understanding and being understood, or challenges to their social and emotional wellbeing, including the impact on their self-image and self-esteem. You will consider these challenges and examine ways that people with disabilities can be supported in overcoming them.

Health and social care professionals play an important role in enabling and empowering individuals with disabilities and this is explored in this unit.

When working in the health and social care sector, you will meet people with a range of disabilities and this unit will give you the chance to explore some of their diverse needs and how these can be met in health and social care contexts.

Learning aims

In this unit you will:

A explore the different types of disability

B investigate the effects and challenges faced by individuals with disabilities

C investigate the role of health and social care professionals in enabling and empowering individuals with disabilities.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the different types of disability
Learners must be aware that there is some overlap between the categories listed below in Topics A.1 and A.2; for example, some conditions may be congenital and progressive. **Topic A.1 Definitions** **Physical disability:** ● Impairment which causes partial or complete inability to function physically due to, e.g. paraplegia, quadriplegia, loss of muscle tone. **Learning disability:** ● A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence). ● A reduced ability to cope independently (impaired social functioning). ● Due to, e.g. genetic inheritance such as Edwards syndrome, fragile X syndrome, following illness, meningitis, accidental and non-accidental injury to the brain. **Topic A.2 Types of disability** **Congenital:** ● Condition existing at birth and often before birth, or that develops during the first month of life, regardless of causation. ● Causes, e.g. genetic, exposure of the mother to disease during pregnancy, exposure of the mother during pregnancy to alcohol, drugs, harmful medications, pollutants, or chemicals, difficulties arising during the birth process, unknown. **Acquired:** ● As a result of accidents, e.g. brain injury following accidents. ● As a result of infection, e.g. loss of limb following septicaemia. ● As a result of non-accidental injury/abuse. ● As a result of a chronic disorder, e.g. vision impairment from diabetes. **Progressive:** ● Causes, e.g. genetic, unknown. ● Disabilities, including increase in severity or impact over time, e.g. multiple sclerosis, macular degeneration, raised susceptibility of early onset dementia in Down's syndrome.

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What needs to be learnt

Learning aim B: Investigate the effects and challenges faced by individuals with disabilities

Learners must understand the challenges faced by individuals with a range of disabilities and how they can be overcome, the importance of doing so and be able to relate these methods to health and social care contexts.

Topic B.1 Potential effects of disabilities on individuals

Learners must understand that disabilities differ in their severity and affect individuals in a variety of ways. The content listed below relates to the most common physical, intellectual, emotional and social effects of the different types of disability. Learners must be able to relate the effects listed below to a range of disabilities.

- Barriers to accessing health and social care services, e.g. physical access, due to lack of ramps, lifts, edges of steps not being highlighted in yellow; lack of appropriate information, e.g. in large print, Braille, audio, appropriate use of language.
- Reduced opportunity – social, e.g. access to leisure outlets, suitable transport provision; employment, e.g. due to physical access, lack of adapted equipment, lifts, discrimination by employers; education, e.g. due to poor physical access, lack of appropriately trained staff, funding issues.
- Discrimination – societal attitudes, non-provision of support services, e.g. for adapted housing.
- Dependency – on family, on services, e.g. due to lack of appropriate housing, lack of resources due to funding issues, national and local government funding reductions.
- Impact – on self-image and self-esteem, impact on ability to form relationships, impact on mental health, e.g. low self-worth, depression, withdrawal.
- Effect on mobility, impact on ability to complete routine daily tasks/undertake self-care, impact on physical health.
- Social and emotional wellbeing, e.g. isolation.

Topic B.2 Challenges faced by individuals with disabilities

Learners must be able to relate selected physical disabilities to their associated challenges. Learners need to recognise that the challenges faced by individuals depend on the type of disability, the severity and progression of the disability and the personal circumstances of individuals.

Social challenges

- Negative attitudes of others, e.g. ignorance, stigma, stereotyping, exclusion.
- Access to education, e.g. wheelchair access and lifts in buildings, use of alternative methods of communication, including signers, induction loops.
- Employment, e.g. adapted equipment including minicom, induction loops, adjustable desks.
- Housing, e.g. access to funding to enable independent living.
- Access to information about services, e.g. domiciliary support for personal care, benefits, e.g. Disability Living Allowance, Personal Independence Payment.

continued

What needs to be learnt

Environmental challenges

- Physical access, e.g. to buildings because of lack of widened doorways to allow wheelchair access, double stair rails to enable the use of stairs, stairlifts.
- Transport, e.g. due to cost, inappropriate public transport, situation of bus stops, train stations.
- Mobility due to impairment.
- Communication due to effects on speech and language, non-provision of alternative methods of communication, e.g. signers, Braille software.
- Personal care due to the effects of disabilities.
- Access to goods and services, e.g. poor access provision, effects of impairment.

Intellectual challenges

- Communication, e.g. due to non-provision of alternative methods of communication, lack of available training for professionals.
- Decision making, e.g. due to learning disability, non-provision of information by professionals, non-provision of advocates, mental health issues.
- Managing problems, e.g. due to mental incapacity, non-provision of advocates.

Emotional challenges

- Dealing with loneliness, e.g. due to isolation caused by societal attitudes.
- Independent living, e.g. due to nature of physical disability, level of understanding due to mental functioning, differences between mean age and chronological age.
- Forming and maintaining relationships due to nature of impairment, e.g. autism.
- Maintaining self-respect and dignity, e.g. due to inability to perform physical care/functions without support, attitudes of professionals.

Topic B.3 How challenges faced by individuals can be overcome

- Having a positive attitude, e.g. concentrating on what is possible.
- Awareness of rights, e.g. to equal treatment under the law.
- Challenging discrimination and exclusion, e.g. by following complaints procedures.
- Being able to access available financial support, e.g. benefits, grants for home adaptations.
- Having access to physical resources, e.g. mobility aids, accessible transport.
- Availability of support from family and friends.
- Availability of community support, e.g. social care services to give personal and practical help in own home.
- Being able to access services, e.g. education, medical services, social services.
- Being able to access employment.
- Being able to access social and leisure interests appropriate to ability and interests.
- Being able to access the range of opportunities that others enjoy.

continued

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What needs to be learnt

Topic B.4 The importance of independence **and inclusion for individuals with disabilities**

- Enables self-determination, e.g. to decide own future, make personal choices.
- Enables individuals to make decisions about own care needs including choice of care staff, when care is to be delivered including times and dates.
- Empowers individuals to take control over decisions which affect their lives.
- Enables individuals to recognise their own, personal value, e.g. by being recognised as having a contribution, spoken to using preferred names and titles.
- Enables individuals to make a contribution to the community, e.g. by involvement in voluntary groups.
- Enables to manage own budget and finances, e.g. through the Personal Independence Payment.
- Empowers individuals to continue with learning by, e.g. provision of specialist support, signers, learning support workers, distance learning.
- Enables individuals to work, e.g. through adapting access, adapting equipment.
- Enables involvement in social activities, e.g. through the provision of transport.
- Enables individuals to pursue sport and leisure activities, e.g. through provision of transport, adapted equipment, support from professionals and volunteers.

What needs to be learnt

Learning aim C: Investigate the role of health and social care professionals in enabling and empowering individuals with disabilities

Learners must have an awareness of the different needs of individuals with physical disabilities and an understanding of how the types of support listed below will vary according to individual needs. Learners need to recognise how the care values underpin the role of health and social care professionals in supporting individuals with physical disabilities.

Topic C.1 How challenges faced by individuals with disabilities can be addressed within health and social care contexts

- Coordinated approach between professionals, e.g. speech and language therapists, counsellors, physiotherapists, occupational therapists, social workers, social care workers, nurses, learning disability support workers.
- Ensuring a person-centred approach to planning and delivering care, e.g. enabling personal choice, supporting individuals to take control of their own care planning, respect for religious, cultural and ethnicity requirements.
- A holistic approach to assessment which takes account of the likes, dislikes, wants and wishes of an individual, in addition to their apparent needs.
- Promoting positive attitudes of health and social care professionals, e.g. equality, diversity and inclusion training for staff, implementation of policies and procedures that support inclusive practice and challenge discrimination.
- Application and adherence to current and relevant legislation and Codes of Practice, e.g. Equality Act, Mental Health Acts and Codes of Practice, Mental Capacity Act, Deprivation of Liberty Codes of Practice, Health and Care Professions Council Codes of Practice.
- Provision of aids, e.g. walking frames, hearing aids, spectacles, information at an appropriate level.
- Use of alternative methods of communication, e.g. British Sign Language, induction loops, Makaton, Braille software.
- Provision of appropriate access, e.g. ramps, lifts, accessible toilets, transport.
- Enabling support for personal care and routine daily tasks, e.g. washing, dressing, provision of meals.
- Enabling access to benefit entitlements by providing appropriate information and supporting the application process.
- Enabling access to learning/education/retraining, e.g. sharing information about college courses, online learning, education appropriate to level of ability.
- Support with finding employment, e.g. signposting job search websites, job centre, work experience opportunities, sharing information about companies that promote inclusive employment practices.
- Support to access social activities, e.g. sharing information on available groups, clubs.
- Support to access sport and leisure activities appropriate to the ability and interests of individuals.
- Support to enable independent living according to individual needs, e.g. meal preparation, shopping, use of public transport, living alone.

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the different types of disability			
1A.1 Define the term disability, giving one example of each type.	2A.P1 Describe what is meant by the term disability, giving two examples each of learning disability and physical disability.	2A.M1 Discuss the causes of physical and learning disabilities using examples.	
1A.2 Identify examples of congenital, acquired and progressive disabilities.	2A.P2 Describe the different types of congenital, acquired and progressive disabilities and their causes, with reference to relevant examples.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate the effects and challenges faced by individuals with disabilities			
1B.3 State the effects of three selected disabilities on individuals.	2B.P3 Describe the potential effects of disability on individuals, with reference to relevant examples.	2B.M2 With reference to a selected case study, assess the potential effects of disability on an individual.	2B.D1 With reference to selected case studies, compare and contrast the potential effects of disability on different individuals.
1B.4 Identify two environmental challenges and two social and emotional challenges faced by individuals with disabilities.	2B.P4 Describe the challenges faced by individuals with disabilities, with reference to examples.	2B.M3 With reference to a case study, explain the impact of independence and inclusion on an individual with a disability.	2B.D2 With reference to a case study, assess the extent to which challenges faced by an individual with a disability have been addressed, and the extent to which their independence has developed.
1B.5 Identify how three challenges faced by individuals with disabilities can be addressed.	2B.P5 Describe how challenges faced by individuals with disabilities can be addressed, with reference to both learning and physical disability.		
1B.6 State three reasons why independence and inclusion is important for individuals with learning and physical disabilities.	2B.P6 Describe the importance of independence and inclusion for individuals with learning and physical disabilities.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Investigate the role of health and social care professionals in enabling and empowering individuals with disabilities			
1C.7 Identify three different ways in which health and social care professionals can enable and empower individuals with disabilities.	2C.P7 Describe the role of health and social care professionals in enabling and empowering individuals with different disabilities, with reference to relevant examples.	2C.M4 With reference to a case study, explain how different health and social care professionals can enable and empower an individual with a disability.	2C.D3 With reference to a case study, evaluate the potential impact on an individual with a disability, when they are enabled and empowered by health and social care professionals.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or through several, smaller assignments. Visits to relevant organisations or from guest speakers could help provide learners with a basis for their assignments and enable them to gain an understanding of the different needs of individuals with physical and learning disabilities in health and social care settings. Possible speakers could include service users with physical disabilities and carers of individuals with learning disabilities discussing real-life experiences. Local representatives from disability and carer groups, and health and social care would also enhance learning.

This unit can be assessed in a variety of ways and could either focus on a case study approach or on developing understanding of disability for new health or social care workers.

Evidence for this unit could either be written or be in the form of a presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification.

It is important for learners to appreciate that issues relating to disability (as with many other areas in health and social care) can be an emotive subject, and should be dealt with in a sensitive, non-discriminatory manner. In keeping with the ethical principles applied to health and social care, names should be changed and written permission for the use of information should be obtained where appropriate.

Learning aim A

The assessment for learning aim A could require learners to present information to new health or social care workers as part of their induction.

To achieve 2A.P1, learners will be expected to describe what is meant by the terms ‘learning disability’ and ‘physical disability’, giving two examples of each.

For 2A.P2, learners must describe the different types of disability and their causes, with reference to relevant examples. Learners will need to provide examples which describe two congenital disabilities, two acquired disabilities, including learning and physical disabilities, and two progressive physical disabilities, giving the causes of each. Learners’ descriptions must show

sensitivity and understanding of how disabilities differ in their severity and affect individuals in a variety of ways, and how some conditions may fit into more than one type. For example, muscular dystrophy is a progressive condition and some forms may be congenital; Edwards syndrome is congenital and presents with physical characteristics, but many children also have developmental delay.

For 2A.M1, learners will need to use examples to discuss the causes of physical and learning disability. Teachers should select examples which do not portray a negative picture of individuals so that learners can present evidence which examines the causes within a context of sensitivity and non-stereotypical views.

To achieve 1A.1, learners will be expected to provide a definition of the terms 'physical disability', 'congenital disability' and 'progressive disability' and identify examples of congenital, acquired and progressive disabilities (1A.2).

Learning aim B

To achieve 2B.P3, learners must use examples to describe how disability may affect individuals. Learners need to explore the content of *Topic B.1 Potential effects of disabilities on individuals* and describe the physical, intellectual, social and emotional effects on different individuals with disabilities.

To achieve 2B.P4, learners will be expected to describe the challenges faced by individuals with disabilities. Learners could use examples of individuals in social care settings with different disabilities to illustrate their understanding. Learners need to explore the content of *Topic B.2 Challenges faced by individuals with disabilities*.

For 2B.P5, learners will be expected to describe how challenges faced by individuals with disabilities can be overcome. Learners could use the examples of challenges given in 2B.P4 and describe how the individuals could tackle these, with reference to the content given for *Topic B.3 How challenges faced by individuals can be overcome*. To achieve 2B.P6, learners need to describe the importance of independence and inclusion for individuals with disabilities. Learners could use examples to describe how individuals benefit, exploring the content of *Topic B.4 The importance of independence and inclusion for individuals with disabilities*.

To achieve 2B.M2 and 2B.M3, learners must explain, using a selected case study, the potential effects of disability on an individual and the impact of inclusion and independence on an individual with a disability, making reference to the unit content.

To achieve 2B.D2, learners must extend this work to compare and contrast the potential effects of disability on different individuals to include both physical and mental disability. Learners need to make a judgement about how far the effects and challenges have been overcome and how much independence they have been able to develop.

For 1B.3, learners must state the effects of three selected disabilities on individuals.

For 1B.4, learners must state two environmental and two social and emotional effects and challenges faced by individuals with disability. Learners should provided one example for both physical disability and learning disability.

For 1B.5, learners need to identify how three challenges faced by individuals with disabilities can be addressed and for 1B.6, learners need to state three reasons why independence and inclusion for is important for individuals with disabilities.

Learning aim C

To achieve 2C.P7, learners will be expected to give a clear description of the role of health and social care professionals in enabling and empowering individuals with different disabilities. Learners must use examples of individuals with different physical and learning disabilities in health and social care settings, to explore the ways professionals in health and social care contexts can enable and empower individuals to address the challenges they face. This must include reference to a person-centred approach and the content of *Topic C.1 How challenges faced by individuals with disabilities can be addressed within health and social care contexts.*

For 2C.M4, learners must use a case study to explain how different health and social care professionals can enable and empower an individual with a disability to address the challenges they face. Learners may choose to address this assessment criterion by referring to an individual with a physical or a learning disability.

To achieve 2C.D3, learners must extend this work to evaluate the impact on an individual with a disability, when they are enabled and empowered by health and social care professionals. Learners need to make a judgement on the potential impact on an individual with a disability, who has been enabled and empowered by health and social care professionals, to address the challenges they face. It is suggested that learners extend their work for 2C.M3 to achieve this Distinction criterion.

To achieve 1C.7, learners must identify three different ways in which health and social care professionals can support individuals with learning and physical disabilities.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1	Disability Awareness	You are a volunteer at a holiday complex for individuals who have a range of disabilities. The manager of the centre has noticed how interested you are in the individuals who come to the complex. She has asked you to research and produce an information pack on the different types of disability, their causes and effects, for new volunteers. Your information pack can include a variety of different forms, for example: ● handouts ● leaflets ● booklets ● case studies. However you produce your pack, it must include all of the following: ● a description of what is meant by the term 'disability', giving two examples of physical disability and learning disability ● a description of the different types of congenital, acquired and progressive disabilities and their causes, referring to relevant examples.	Information pack.

Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 1B.5, 1B.6, 2B.P3, 2B.P4, 2B.P5, 2B.P6, 2B.M2, 2B.M3, 2B.D1, 2B.D2	Effects and challenges	Some of the individuals who use the holiday complex are athletes who are preparing for some important events. Produce and deliver a presentation to the volunteers, prior to the arrival of the athletes, to give them an understanding of the challenges faced every day by these individuals. Your presentation must include all of the following: ● a description, with reference to relevant examples, of the effects of both physical and learning disability on individuals, comparing and contrasting the effects on each individual ● an assessment of the effects of the disability on the individual in one of your examples ● a description of the challenges faced by the athletes with learning and physical disabilities ● a description of how these challenges can be addressed ● a description of the importance of independence and inclusion for the athletes ● an explanation of the impact this has on one individual, and an assessment of how much these challenges have been addressed, and how much this individual's independence has been developed.	Presentation. Completed tutor observation record. Camcorder recording of learner presentation. Learner presentation notes. List of references consulted.

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Criteria covered	Assignment	Scenario	Assessment evidence
1C.7, 2C.P7, 2C.M4, 2C.D3	Enabling and Empowering Individuals	A group of health and social care professionals is visiting the holiday complex for a seminar on supporting individuals with disabilities. You are required to produce a booklet for the professionals which contains all of the following: a description of the role of all health and social care professionals in enabling and empowering individuals with disabilities (remember to refer to a variety of examples, including both physical and learning disabilities) an explanation of how different health and social care professionals can enable and empower an individual with a disability of your choosing an evaluation of the potential impact on your chosen individual.	Booklet.

Unit 21: Introduction to Dementia

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **60**

Assessment type: **Internal**

Unit introduction

Do you know someone who has problems with their memory or even been diagnosed with dementia?

The number of dementia suffers is expected to increase rapidly over the next 50 years, providing a major challenge for health and social care services. Service providers are already experiencing an increasing number of people in the care system needing support for different types of dementia and the problems that can arise through memory loss.

Although dementia can be diagnosed in individuals over the age of 60, it is not a normal part of growing older. Dementia is a specific condition which can and does affect younger people. Some individuals are diagnosed with the condition in middle adulthood, and organisations such as Young Dementia UK, work specifically with younger service users, supporting them to continue with their lives.

This unit will help prepare you for a career in the health and social care sector and increase your understanding about caring for people with dementia. You will learn about the different causes, types, and signs and symptoms of dementia.

You will also explore the roles of professionals who work with individuals who are experiencing dementia and the people who care for them.

This unit will also help you improve your understanding of the different ways and approaches to supporting and caring for people with dementia. You will also improve your understanding of how dementia impacts on the service user's family and friends.

Learning aims

In this unit you will:

A explore the types and causes of dementia

B explore the signs, symptoms and effects of dementia

C explore the role of care professionals who work with individuals who have dementia.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the types and causes of dementia
Topic A.1 Types of dementia ● Vascular dementia – affects higher mental function of brain, affects only certain areas of brain leading to periods of stability or improvement followed by sudden worsening, e.g. after stroke; occurs when blood supply to the brain is restricted due to blocked or diseased vascular system. ● Alzheimer's disease – a physical disease affecting the brain which is progressive and gradually destroys almost all cognitive functions. ● Pick's disease – rare form of dementia – affects frontal and temporal lobes and leads to shrinkage in the parts of the brain used for making sense of incoming information. ● Dementia with Lewy bodies (DLB) – common neurodegenerative disorder leading to progressive cognitive decline, and changes in a person's behaviour, emotions and language skills. ● Huntington's disease – a genetically inherited illness which eventually affects mental functioning and emotions. **Topic A.2 Causes of dementia** ● Vascular dementia – results from interruption in blood flow to the brain, caused by hypertension or high blood pressure resulting in stroke, or less commonly by autoimmune inflammatory diseases of the arteries, e.g. lupus, temporal arteritis. ● Alzheimer's disease – caused by protein plaques and tangles developing in the brain structure leading to the death of brain cells, and a shortage of chemicals in the brain which transmit messages. ● Pick's disease – caused by specific structural changes in nerve cells of the brain caused by build-up of protein ● Dementia with Lewy bodies (DLB) – caused by a build-up of Lewy bodies (accumulated bits of alpha-synuclein protein) inside nuclei of neurons in areas of the brain that control aspects of memory and motor control, causing damage to the front of the brain. ● Huntingdon's disease – caused by a single defective gene on chromosome 4, leading to damage of nerve cell in areas of brain including basal ganglia and cerebral cortex.

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What needs to be learnt

Learning aim B: Explore the signs, symptoms and effects of dementia

Topic B.1 Signs and symptoms of dementia

- Signs and symptoms of dementia related to stage of dementia: early stage, middle stage, end of life stage.
- Vascular dementia: mental and emotional symptoms – slowed thinking, memory problems and general forgetfulness, mood changes, e.g. depression, irritability, hallucinations and delusions, confusion, personality changes, loss of social skills; physical symptoms – dizziness, leg or arm weakness, tremors, movement (rapid, shuffling steps), balance problems, loss of bladder control; behaviour problems – slurred speech, language problems, e.g. finding correct word, getting lost in familiar surroundings, laughing or crying inappropriately, difficulty in planning or following instructions, inability to carry out everyday activities.
- Alzheimer's disease:
  - o early stages – confusion, forgetfulness, e.g. people's names, appointments, recent events; mood swings, feelings of sadness, anger and fear at increasing memory loss; becoming withdrawn due to lack of confidence or communication problems; difficulty in carrying out everyday activities
  - o later stages – severe memory loss, inability to recognise close family and friends, no longer able to find way around familiar surroundings, recognise everyday objects, sudden flashes of recognition; communication – problems understanding what is being said or going on, difficulty communicating with others, gradual loss of speech or repetition of a few words, but still experiencing moments of response; mobility – may lose ability to walk or appear clumsy, slow, shuffle or walk unsteadily, eventually may be confined to bed or chair; eating and weight loss – loss of weight, individual may need help and encouragement with eating and drinking, loss of control in muscles required for swallowing may lead to choking; incontinence
- Pick's Disease: behavioural – impulsiveness, restlessness, repetitive or obsessive behaviour, inattention to maintaining good hygiene, overeating or excessive drinking, sexual promiscuity, decreased interest in daily living activities, inability to interact in social situations or withdrawal from social interactions; emotional changes – sudden mood changes, lack of empathy, apathetic, rude, impatient and aggressive, poor attention span, failure to recognise changes in behaviour, lack of care about event and environment; language and speech changes – loss of speech/mutism, loss of vocabulary or finding correct word, difficulty speaking or understanding speech, echolalia, weak speech sounds, inability to read or write; neurological changes – memory loss, movement and coordination difficulties; physical changes; muscle rigidity, difficulty moving, weakness.
- Dementia with Lewy bodies: progressive cognitive decline; three defining features – fluctuations in alertness and attention, e.g. lethargy, drowsiness; recurrent visual hallucinations; Parkinson's motor symptoms, e.g. rigidity and loss of spontaneous movement.

continued

What needs to be learnt

- Huntington's disease:
  - o early symptoms – memory loss, confusion, changes in personality and mood including aggressive and antisocial behaviour, clumsiness or uncontrolled muscle movements, rigidity
  - o later symptoms – loss of rational thought, poor coordination, involuntary movements, difficulties with speaking and swallowing, weight loss, seizures, depression and anxiety.

Topic B.2 Effects of dementia

- Quality of life, e.g. fear, feeling of lack of control, loss of dignity, loss of identity, lack of involvement, invasion of privacy, losing own home, inability to communicate needs and preferences, social, loss of friends, loss of community involvement, difficulty in dealing with own finances, attitudes of others.
- Impact on health, e.g. increased risk of falls, nutrition, personal hygiene, reduced exercise.
- Increased likelihood of abuse, e.g. emotional, neglect, physical, sexual, financial, increased likelihood of injury or harm.

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What needs to be learnt

Learning aim C: Explore the role of care professionals who work with individuals who have dementia

Topic C1 The role of professionals who work with individuals who have dementia

Learners must have an understanding of the impact of the work done by each of the care professionals/organisations listed below on individuals experiencing dementia.

- Doctors: diagnosis, medication, monitoring the progress and stage of dementia, advice to family members.
- Specialist dementia nurses: supporting treatment, medication, communicating with people with dementia, organising activities, building self-esteem.
- Physiotherapists: assess service user needs, maintenance of the service users' ability to physically function independently.
- Occupational therapists and speech/language therapists: assessment of current capabilities, maintenance of everyday independence, planning and organisation of activities to support independence, assessment of communication abilities, support with communication processes between people with dementia and their carers.
- Health care assistants: support with washing, dressing, eating, supporting carers.
- Social services: liaising with families, assessment of the level of need in the home environment, home adaptations, organisation of respite care, advice on when and if to move the service user into residential care.
- Voluntary organisations: (Alzheimer's Society, Dementia UK, Age UK, Young Dementia UK), provision of informal support in the home environment, provision of information for service user families, linking the family of the service user with other people who have experience of dementia, advice, listening to service users family members.

Topic C2 Understand how care professionals and organisations can support and care for individuals with dementia

Learners must understand how the impact of the work done by care professionals and organisations can impact positively on individuals experiencing dementia. Learners must be able to relate all of the content listed below to the impact on individual service users.

- Principles and values underpinning support for individuals with dementia: respect, dignity, empowerment, promoting independence, focus on service users' strengths and abilities, building effective relationships, confidentiality.
- Communication with individuals experiencing dementia: use of voice, e.g. pitch, pace, tone; posture and attention to body language, patience, avoidance of direct questions, use of short and simple sentences, respect of personal space, use of physical contact to offer reassurance.
- Techniques of working with individuals experiencing dementia: creating positive interactions with service users, focusing on service user beliefs, take account of the service user's history, personal safety and the creation of safe physical environments, e.g. personal pendant alarms, door alarms in residential environments, hand rails, safe flooring.

continued

What needs to be learnt

- Activities to support individuals with dementia: physical: exercise, e.g. walking, dancing; social: e.g. music therapy, baking, artwork; alternative therapies: e.g. massage, aromatherapy; emotional: building self-esteem, maintaining independence, maintaining individuality; intellectual: reminiscence therapy.
- Maintaining diet and physical health: monitoring food intake, monitoring fluid intake, support with feeding.

Topic C3 Understand ways care professionals and organisations can support the families and carers of individuals with dementia

Learners must understand how the work conducted by care professionals and organisations, can impact positively on the families and carers of individuals experiencing dementia. Learners must be able to relate all of the content listed below to the impact on these groups.

- Professional planning and reviewing of the service user: diagnosis, monitoring progression of dementia, regular review.
- Involvement in decision making with care professionals: listening to family members, providing information, offering options, discussion of when residential care may be necessary, advocacy.
- The importance of early intervention: explanation of the diagnosis, medication options available for people with dementia, the benefits of early intervention for people with dementia.
- Respite care: offering families/family members breaks from caring for individuals with dementia, explaining the benefits of respite care for people with dementia, outlining respite options, e.g. daily, weekly.
- Residential care: public and private sector residential care options available, timing of placement in residential care, visiting options.
- Supporting carers with end of life care for people with dementia: outlining the likely progression of the condition, early consideration of end of life options, informed decision making about end of life care.
- The work of voluntary agencies, e.g. Alzheimer's Society: information giving, listening to carers' concerns, emotional support, support within the home environment, e.g. offering family members respite through home visits for short periods of time.

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the types and causes of dementia			
1A.1 Identify two types of dementia.	2A.P1 Describe the types of dementia.	2A.M1 Discuss the causes, of two different types of dementia, with reference to selected examples.	
1A.2 Outline the causes of two types of dementia	2A.P2 Describe the causes of dementia		
Learning aim B: Explore the signs, symptoms and effects of dementia			
1B.3 Identify the signs and symptoms of two different types of dementia.	2B.P3 Describe the signs and symptoms of the different types of dementia.	2B.M2 Compare the signs, symptoms and effects of two different types of dementia with reference to selected examples	2B.D1 Evaluate the impact of dementia on an individual, with reference to a selected case study.
1B.4 Identify the main effects of dementia on quality of life.	2B.P4 Describe the effects of dementia on the individual's quality of life, health and risk of abuse.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Explore the role of care professionals who work with individuals who have dementia			
1C.5 Identify the different care professionals and organisations that work with individuals experiencing dementia.	2C.P5 Describe the role of different care professionals and organisations who work with individuals experiencing dementia.	2C.M3 Using selected examples, compare the roles of two different care professionals or organisations who support individuals experiencing dementia, with reference to the different stages of dementia.	2C.D2 Evaluate the impact on individuals experiencing dementia and their carers and families of two selected care professionals or organisations.
1C.6 Identify the impact of the work of care professionals and organisations, on individuals experiencing dementia.	2C.P6 Describe the impact of the work of care professionals and organisations on individuals experiencing dementia.		
1C.7 Identify the impact of the work of care professionals and organisations, on the carers and families of individuals experiencing dementia.	2C.P7 Describe the impact of the work of care professionals and organisations on the carers and families of individuals experiencing dementia.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, for example by producing an information pack for new volunteers at a nursing home for individuals experiencing dementia. Alternatively, the unit could be assessed by two, smaller assignments, each addressing one learning aim, but based on the same scenario.

Learning aims A and B

At level 2, learners should be encouraged to conduct a small amount of research, in addition to the information provided by the teacher. An information pack on the types and causes of dementia would enable learners to meet 2A.P1 and 2A.P2,and this could be extended to include information on the signs, symptoms and effects of dementia to meet 2B.P3 and 2B.P4.

For 2A.M1, 2B.M2 and 2B.D1, learners could refer to either case studies provided by the teacher, obtained from professional magazines such as *The Nursing Times*, or alternatively, from characters in 'soaps' such as *EastEnders*, *Coronation Street* or similar television programmes. In addition, suitable case studies may be found, online, by researching the websites of organisations such as Dementia UK or the Social Care Institute for Excellence. The same case studies can be used for all three criteria.

For 2A.M1, learners must discuss the types and causes of at least two types of dementia referring to selected examples.

For 2B.M2, it is essential that learners compare the signs, symptoms and effects of two different types of dementia on two different individuals.

For 2B.D1, learners should base their work on one of the individuals considered in 2A.M1 and 2B.M2, and evaluate the impact of dementia in general, on that individual.

At level 1, learners could produce either a leaflet or a poster to meet the requirements of the assessment criteria.

Learning aim C

For level 2, learners could base their work on a case study relating the roles of professionals and the impact of professionals and organisations to this, in order to meet 2C.P5, 2C.P6 and 2C.P7.

Learners should refer to at least three professionals in health care and one in social care, to demonstrate their understanding, of the multi-faceted effects of dementia on the lives of individuals.

Learners should refer to both statutory and voluntary organisations when considering the impact of professionals and organisations on individuals, carers and families.

In order to achieve 2C.M3, learners must compare the roles of two different care professionals or organisations who support individuals with dementia, referring to the support provided at different stages of dementia. For 2C.D2, learners must expand this to include an evaluation of the impact of the support provided on individuals experiencing dementia, their carers and families.

For level 1, learners could base their work on a case study which has been selected by the tutor, or alternatively, produce work of a more general nature.

For 1C.5, learners could produce a poster which identifies the different professionals and organisations who work with individuals who are experiencing dementia. Learners should refer to professionals who work in both health and social care, and to statutory and voluntary organisations.

For 1C.6, learners are asked to identify the impact of the work of professionals and organisations on individuals who are experiencing dementia. A leaflet could be produced, to inform new volunteers at a care setting for individuals who have dementia.

For 1C.7, learners are asked to identify the impact of the work of professionals and organisations, on the carers and families of individuals experiencing dementia. Again, the evidence for this assessment criterion could be in the form of an information poster or leaflet.

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Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, , 2A.M1, 1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D1		You are a volunteer at a local residential setting for individuals who are experiencing dementia. You attend every Saturday morning. The manager would like someone to produce an information pack on dementia for new volunteers, and has asked you, because you are currently on a health and social care course. The pack should include information on: ● the types of dementia and their causes ● the signs and symptoms of different types of dementia ● the effects of dementia on the individual.	Information pack.
1C.5, 1C.6, 1C.7, 2C.P5, 2C.P6, 2C.P7, 2C.M3, 2C.D2		The manager is pleased with your work and has asked you to give a presentation to the new volunteers, on all of the following: ● the role of different professionals and organisations who work with individuals who are experiencing dementia ● the impact of the work of different professionals and organisations on individuals, their carers and families.	Verbal presentation. Observation record; fully completed and signed by the observing teacher. Presentation notes. Video recording of the presentation.

Unit 22: An Introduction to Basic First Aid

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Why learn first aid? Understanding and being able to perform first aid can ease pain, reduce disability, decrease recovery time – and you might just help save the life of someone you love and care for.

More accidents occur in the home than anywhere else, and for some people your workplace is their home! But first aid can be needed anywhere – in the home, the street, the supermarket, your school or college.

This unit introduces the reasons behind first aid, it will help you understand the important skill of observation and help give you the confidence to carry out first-aid procedures should the need arise. In an emergency there is no time to read instructions, so learning some of the basic procedures that you will cover in this unit will help you to react efficiently and effectively. First-aid skills are simple and easy to remember, and this unit will give you the knowledge and the opportunity to practise skills that can reduce pain, disability and recovery times. Your first-aid training will be invaluable to you, not only when caring for others within health and social care settings when you may be required to deal with accidents or sudden illness, but also in your everyday life – you never know when you might need it! Never be afraid to step forward to help someone. Your intervention could save a life.

While this unit will provide you with a knowledge of first-aid principles and procedures, it will not qualify you to receive a Health and Safety Executive approved first-aid qualification.

Recognition of prior learning

A first-aid certificate may be used as evidence against this unit provided that:

- the certificate was achieved within the validity period of the unit
- the original, authenticated certificate is presented to the assessor
- a photocopy of the verified certificate is retained in the learner's portfolio.

Learning aims

In this unit you will:

A explore the principles of first aid

B know how to assess and prioritise first aid in emergency situations

C explore basic first-aid procedures.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the principles of first aid
Topic A.1 Principles Learners must be aware of the principles of first aid and the impact of effective and ineffective application of these principles. ● Role and responsibilities of those administering first aid: to preserve, prioritise, protect (PPP), to preserve life and limit worsening of condition, to prioritise what action to take in treating the most serious condition first, to protect self, the casualty and others from further harm, e.g. injury, passing on infection; to know when, who and how to call for help, to pass on information, to promote recovery, to remain calm, to observe. ● Safe environments: approaching the casualty, checking for hazards, e.g. electricity, chemical spills, traffic. ● Limitations of first aid, e.g. to give emergency treatment only, not to deal with other underlying conditions, not checking for pulse (according to Resuscitation Council (UK) Guidelines). ● Risks to casualty, e.g. potential of making injuries worse, removing grit from eye. ● Risks to self: removing heavy weight from on top of a casualty, touching a casualty in contact with electrical current. ● The importance of understanding limitations: first aid does not take the place of professional medical treatment.
Learning aim B: Know how to assess and prioritise first aid in emergency situations
Topic B.1 Assessing and prioritising ● Assessing the safety of the scene, e.g. unknown electricity, water, ice, fire, gas, bodily fluids, traffic. ● Identifying as far as possible the injury or nature of the illness affecting the casualty. ● Primary assessment of the casualty/casualties (triage) to determine their condition. Using the AVPU scale (alert, voice, pain, unconscious) to assess airway, breathing, circulation (tissue colour, skin temperature), disability status, exposure to temperature, e.g. hypothermia. ● Checking for signs of bleeding, shock, fractures, burns, poisoning, talking to casualty if possible. ● Prioritising by being able to use assessment to decide actions to be taken, to summon appropriate help, speed of action, obtain appropriate assistance immediately without panic. ● Prioritising dangers to self, e.g. wearing gloves to avoid cross-infection with casualty, using a resuscitation mask. ● Use of chain of survival in suspected cardiac arrest – early access to advanced life support (ALS), e.g. phone first and fast, non-trauma and non-drowning adult assume heart problem, early cardiopulmonary resuscitation (CPR).

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What needs to be learnt

Learning aim C: Explore basic first-aid procedures

Topic C.1 Basic first-aid procedures

Learners must understand and demonstrate procedures (where practicable, e.g. simulations, role play) that might occur in the field of health and social care.

First-aid procedures

- Chain of survival: to preserve life, promote recovery and prevent deterioration.
- Recovery position, the procedure for positioning unconscious casualties.
- Procedures for managing shock.
- Procedures for cardiopulmonary resuscitation for a cardiac arrest.
- Procedures for choking adult/child/baby (relevant to workplace experience), casualty responsive or unresponsive.
- Procedures for treating sprains and strains: rest, ice, compression, elevation (RICE).
- Procedures for treating broken bones: prevent movement to the injury site.
- Procedures for treating burns and scalds: stop burning, e.g. by smothering flames, dousing with water, removing casualty from area, cool burn by applying cool or lukewarm water, minimise risk of infection by covering burn with cling film.
- Effects of heat and cold, e.g. hypothermia, hyperthermia, heatstroke, sunburn.
- Procedures for treating bruises, grazes, cuts, splinters: control of bleeding of, e.g. grazes, cuts, nose bleed, bleeding tooth-socket.
- Procedures for treating poisoning and allergic reactions, e.g. garden plants, overdose of medication, insect bite or sting; not causing the casualty to vomit.

Care of the casualty

- Continuing care, e.g. for a conscious/unconscious casualty until help arrives, recording information, passing on information, completing accident/incident report forms, aftercare for first-aiders.
- Recovery position: when person is unconscious but is breathing and has no other life-threatening conditions.

First-aid kit

- Ensuring correct contents of a first-aid kit, e.g. disposable gloves, saline cleansing wipes, sterile plasters (hypoallergenic if possible), sterile eye pads, scissors, triangular bandages, safety pins, large and medium individually wrapped unmedicated wound dressings, foil blanket.
- Items not included in a first-aid kit, e.g. tablets and medicines, medicated dressings.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the principles of first aid			
1A.1 List the role and responsibilities of the person administering first aid.	2A.P1 Describe the role and responsibilities of the person administering first aid.	2A.M1 Explain the risks and limitations of first aid, with reference to relevant examples.	2A.D1 Analyse the risks related to the delivery of first aid, with reference to a selected case study.
Learning aim B: Know how to assess and prioritise first aid in emergency situations			
1B.2 Identify the priorities to be taken at the scene of an incident.	2B.P2 Describe the steps taken to assess and prioritise at the scene of an incident.	2B.M2 Explain how to assess the scene of an incident and use the information to prioritise treatment of casualties.	2B.D2 Justify decisions made on the prioritisation of treatment of casualties, with reference to selected examples.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Explore basic first-aid procedures			
1C.3 Outline at least two first-aid procedures.	2C.P3 Describe at least five different first-aid procedures that should be carried out.	2C.M3 Explain, using examples, the different first-aid procedures that should be carried out for two different incidents.	2C.D3 Assess the different first-aid procedures.
1C.4 List the items that should be included in a first-aid kit.	2C.P4 Describe the items that should be included in a first-aid kit.		
1C.5 Demonstrate an appropriate first-aid procedure in a given scenario.	2C.P5 Demonstrate appropriate first-aid procedures in two given scenarios.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

Access to a manikin for simulation of resuscitation and choking manoeuvres is required for teaching this unit. Resources should be available for learners to demonstrate skills of applying bandages, slings, dressings, etc.

This unit will need to be delivered by a qualified teacher holding a current Health and Safety Executive approved first-aid certificate or equivalent qualification.

Recognition of prior learning

A first-aid certificate may be used as evidence against this unit provided that:

- the certificate was achieved within the validity period of the unit
- the original, authenticated certificate is presented to the assessor
- a photocopy of the verified certificate is retained in the learner's portfolio.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting, and explore incidents and accidents that might occur within or around that setting.

Learners could either choose the setting they are most interested in, or this can be set for them. It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners. Observations and witness testimony might be used to assess role-play or simulations.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. For 1C.5 and 2C.P5, detailed observation records/witness statements should be completed and retained for internal and external verification.

Learning aim A

For learning aim A, learners will investigate the principles of first aid. For 2A.P1, learners are required to describe the role and responsibilities of the person administering first aid. They must be able to describe these in general. For 2A.M1, learners will need to be able to give an explanation of the risks that a first-aider might be exposed to should they not protect themselves adequately, and how further harm could be caused if first-aid principles are not followed. Learners must also be able to explain some of the limitations of first aid. For 2A.D1, learners should be able to apply their understanding to a selected case study. This could be related to a health and social care setting or a more general setting. Learners should apply the theory to the specific situation, so the examples and the analysis should relate clearly to the situation they are given. For 1A.1, learners should be able to give a list of the roles and responsibilities of the first-aider.

Learning aim B

For learning aim B, learners will need to know how to assess and prioritise first aid in emergency situations. In assessing this learning aim, centres could use simulated situations in which case they would need to provide evidence by using digital recording backed up with observation records. The learning aim could also be assessed using written evidence such the production of posters or leaflets.

For 2B.P2, learners must be able to describe how they would assess a first-aid situation by giving a description of the steps they would take to ensure that the area was safe, and to assess the casualty's condition. For 2B.M2, learners would be able to expand on the description by explaining the reason that the assessment is carried out and how that information is used to prioritise the action taken. For 2B.D2, learners would be able to add to their explanation by justifying the decisions made by providing evidence related to a specific example of why this is the correct course of action.

For 1B.2, learners will need to be able to identify the priorities taken at the scene of an incident. Evidence for this could be a simple checklist.

Learning aim C

Learning aim C explores the basic first-aid procedures. Learners will be required to demonstrate that they can apply appropriate first aid in a simulated setting. They must demonstrate CPR using a resuscitation manikin. All learners are required to demonstrate CPR and putting a casualty into the recovery position.

For 2C.P3, learners should describe at least five different first-aid procedures covered in the content. Learners will be required to state what the correct procedure is for each of the conditions. For 2C.M3, learners will need to give explanations of how and why procedures are carried out, e.g. when giving first aid to a casualty with a burn(s) to a limb, the affected area should be held under cool water for ten minutes; this lowers the temperature and helps reduce tissue damage.

To achieve 2C.D3, learners must assess the procedures, so in addition to the explanation they will be required to give a judgement on the most important factors to take into consideration with their chosen course of action and suggest likely consequences of not taking appropriate action.

For 1C.3, learners must give a brief outline description of at least two first-aid procedures. This could be in the form of a checklist.

For 2C.P4, learners are required to describe the items that must be included in a first-aid kit and why they should be included. For 1C.4, learners will need to list appropriate items but will not be required to state why those items are included.

Both 1C.5 and 2C.P5 are practical assessments. For 1C.5, the recovery position should be demonstrated on a colleague in preference to the manikin. For 2C.P5, it would be appropriate to use the manikin to demonstrate cardiopulmonary resuscitation or abdominal thrusts; a colleague could be used to demonstrate some first-aid procedures, e.g. to control bleeding, to care for a fracture, sprain or strain, or the recovery position.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 2A.P1, 2A.M1,2A.D1	Introducing First Aid: Roles and Responsibilities	You are about to start your health and social care work placement. As part of the induction, you need to find out about first aid. Produce a poster with relevant examples that can be used in a wall display to shows what to do and what not to do if you are a first-aider. To ensure that it is very clear how this can be applied in a health and social care setting, illustrate your poster with relevant examples. Include an analysis of the risks and limitations of giving first aid, in relation to a particular situation.	Poster.
1B.2, 2B.P2, 2B.M2, 2B.D2	Emergency Situations in and Around the Workplace	Give a presentation to your group on assessing and prioritising first aid in emergency situations. Your presentations should include specific examples of incidents that you might meet in a named health and social care setting.	Verbal presentation and practical demonstrations with resources where appropriate (with signed observation record/witness testimony).

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Criteria covered	Assignment	Scenario	Assessment evidence
1C.3, 1C.4, 1C.5, 2C.P3, 2C.P4, 2C.P5, 2C.M3, 2C.D3	First-Aid Procedures	Produce an information pack or video which explains basic first-aid procedures for: ● sprains and strains ● managing shock ● fractures ● burns and scalds ● effects of heat and cold ● choking ● poisoning and allergic reactions. Demonstrate in a simulated situation: a) putting a casualty into the recovery position b) carrying out CPR using a resuscitation manikin. Put together a first-aid kit from the materials provided. Explain why you have included some items and left out other items.	Information pack or video. Demonstrations, with signed observation record or a witnessed checklist. Photograph of assembled first-aid kit. Observation record.

Unit 23: Food Safety in Health and Social Care

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Why do we study food safety? Surely food is safe as long as it is washed or is kept in the fridge? Unfortunately this is not always the case and people – carers and those cared for – can become ill and sometimes die because of a lack of food safety practices.

Food that looks, smells and tastes appetising and appealing might conceal food poisoning organisms that will make you unwell in a very short time.

Using the knowledge, understanding and skills that you will gain in this unit, you will learn how to ensure that those you care for are not harmed by the food they eat.

This unit introduces you to the causes of food poisoning and the need for safe selection, preparation and storage of food for all people in the health and social care sector.

You will investigate food safety practice and related procedures to ensure that you are able to apply the relevant theory to health and social care settings.

Recognition of prior learning

A food safety certificate may be used as evidence against this unit provided that:

- the certificate was achieved within the validity period of the unit
- the original, authenticated certificate is presented to the assessor
- a photocopy of the verified certificate is retained in the candidate's portfolio.

Learning aims

In this unit you will:

A investigate food safety in health and social care

B be able to demonstrate food safety practice in health and social care.

Learning aims and unit content

What needs to be learnt
Learning aim A: Investigate food safety in health and social care
Topic A.1 Food safety hazards Potential safety hazards: ● food poisoning organisms: bacteria, e.g. salmonella, E. coli, bacillus cereus, staphylococcus aureus; moulds; viruses ● physical and chemical contaminants, including foreign bodies, chemicals, food pests, e.g. rodents, flies, weevils, cockroaches, ants ● handling food: preparing, serving, clearing away and storing food and drink, e.g. storage of raw and cooked meat, fruit and vegetables, dairy products, ice cream and frozen products, tinned and dried products, herbs and spices; storing and serving food at correct temperatures ● unclean utensils and surfaces ● not using personal protective equipment (PPE), e.g. aprons, gloves, hairnets. ● untreated skin conditions, use of waterproof dressings ● poor personal hygiene and behaviour, e.g. smoking, combing hair in the kitchen, tasting food, coughing, sneezing. **Topic A.2 Procedures, processes and prevention** Learners must develop an understanding of the different processes and procedures aimed at promoting food safety. They must be able to evaluate the effectiveness of measures to maintain food safety in health and social care settings. ● Relevant codes of practice/legislation, e.g. The Food Safety Act, The Food Hygiene (England) Regulations, *Food handlers: Fitness to Work* (Food Standards Agency). ● Effective hand washing to prevent transfer of food poisoning organisms to food. ● Food selection: consideration of recipient's abilities, e.g. potential for choking, consideration of medical status, e.g. special diet, food allergies, reaction with medication, checking use-by dates. ● Food storage prior to and after preparation, prior to and after service: correct temperature control, defrosting, covering and packing, separation of raw and cooked food, storage times, use-by dates, monitoring food safety and quality, stock rotation. ● Preparing and cooking food: separate boards and utensils for different types of food, colour-coded chopping boards, ensuring food is cooked according to guidelines, e.g. not reheating more than once, following microwave instructions, ensuring frozen meat and poultry are thawed prior to cooking, cooking or reheating immediately before serving. ● Serving food: maintaining personal hygiene, excluding staff with food-poisoning symptoms, covering cuts or lesions, wearing protective clothing, safe disposal of food, cleaning as you go. ● Washing up: cleaning, disinfection, sterilisation.

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What needs to be learnt
Learning aim B: Be able to demonstrate food safety practice in health and social care
Topic B.1 Demonstrating food safety practice ● When and how to effectively wash hands: before food handling, between handling different types of food, after handling, e.g. dirty pots, cutlery, disposing of food, after touching hair or face, blowing nose, after using toilet, correct procedure for hand washing and drying, cleaning nails. ● Maintaining hygiene and cleanliness: personal protective clothing, cleaning and disinfection procedures for surfaces, utensils, equipment, e.g. chopping boards, cutlery, can openers, food processors, cloths, brushes, inappropriate personal clothing, e.g. jewellery, nail varnish. ● Food preparation, service and storing in ways that minimise risks to the safety of self and others in accordance with agreed procedures. ● Washing up: cleaning and disinfection using hot water and detergent.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate food safety in health and social care			
1A.1 Identify potential hazards to food safety that might be found in health or social care settings.	2A.P1 Using examples, describe potential hazards to food safety.	2A.M1 Explain the importance of correct handling of food to minimise risks from food safety hazards.	
1A.2 List the common causes of food poisoning.	2A.P2 Describe the common causes of food poisoning in health and social care, with reference to specific examples.		
1A.3 Identify procedures aimed at promoting food safety in health and social care settings.	2A.P3 Describe practices and procedures designed for promoting food safety in health and social care.	2A.M2 Explain how selected practices and procedures promote food safety in health and social care.	2A.D1 Evaluate the practices and procedures aimed at promoting food safety in a health and social care setting, making recommendations for improvements.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Be able to demonstrate food safety practice in health and social care			
1B.4 Demonstrate a selected practice or procedure aimed at ensuring food safety.	2B.P4 Demonstrate selected practices or procedures aimed at ensuring food safety.		
1B.5 Identify strengths and areas for improvement of the application of a selected food safety practice.	2B.P5 Describe the strengths and areas for improvement of selected examples of the application of food safety practices.	2B.M3 Explain the strengths and areas for improvement of selected examples of the application of food safety practices.	2B.D2 Evaluate the effectiveness of selected examples of the application of food safety practices, making recommendations for improvement.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

Learners should be able to access an appropriate area in which to demonstrate knowledge and skills.

Recognition of prior learning

A food safety certificate may be used as evidence against this unit provided that:

- the certificate was achieved within the validity period of the unit
- the original, authenticated certificate is presented to the assessor
- a photocopy of the verified certificate is retained in the candidate's portfolio.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting, and explore food safety practices that might, or might not, be implemented within or around that setting.

Learners could either choose the setting they are most interested in, or this can be set for them. It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners. Observations and witness testimony might be used to assess demonstrations, role play or simulations.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. Alternatively, learners could present their work for this unit as an information pack to be used as part of the induction or updating process for employees within the sector.

Learning aim A

For learning aim A, learners will investigate food safety in health and social care settings. They will be introduced to the concept of biological, physical and chemical contamination of food, but the focus should be on bacterial food poisoning and how it can be avoided.

For 2A.P1 and 2A.P2, learners will be able to clearly describe potential food safety hazards, for example pests (flies, ants, etc), chemicals (bleach, washing-up liquid etc), and the common causes of food poisoning (e.g. bacteria, moulds, etc) that might be found in health or social care settings. Examples from the media might be used to demonstrate that food safety is paramount, for example salmonella in a nursing home or provision of meat contaminated with E. coli from a butcher.

To achieve the Merit criterion, 2A.M1, learners should give reasons why it is important to ensure that food practices are carried out correctly, and what the consequences of food hazards or food poisoning might be, for example illness, death or closure of premises.

Learners' experiences or mini case studies could be used to introduce procedures and processes that are seen in health and social care settings. Application of codes of practice or legislation, for example The Food Safety Act, could be investigated and related to specific workplace or centre guidelines, so demonstrating theory in practice.

To achieve 1A.1 and 1A.2, learners need to identify potential hazards to food safety and give a list of common causes of food poisoning in health and social care settings.

To achieve 2A.P3, learners should give clear descriptions of at least two practices and procedures for promoting food safety in each of the following food areas: preparation, service and storage.

To achieve 2A.M2, learners need to explain a selection of the practices and procedures they have described in 2A.P3. For 2A.D1, learners should evaluate the effectiveness of practices and procedures to promote food safety in a health and social care setting, and make recommendations to improve them. Learners will need access to scenarios/case studies that enable them to make recommendations for improvement.

To achieve 1A.3, learners must identify procedures aimed at promoting food safety in health and social care settings, which could be achieved by completing a checklist.

Learning aim B

For 1B.4 and 2A.P4, demonstrations, simulations and role play using relevant resources will be required to meet the assessment criteria for this learning aim, for example effective hand washing, hygienic dress and behaviour while preparing or serving a snack, correct cleaning procedures following a light meal. Video evidence could also be used to capture learners' completion of assessment criteria in learning aim B.

An observation checklist identifying strengths and areas for improvement could be included with assessment for the demonstration; this would help provide evidence for 1B.5 and 2B.P5. Learners could engage in peer assessment of this activity, designing an appropriate checklist. This will consolidate their learning.

To achieve the Merit and Distinction criteria, 2B.M3 and 2B.D2, learners must give reasons why they use, for example, specific practices, dress or behaviour, and how and why those factors should be maintained or changed to ensure food safety principles.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1	Introducing Food Safety Hazards	You have been asked to supply your workplace with a selection of posters for the staff room. These will identify a variety of hazards that might cause food contamination and poisoning. The posters should be accompanied by brief written notes describing, for example, dirty hands carrying staphylococcus aureus. For the Merit criterion, you will provide a more detailed written leaflet that explains the importance of correct food handling, so minimising risks from hazards to food safety.	Illustrated pack.
1A.3, 2A.P3, 2A.M2, 2A.D1	Processes and Procedures in the Workplace	You are required to produce an illustrated storyboard or case study that promotes food safety practice in a health or social care setting. Stick-figures or original cut-and-paste methods accompanied by clear descriptions could be used for 2A.P3. For 2A.M2, clear written details and reasons should support how and why food safety procedures are conducted. 2A.D1 should include a detailed analysis of the effectiveness of the measures in place, and should make recommendations for necessary changes to ensure that practices and procedures are effective at promoting food safety.	Case study.

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Criteria covered	Assignment	Scenario	Assessment evidence
1B.4, 1B.5, 2B.P4, 2B.P5, 2B.M3, 2B.D2	Afternoon Tea	You must give a practical demonstration of the safe and hygienic preparation and serving of food or drink. The description for 2B.P5 should be accompanied by verbal or written explanations and a checklist that indicates areas of good food safety practice and areas for improvement. For 2B.M3, you will include a written self-evaluation of the practical activity which explains: ● reasons that support the areas of food safety practice to be maintained ● those areas to be improved on. To achieve 2B.D2, you will reflect on the observation records, self-evaluation and checklists to review your practical activity, giving examples and making recommendations that will improve food safety practice.	Role play or demonstration – peer assessment, witness or observation records or a video recording. A checklist identifying strengths and areas for improvement. Self-evaluation, written work. Written document.

Unit 24: Infection Control in Health and Social Care

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Did you know that the control and prevention of infection is an important part of the daily routine in many health and social care settings? These settings include NHS Trusts, residential and day care settings for older and young individuals, mental health hostels and drop-in centres for substance misusers.

You will have heard about people dying after being infected with MRSA. This is a hospital-acquired infection caused by bacteria that have developed resistance to a number of widely used antibiotics. Controlling and preventing infection saves many lives and increases the health and wellbeing of many more.

This unit will enable you to investigate the common types, causes and transmission routes of infection. This information will support you in your future career as a health or social care professional, but also in your home, when caring for family who are unwell.

While studying this unit, you will also learn about the roles and responsibilities of the care worker in preventing and controlling the spread of infection in all areas of health and social care.

This unit will inform you of the correct procedures for the reporting and recording of any accidents, incidents and spillages, which could lead to the spread of infection. Accidents easily happen, but knowing how to inform others, can often reduce the risks to service users and staff.

This unit will also enable you to explore the laws and regulations which form a framework, within which all health and social care workers must conduct their professional day. Often the spread of infection becomes an issue in health and social care, when someone does not comply with the rules and regulations which are there to protect both staff and service users. An example of this might be when food is not stored at the correct temperature, resulting in an outbreak of food poisoning. Another example might when gloves are not worn to change a dressing, and the individual then moves on to eat their lunch.

This unit relates to real situations and will help to prepare you for a career in health and social care.

Learning aims

In this unit you will:

A investigate common types, causes and routes of infection

B explore the roles, responsibilities, practices and procedures of the care worker in preventing and controlling infection

C understand the correct procedures for the reporting and recording of incidents, accidents and spillages

D explore the impact of current legislation, regulations and policies, on the prevention and control of infection.

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Learning aims and unit content

What needs to be learnt
Learning aim A: Investigate common types, causes and routes of infection
Topic A.1 Common types of infection: ● Bacterial infection caused by the invasion and multiplication of microorganisms in the body, e.g. E. coli, salmonella, MRSA. ● Viral infection caused by the presence of a virus in the body, e.g. influenza, the common cold. ● Fungal – an inflammatory condition caused by the presence of fungus on or in the body, e.g. athlete's foot, oral thrush. **Topic A.2 Common causes of infection** ● Cross-infection due to poor personal hygiene, e.g. not washing hands after using the toilet, before eating, before and after delivering personal care, changing dressings, not showering regularly, not washing hair regularly, not changing clothes/uniform regularly; inadequate hygiene routines in settings including cleaning of trolleys, work surfaces. ● Non-use/inaccurate use of personal protective equipment, (PPE), not using gloves, aprons, changing gloves and aprons between service users. ● Lowered immunity due to existing illness, e.g. acquired immune deficiency syndrome (AIDS), influenza in older service users. ● Suppressed immunity due to organ transplants, chemotherapy. ● Improper storage of food, leaving cooked food uncovered, storing raw food next to cooked food, not maintaining refrigerators at appropriate temperatures. ● Improper preparation and cooking of food including reheating food. ● Improper disposal of waste, including using colour-coded bags for biological waste, kitchen waste, infected dressings from wounds. ● Ineffective management of laundry, correct storage of soiled linen, use of personal protective equipment (PPE), when dealing with infected linen, not washing linen at recommended temperatures. **Topic A.3 Routes of transmission** ● Inhalation, e.g. breathing in airborne bacteria from coughs and sneezes ● Ingestion, e.g. from eating contaminated food ● Direct contact, e.g. breaks in skin due to injury, skin conditions, poor hand drying ● Use of dirty needles for substance misuse ● Physical contact with infected matter from wounds, bodily fluids ● Fomites – objects capable of transmitting organisms from one individual to another, e.g. face cloths, towels, bed linen ● The chain of infection – organism, reservoir, portal of exit, transmission, portal of entry, vulnerable hosts.

What needs to be learnt

Learning aim B: Explore the roles, responsibilities, practices and procedures of the care worker in preventing and controlling infection

Topic B.1 Roles and responsibilities

- Importance of the role of the care worker in preventing and controlling infection, e.g. continual contact with service users, awareness of risks when delivering personal care, modelling good practice to service users, modelling practice to other professionals within the setting.
- Maintenance of personal hygiene, including changing clothes/uniforms regularly, showering/bathing regularly, washing hair regularly, washing hands and ensuring clean nails.
- Safe disposal of waste, using colour-coded bags for different types of waste, biological, kitchen waste, infected matter, e.g. dressings, used plasters, needles.
- Safe disposal of laundry, storage in labelled bags, separation of infected from non-infected linen, washing at correct temperatures.
- Hand washing between care procedure following the six steps procedure.
- Complete drying of hands after washing, including spaces between each finger.
- Use of plasters to cover cuts.
- Care and treatment of chronic skin disorders, e.g. psoriasis, eczema.
- Correct use of personal protective equipment (PPE).
- Disinfection of surfaces including work surfaces, trolleys, surfaces for preparing dressings, sinks, showers and baths, surfaces used for preparing food and drink.
- Disinfection/cleaning of equipment.
- Cleaning of spillages.
- Reporting personal illness, staying away from work if infectious.
- Identification of potential risks and hazards.
- Accurate reporting and recording of accidents, incidents and spillages.
- Importance of following correct procedures when reporting and recording accidents, incidents and spillages, to provide colleagues with information in order to prevent and control the spread of infection.

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What needs to be learnt

Learning aim C: Understand the correct procedures for the reporting and recording of incidents, accidents and spillages

Topic C.1 Procedures for reporting and recording incidents, accidents and spillages

- Reporting to line manager, supervisor, infection control manager.
- The role of public health in cases of epidemic, communicable diseases.
- Completion of accurate records, using appropriate forms, documents in accordance with the rules of the setting, current legislation and regulations.
- Use of hazard warnings to prevent the spread of infection, due to incidents, accidents and spillages.

Learning aim D: Explore the impact of current legislation, regulations and policies, on the prevention and control of infection

Topic D.1 Current and relevant legislation, e.g. relevant sections of:

- Health and Social Care Act
- Food Safety Act
- Health and Safety at Work etc Act.

Topic D.2 Regulations, e.g. relevant sections of:

- Control of Substances Hazardous to Health (COSHH) Regulations
- Food Hygiene Regulations
- RIDDOR, (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

Topic D.3 Impact of the legal framework within health and social care settings

- Implementation of standardised procedures and policies of individual organisations and settings, to reduce instances of poor practice.
- Provision of measures to monitor compliance by individuals and organisations, to relevant legislation and regulations, e.g. minimum standards, establishment of infection control teams within individual settings, regular inspections by Care Quality Commission, Food Standards Agency.
- Reduction of infection rates within health and social care settings, by providing guidance on good practice.
- Enforcement of government health targets for the prevention and control of infection, in order to reduce numbers of preventable deaths due to, e.g. MRSA, *C. difficile*, salmonella, *E. coli*.

Public Health England – providing an integrated approach to protecting UK public health through the provision of support, advice and training to:

- the NHS, local authorities
- emergency services
- the Department of Health.

continued

What needs to be learnt
The role of the Food Standards Agency – working with local authorities to enforce food safety in organisations including: ● NHS Trusts ● hospices ● nursing homes ● residential care homes ● day care centres.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate common types, causes and routes of infection			
1A.1 Outline one bacterial, one viral and one fungal infection.	2A.P1 Referring to two examples for each type, describe what is meant by bacterial, viral and fungal infections.		
1A.2 Identify the common causes of infection.	2A.P2 Describe common causes of infection.		
1A.3 State the main transmission routes of infection.	2A.P3 Describe the main transmission routes of infection.	2A.M1 Explain the process of transmission through the chain of infection, of two different types of infection.	2A.D1 Analyse the benefits to individuals, of understanding the chain of infection, in preventing the transmission of infection.
Learning aim B: Explore the roles, responsibilities, practices and procedures of the care worker in preventing and controlling infection			
1B.4 Outline the roles and responsibilities of care workers, in preventing and controlling infection.	2B.P4 Describe the roles and responsibilities of care workers, in preventing and controlling infection.	2B.M2 With reference to selected examples, discuss the importance of the role of the care worker, in preventing and controlling infection.	2B.D2 With reference to selected examples, evaluate the importance of the role of the care worker, in preventing and controlling infection.

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Understand the correct procedures for the reporting and recording of incidents, accidents and spillages			
1C.5 State the correct procedure for reporting and recording incidents, accidents and spillages in a health or social care setting.	2C.P5 Describe the correct procedures for reporting and recording incidents, accidents and spillages in a health or social care setting.	2C.M3 With reference to selected examples, explain the importance of using the correct procedure when reporting incidents, accidents and spillages in health and social care settings.	2C.D3 With reference to selected examples, assess the potential effects of not following correct procedures when reporting and recording incidents, accidents and spillages in health and social care settings.
Learning aim D: Explore the impact of current legislation, regulations and policies, on the prevention and control of infection			
1D.6 Identify two pieces of legislation and one set of regulations which support the prevention and control of infection in health and social care settings.	2D.P6 Describe the impact of two pieces of legislation and two sets of regulations which contribute to the prevention and control of infection in health and social care settings.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

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Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal Assessment.*

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting and explore the application of prevention and infection control measures within that setting. Alternatively, assignments could be set within different health and social care settings, to provide the learner with the opportunity to explore the application of such measures within different sections of the health and social care services.

For learning aim A and learning aim B, the assessment could be based on case studies designed to cover the requirements of the assessment criteria. This would enable learners to apply the knowledge and understanding gained, to 'real life' situations. Alternatively, the assessment could be based on high-profile cases drawn from the media, where infection has spread, leading to severe illness and loss of life.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation which is recorded by the teacher. Detailed observation records/witness testimonies should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods are employed when assessing this unit to allow learners to develop and utilise a clear understanding of the issues involved in the prevention and control of infection.

Learning aims A and B

For 2A.P1, learners are expected to define what is meant by the terms bacterial, viral and fungal infections, referring to two examples for each type. Although some infections may have bacterial and viral forms, for example, meningitis, learners should choose different diseases, for each form, to demonstrate a broad understanding of the topic. It is possible to link 2A.P2 with 2A.P1, with learners describing the different causes for the infections they have already produced evidence for.

To achieve 2A.P3, learners must describe all of the transmission routes for infection listed in the unit content; this assessment criterion could also be linked with the previous two assessment criteria, linking this to their chosen examples. For 2A.M1, learners could then extend their work to explain the process of transmission through the chain of infection, for two of their chosen examples in 2A.P1, and for 2A.D1, evaluate the benefits to individuals of having an understanding of the chain of infection when working, in preventing the transmission of infection.

For 1A.1, learners must identify one bacterial, one viral and one fungal infection; for 1A.2, identify the common causes of infection and for 1A.3, state the main transmission routes of infection. All of this could be presented as either a poster or a leaflet.

For 2B.4, learners must describe the roles and responsibilities of the care worker in controlling and preventing infection; for 2B.M2 they must extend their work to discuss the importance of the role of the care worker in preventing and controlling infection in health and social care settings and for 2B.D2, learners evidence must consist of an evaluation of the importance of the role of the care worker, in preventing and controlling infection. In order to meet 2B, D2, learners must demonstrate an understanding of the level of importance, rather than merely providing examples.

The evidence for learning aim B could be presented as an extension to that for learning aim A; linking the roles and responsibilities of workers, to the infections and transmission routes covered there.

For 1B.4, learners are asked to outline the roles and responsibilities of care workers, in preventing and controlling infection.

Learning aims C and D

Some of the work for these two learning aims could be presented as a report, linked to the case study(s) used for learning aims A and B.

Learners could apply the legislation and regulations included in learning aim D to the reporting and recording of incidents, accidents and spillages included in learning aim C.

For 2C.P5, learners must describe the correct procedures for reporting and recording incidents, accidents and spillages in a health or social care setting. For 2D.P6, Learners should choose the relevant sections of two pieces of legislation and two sets of regulations and apply them to the procedures referred to in 2C.P5, describing the impact of their role in the prevention and control of infection.

Learners could then extend their work by referring to two selected examples to explain the potential impact on individuals, when the correct procedure for reporting incidents, accidents and spillages is not applied in a health or social care setting (2C.M3). Learner evidence should be centred around the control and prevention of infection.

A further extension of the evidence, to include an evaluation of the potential impact on individuals when procedures are not accurately applied, referring to one selected example, would meet 2C.D3.

For 1C.5, learners must state the correct procedure for reporting and recording incidents, accidents and spillages in a health and social care setting, and for 1C.6, identify two pieces of legislation and one set of regulations which support infection prevention and control in health and social care settings. This could be presented as a poster.

The learner evidence could be extended to discuss the role of regulatory bodies as part of the legal framework, in monitoring compliance and extended further to assess the role of regulatory bodies, referring to two selected examples, which could be drawn from a previous case study.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 1A.3 2A.P1, 2A.P2, 2A.P3, 2A.M1, 2A.D1 1B.4, 2B.P4, 2B.M2, 2B.D2 1C.5, 2C.P5, 2C.M3, 2C.D3 1D.6, 2D.P6	Preventing and Controlling Infection in Health and Social Care Settings	You are a care assistant working at the Firs Residence for older people. Many of the residents are frail and vulnerable to picking up infections. You have just attended a course on the prevention and control of infection in the residential care of older people. Your manager would like you to use what you have learnt on the course by producing an information pack for staff. Your pack should include: • the main types of infection • causes of infection • transmission routes • the roles and responsibilities of care workers in supporting the prevention and control of infection • the correct procedures for reporting and recording incidents, accidents and spillages and the importance for following these • reference to the impact of appropriate, current and relevant legislation and regulations	Information pack; the pack could include handouts, PowerPoint® presentation with notes, a report, booklet or leaflet. Presentations must be supported by a fully completed observation record signed and dated by the observing tutor.

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Unit 25: Using ICT in Health and Social Care

Level: **1 and 2**

Unit type: **Optional Specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

How is information and communications technology (ICT) used in the health and social care workplace? What are the benefits and implications of using it? How can common ICT software packages and applications be used to find and present information?

Health and social care workers use ICT to communicate information to colleagues, to service users and their families, to present information such as results of research, data, care plans, to keep records, for example service user notes, to manage resources such as availability of hospital beds and equipment and to manage appointments.

In this unit, you will explore how ICT is used in different health and social care workplaces and the factors that affect how it is used, for example the purpose of using it, legal and security requirements, and how it is used to reach the intended target audience. You will also look at the disadvantages of using ICT and the problems that relying on ICT can cause in the health and social care workplace.

You will demonstrate ICT skills in a health and social care workplace context, for example using the internet and email to search for and find information, managing files and using word-processing and spreadsheet software to present and communicate information.

By studying this unit, you can gain important transferable skills (skills that can be used in many different areas) that are highly valued by employers in the health and social care sector.

Learning aims

In this unit you will:

A investigate the use of ICT in the health and social care workplace

B use common ICT software packages and applications in health and social care-related contexts to find information

C use common ICT packages and applications in health and social care-related contexts to present and communicate information.

Learning aims and unit content

What needs to be learnt
Learning aim A: Investigate the use of ICT in the health and social care workplace
Topic A.1 The various uses of ICT in the health and social care workplace and associated benefits and problems Use of ICT in the health and social care workplace to: ● search for, find and interpret information, e.g. finding information on services, treatment, symptoms on internet, specialist applications giving information on treatment, symptoms ● present and communicate information on use of ICT for correspondence with service users and carers, presentation of reports showing data and/or research results, presentation of care plans, specialist communication systems for those with communication needs, specialist applications to assist communication among professionals ● record and store information, e.g. service users' care plans, medical records ● provide services using technology, e.g. appointment bookings, online services (NHS website, NHS non emergency advice) ● provide specialist services, e.g. payment facilities, stock control. Benefits of using ICT in the health and social care workplace, including: ● increasing access to services in terms of coverage and speed ● fostering communication ● increasing efficiency in data management ● improving provision of services. ● Problems with using ICT in the health and social care workplace, including: o the server going down, e.g. resulting in loss of information, inability to process information o lack of personal contact, e.g. when using automated systems o not challenging the data produced through ICT and assuming it is correct o additional volume of information caused by increased speed of input/output. **Topic A.2 Factors that need to be considered when using ICT in the health and social care workplace** ● Purpose, e.g. to inform, to persuade. ● Intended audience (internal and external) when communicating information and creating documents, e.g. colleague, service user, carer, general public. ● Meeting legal requirements for the storage and use of data. ● Maintaining security of data, including confidentiality, consumer protection, avoiding data corruption. ● Current and relevant legislation, e.g. Data Protection Act, Computer Misuse Act, Freedom of Information Act, Copyright, Designs and Patents Act.

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What needs to be learnt

Learning aim B: Use common ICT software packages and applications in health and social care-related contexts to find information

Topic B.1 Using the internet and email to search for and find information

Using the internet to search for and find relevant information in a health and social care context, including:

- finding and using websites – based on teacher direction or own research
- using search engines with teacher-supplied terms or own search terms
- downloading information, e.g. pictures, data, text
- referencing sources
- checking validity of websites, e.g. date, source, reliability.

Using emails to find relevant information in a health and social care context, including:

- finding and using email addresses
- sending, forwarding and receiving emails
- saving and archiving emails
- managing emails, including folders
- dealing with junk emails, email lists
- devising appropriate email content (e.g. questions, questionnaires, appropriate tone of voice and language) to generate information required from recipients.

Topic B.2 Using file management to store information in a health and social care context

- Saving and retrieving information.
- Keeping information secure through use of usernames and passwords.
- Allocating appropriate filenames.
- Creating coherent folder structures.
- Maintaining version control of documents and backing up information.
- Other security measures, e.g. virus protection, firewall, encryption, security questions.

What needs to be learnt

Learning aim C: Use common ICT packages and applications in health and social care-related contexts to present and communicate information

Topic C.1 Using software to present and communicate information

Using word-processing software to present and communicate information in health and social care-related contexts, including:

- creating and using documents
- entering, moving around, inserting and deleting text
- formatting features, including for text characters, paragraphs, images
- editorial features, including spellcheck, grammar check
- document types, e.g. letter, form, agenda, minutes, report, promotional
- formatting features, including for headers and footers, tables, charts, page layout
- editorial features, including Thesaurus, Comments, Track Changes.

Using spreadsheet software to present and communicate information in health and social care-related contexts, including:

- entering and editing health and social care-related data on single sheets and multiple sheets in a workbook
- formatting features, including for font, alignment, borders, colour and shading, data type, e.g. currency, percentage
- formatting features, including charts and graphs, titles, axis labels, legend
- common functions, e.g. sum, average
- complex functions with use of Wizard, e.g. IF, count, max
- simple formulae, e.g. add, subtract, multiply, divide
- complex formulae, e.g. involving use of at least two operators, pay calculation, VAT, compound interest
- creating charts and graphs, e.g. pie chart, bar chart, single line graph, scatter diagram, 2-D/3-D.

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Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate the use of ICT in the health and social care workplace			
1A.1 Outline how ICT is used in a given health and social care workplace.	2A.P1 Explain how ICT is used in two contrasting health and social care workplaces to benefit organisations and individuals.	2A.M1 Assess the implications of relying on the use of ICT in a given health and social care workplace.	2A.D1 Evaluate, through relevant examples, the range of benefits and uses of ICT in a given health and social care workplace to both the organisation and individuals.
1A.2 Identify the factors that need to be considered when using ICT in a given health and social care workplace.	2A.P2 Describe the factors that need to be considered when using ICT in a given health and social care workplace.	2A.M2 Assess how current and relevant legislation affects the use of ICT in a given health and social care workplace.	

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Use common ICT software packages and applications in health and social care-related contexts to find information			
1B.3 Use the internet and email, with guidance, to select information from given sources that is appropriate in a given health and social care context. #	2B.P3 Use the internet and email to research and select information to meet objectives in a given health and social care context. #	2B.M3 Use the internet and email securely to research and select appropriate information from a range of sources to meet objectives in a given health and social care context. #	2B.D2 Assess the appropriateness of sources used and information selected from internet and email research to meet objectives in a given health and social care context. #
1B.4 Store and save electronic files correctly in a given health and social care context.	2B.P4 Store and manage electronic files appropriately when meeting objectives in a given health and social care context.		

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Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: Use common ICT packages and applications in health and social care-related contexts to present and communicate information			
1C.5 Use an ICT software package, with guidance, in a given health and social care context to present information clearly and accurately. * #	2C.P5 Use two different ICT software packages to present and communicate different types of information clearly and accurately in two contrasting health and social care contexts. * #	2C.M4 Use two different ICT software packages to present and communicate information within a health and social care context to a defined audience. * #	2C.D3 Use two different ICT software packages to present and communicate information within a health and social care context to a defined audience, using common and complex functions. * #

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

The resources required for this unit are as follows:

- PC
- internet and email access
- word-processing and spreadsheet software (ideally the latest version available, reflecting that commonly used in offices).

It is expected that learners will have basic familiarity with the PC, the operating system and the version of the software that they use.

Assessment guidance

This unit is assessed internally by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

Learners should be assessed via centre-devised assignments. Assignments must be set within a health and social care context and teachers should ensure that assignments involve a variety of assessment methods to engage and motivate learners.

Teachers can either create one holistic assignment to assess all assessment criteria within a level or several smaller assignments.

This unit can be co-assessed with one of the optional specialist units, for example *Unit 15: Carrying Out a Research Project in Health and Social Care*. Learners could research, present and communicate information, using ICT to meet the expected outcomes of this optional specialist unit.

Learning aim A

To achieve 2A.P1, learners must explain how ICT is used in two contrasting health and social care settings, and how these benefit the organisations and the individuals who use them. For 2A.P2, they must describe factors to be considered when using ICT in a given health and social care workplace such as the purpose, intended audience, confidentiality and security of information. Learners can achieve 2A.M1 through further consideration of the implications of relying on ICT such as a lack of personalised service, and a consideration of the effects of legislation such as data protection is required for 2A.M2. A further evaluation of the benefits of the use of ICT is required for 2A.D1, such as increased efficiency or improved access to services.

For 1A.1 and 1A.2, an outline explanation of how ICT is used in a given health and social care workplace and identification of factors to be considered when using ICT are required.

Learning aims B and C

At level 2 for 2B.P3, learners are expected to carry out their own research in a given health and social care context, using the internet and email. Learners should email others to find information, for example through a questionnaire.

For 2B.P4, learners should store and manage electronic files in a given health and social care context, following given protocols to safeguard confidentiality and security.

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To meet 2B.M3, learners should use the internet and email to meet objectives, for example to carry out research in preparation for taking part in a meeting they have organised. For 2B.D2, they should assess the appropriateness of two different internet sources for their research. Level 2 learners must demonstrate their technical IT skills within a health and social care context to achieve the criteria.

Level 1 learners should be supported by the teacher when searching for and finding information using the internet and email for 1B.3. Teachers should give learners a list of suitable websites and suggest suitable terms to use in search engines. Teachers should also give guidance on the people and organisations learners could email for information. Level 1 learners will be expected to demonstrate their technical IT skills within a health and social care context.

For 1B.4, learners must be observed storing and saving electronic files correctly in a health and social care context according to given protocols.

For 2C.P5, learners must use two different ICT software packages (i.e. a word processing package and a spreadsheet package) to present and communicate information on two contrasting health and social care topics. To achieve 2C.M4, the information should be specifically targeted to a particular audience, with the use of complex functions added for 2C.D3.

Practical observations, for example of learners using the internet and email, or managing files, must be evidenced with a signed witness testimony. These can be supplemented with additional evidence, for example screenshots. Learners must include within their evidence a list of website references (supplied by the teacher or learner, depending on the level).

Verbal evidence, for example presentations or question and answer sessions, must be evidenced with a signed witness testimony along with a written transcript recording what was said.

Signed teacher observation records and learner evidence need to be retained for internal and standards verification.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.M2, 2A.D1	Uses of ICT in the Workplace	You are required to investigate the uses of ICT in the health and social care workplace. You can do this by creating an article about the uses and benefits of ICT in two specific workplaces, e.g. a local carers' centre, a dentist's surgery. You must include how ICT benefits these organisations and the individuals working for them. Furthermore, you should describe factors that need to be considered when using ICT in a health and social care workplace, e.g. legal requirements such as those relating to health and safety and security of data and confidentiality.	Written article.

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Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 1C.5, 2B.P3, 2B.P4, 2C.P5, 2B.M3, 2C.M4, 2B.D2, 2C.D3	Finding and Presenting Information Using ICT	To provide the necessary evidence for this section of the unit, you need to use common ICT software and applications. You should use the internet and email to research and select information for a specific purpose, e.g. to present a report on the purpose of a particular local health and social care service or to find a venue and suitable date for a meeting. You also need to store and manage electronic files to meet specific objectives. For example, you could meet this requirement by storing and managing the documents required for the meeting in *Unit 15: Carrying Out a Research Project in Health and Social Care* electronically. You should use two different ICT packages, i.e. a word processing package and a software package, to present and communicate information clearly and accurately.	Signed witness testimony/observation. Word-processed report containing spreadsheet(s). List of website resources. Screenshots.

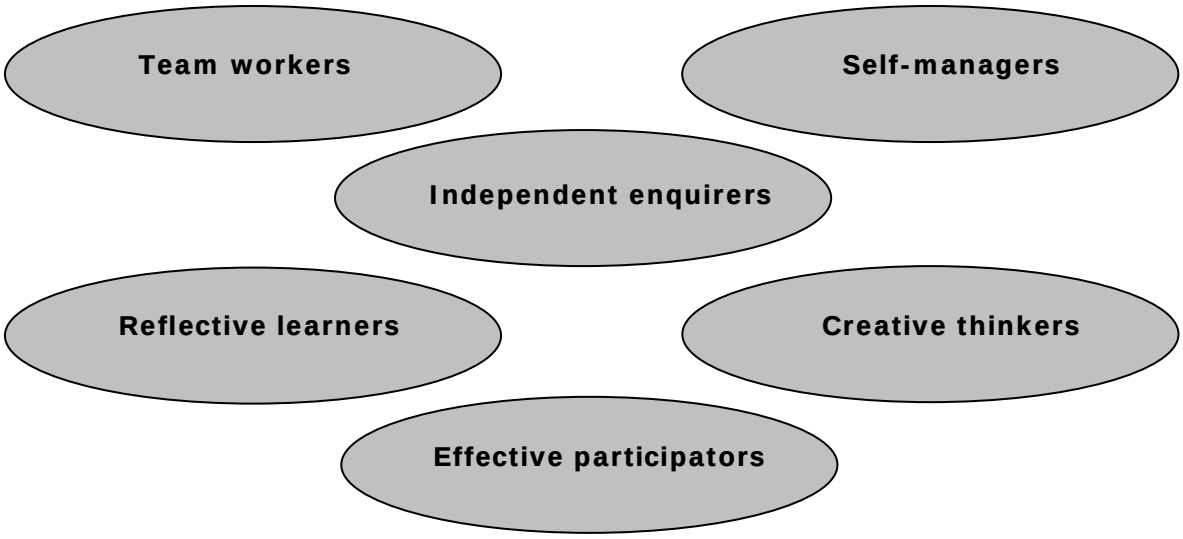
Annexe A

Personal, learning and thinking skills

A FRAMEWORK OF PERSONAL, LEARNING AND THINKING SKILLS 11–19 IN ENGLAND

The framework comprises six groups of skills that are essential to success in learning, life and work. In essence, the framework captures the essential skills of: managing self; managing relationships with others; and managing own learning, performance and work. It is these skills that will enable young people to enter work and adult life confident and capable.

The titles of the six groups of skills are set out below.



For each group, there is a focus statement that sums up the range of skills. This is followed by a set of outcome statements that is indicative of the skills, behaviours and personal qualities associated with each group.

Each group is distinctive and coherent. The groups are also interconnected. Young people are likely to encounter skills from several groups in any one learning experience. For example, an independent enquirer would set goals for their research with clear success criteria (reflective learner) and organise and manage their time and resources effectively to achieve these (self-manager). In order to acquire and develop fundamental concepts such as organising oneself, managing change, taking responsibility and perseverance, learners will need to apply skills from all six groups in a wide range of learning contexts.

The skills

Independent enquirers
Focus: Young people process and evaluate information in their investigations, planning what to do and how to go about it. They take informed and well-reasoned decisions, recognising that others have different beliefs and attitudes.
Young people: ● identify questions to answer and problems to resolve ● plan and carry out research, appreciating the consequences of decisions ● explore issues, events or problems from different perspectives ● analyse and evaluate information, judging its relevance and value ● consider the influence of circumstances, beliefs and feelings on decisions and events ● support conclusions, using reasoned arguments and evidence.

Creative thinkers
Focus: Young people think creatively by generating and exploring ideas, making original connections. They try different ways to tackle a problem, working with others to find imaginative solutions and outcomes that are of value.
Young people: ● generate ideas and explore possibilities ● ask questions to extend their thinking ● connect their own and others' ideas and experiences in inventive ways ● question their own and others' assumptions ● try out alternatives or new solutions and follow ideas through ● adapt ideas as circumstances change.

Reflective learners
Focus: Young people evaluate their strengths and limitations, setting themselves realistic goals with criteria for success. They monitor their own performance and progress, inviting feedback from others and making changes to further their learning.
Young people: ● assess themselves and others, identifying opportunities and achievements ● set goals with success criteria for their development and work ● review progress, acting on the outcomes ● invite feedback and deal positively with praise, setbacks and criticism ● evaluate experiences and learning to inform future progress ● communicate their learning in relevant ways for different audiences.

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Team workers

Focus:

Young people work confidently with others, adapting to different contexts and taking responsibility for their own part. They listen to and take account of different views. They form collaborative relationships, resolving issues to reach agreed outcomes.

Young people:

- collaborate with others to work towards common goals
- reach agreements, managing discussions to achieve results
- adapt behaviour to suit different roles and situations, including leadership roles
- show fairness and consideration to others
- take responsibility, showing confidence in themselves and their contribution
- provide constructive support and feedback to others.

Self-managers

Focus:

Young people organise themselves, showing personal responsibility, initiative, creativity and enterprise with a commitment to learning and self-improvement. They actively embrace change, responding positively to new priorities, coping with challenges and looking for opportunities.

Young people:

- seek out challenges or new responsibilities and show flexibility when priorities change
- work towards goals, showing initiative, commitment and perseverance
- organise time and resources, prioritising actions
- anticipate, take and manage risks
- deal with competing pressures, including personal and work-related demands
- respond positively to change, seeking advice and support when needed.

Effective participators

Focus:

Young people actively engage with issues that affect them and those around them. They play a full part in the life of their school, college, workplace or wider community by taking responsible action to bring improvements for others as well as themselves.

Young people:

- discuss issues of concern, seeking resolution where needed
- present a persuasive case for action
- propose practical ways forward, breaking these down into manageable steps
- identify improvements that would benefit others as well as themselves
- try to influence others, negotiating and balancing diverse views to reach workable solutions
- act as an advocate for views and beliefs that may differ from their own.

Summary of the PLTS coverage throughout the programme

This table shows where units support the development of personal, learning and thinking skills.

Key:

✓ indicates opportunities for development

a blank space indicates no opportunities for development

Unit	Personal, learning and thinking skills					
	Independent enquirers	Creative thinkers	Reflective learners	Team workers	Self-managers	Effective participators
1	✓					
2	✓	✓				
3	✓	✓		✓		
4	✓					
5	✓	✓			✓	✓
6	✓	✓				
7	✓	✓				
8	✓	✓				✓
9	✓	✓				
10	✓	✓				
11	✓	✓				✓
12	✓	✓		✓	✓	✓
13	✓	✓	✓		✓	✓
14	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓
16	✓	✓	✓			
17	✓	✓	✓	✓	✓	✓
18	✓	✓	✓			
19	✓					
20	✓	✓				
21	✓		✓			
22	✓					
23	✓		✓			
24	✓		✓			
25	✓	✓				

Annexe B

Level 2 Functional Skills

Functional Skills standards for English Level 2

Speaking, listening and communication
Make a range of contributions to discussions in a range of contexts, including those that are unfamiliar, and make effective presentations
Reading
Select, read, understand and compare texts and use them to gather information, ideas, arguments and opinions
Writing
Write a range of texts, including extended written documents, communicating information, ideas and opinions, effectively and persuasively

Functional Skills standards for mathematics Level 2

Representing
1. Understand routine and non-routine problems in familiar and unfamiliar contexts and situations 2. Identify the situation or problems and identify the mathematical methods needed to solve them 3. Select a range of mathematics to find solutions
Analysing
1. Apply a range of mathematics to find solutions Use appropriate checking procedures and evaluate their effectiveness at each stage
Interpreting
Interpret and communicate solutions to multistage practical problems in familiar and unfamiliar contexts and situations Draw conclusions and provide mathematical justifications

Functional Skills standards for ICT Level 2

Using ICT
1. Plan solutions to complex tasks by analysing the necessary stages 2. Select, interact with and use ICT systems safely and securely for a complex task in non-routine and unfamiliar contexts 3. Manage information storage to enable efficient retrieval
Finding and selecting information
1. Use appropriate search techniques to locate and select relevant information 2. Select information from a variety of sources to meet requirements of a complex task
Developing, presenting and communicating information
1. Enter, develop and refine information using appropriate software to meet requirements of a complex task 2. Use appropriate software to meet the requirements of a complex data-handling task 3. Use communications software to meet requirements of a complex task 4. Combine and present information in ways that are fit for purpose and audience 5. Evaluate the selection, use and effectiveness of ICT tools and facilities used to present information

Mapping to Level 2 Functional Skills

This table shows where a **learning aim** in a unit is of particular relevance for learners being prepared for assessment in Functional Skills in English, mathematics and/or ICT at Level 2. Centres may identify further opportunities arising in their own programmes in addition to those identified below, for example group work, research, employment-related activities and work experience.

Key: a letter, e.g. A, indicates the learning aim where there are opportunities for development; a blank space indicates no opportunities for development

	English			Mathematics			ICT		
Unit	**Speaking, listening and communication**	**Reading**	**Writing**	**Representing**	**Analysing**	**Interpreting**	**Using ICT**	**Finding and selecting information**	**Developing, presenting and communicating information**
1									
2			A B						
3	C								
4	C		C						
5			B					B	B
6			B						B
7									
8									
9									
10			B			B			B
11									

Unit	English			Mathematics			ICT		
	Speaking, listening and communication	Reading	Writing	Representing	Analysing	Interpreting	Using ICT	Finding and selecting information	Developing, presenting and communicating information
12	C		C					C	
15		A, B, C	A, B, C		A	A		A, C	C
16	C, D		C						
17	C, D		C						
18						A, C			
19	B								
20									
21									
22									
23		A							
24									
25				C			B, C	B	C

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Annexe C

Synoptic assessment

Synoptic assessment in these qualifications is embedded throughout the assessment criteria across the units of study. The mandatory units provide the essential knowledge, understanding and skills required in the health and social care sector and underpin the content of the optional specialist units.

In addition, there is a further mandatory unit, *Unit 15: Carrying out a Research Project in Health and Social Care,* that is specifically designed to allow learners to draw together all the themes and skills gained from other units of study and apply them to planning and carrying out a project.

Learners studying this qualification are able to demonstrate a number of synoptic approaches towards meeting the assessment criteria. These include:

- showing links and holistic understanding/approaches to units of study from the specification, for example between *Unit 2: Health and Social Care Values* and *Unit 12: Creative and Therapeutic Activities in Health and Social Care* or *Unit 9: Healthy Living* and *Unit 6: the Impact of Nutrition on Health and Wellbeing*.
- being able to interrelate overarching concepts and issues, bringing together their health and social care knowledge, to apply knowledge, understanding and skills, for example *Unit 12: Creative and Therapeutic Activities in Health and Social Care, Unit 16: Vocational Experience in Health and Social Care*, or *Unit 17: Community Volunteering in Health and Social Care*.
- drawing together and integrating knowledge, understanding and skills across different units, in order to develop an appreciation of how topics relate to one another, and how each may contribute to different health and social care contexts or situations and to the world of Health and Social Care, for example between *Unit 1: Human Lifespan Development, Unit 9: Healthy Living* and *Unit 10: Human Body Systems and Care of Disorders*.
- making and applying connections to particular Health and Social Care contexts or situations
- demonstrating their ability to use and apply a range of different methods and/or techniques, such as in *Unit 3: Effective Communication in Health and Social Care.*
- being able to put forward different perspectives and/or explanations to support decisions they have made or evidence they have presented
- being able to suggest or apply different approaches to contexts or situations or in the effective tackling of specific health and social care-related issues.
- synthesising information gained from studying a number of different Health and Social Care activities for example *Unit 16: Vocational Experience in Health and Social Care,* or *Unit 17: Community Volunteering in Health and Social Care.*
- applying knowledge, skills and understanding from across different units to a particular health and social care situation, issue or case study
- using specialist health and social care terminology where appropriate
- demonstrating use of transferable skills, for example in *Unit 2: Health and Social Care Values, Unit 3: Effective Communication in Health and Social Care*

- developing an appreciation and awareness of the use of different techniques, methods or approaches to investigate and/or address specific service user/individual needs, issues or situations, for example, in *Unit 11: Services in Health and Social Care* demonstrating analytical and interpretation skills (of evidence and your results) and the ability to formulate valid well-argued responses.
- evaluating and justifying their decisions, choices and recommendations.

Annexe D

Summary of units in the BTEC Level 1/Level 2 First in Health and Social Care

The BTEC First suite in Health and Social Care contains four qualifications:
Award (120 GLH), **Certificate (240 GLH)**, **Extended Certificate (360 GLH)** and **Diploma (480 GLH**).

The smaller qualifications are 'nested' within the larger qualifications, which means that learners may take a smaller-sized qualification, then top up to a larger size without repeating the units already achieved in the smaller size.

This table lists each unit in the suite and how it is used within individual qualifications, i.e. is the unit mandatory (Mand), optional specialist (Opt) or not included (—).

Key: Mand – Mandatory; Opt – Optional specialist; — indicates where the unit does not appear in the qualification

Unit	Unit title	GLH	Qualifications			
			Award	Certificate	Extended Certificate	Diploma
1	Human Lifespan Development **(Externally Assessed)**	30	Mand	Mand	Mand	Mand
2	Health & Social Care Values	30	Mand	Mand	Mand	Mand
3	Effective Communication in Health and Social Care	30	Opt	Mand	Mand	Mand
4	Social Influences on Health and Wellbeing	30	Opt	Opt	Opt	Opt
5	Promoting Health and Wellbeing	30	Opt	Opt	Opt	Opt
6	The Impact of Nutrition on Health and Wellbeing	30	Opt	Opt	Opt	Opt
7	Equality and Diversity in Health and Social Care	30	Opt	Opt	Opt	Mand
8	Individual Rights in Health and Social Care	30	Opt	Opt	Opt	Mand
9	Healthy Living **(Externally assessed)**	30	—	Mand	Mand	Mand

Unit	Unit title	GLH	Qualifications			
			Award	Certificate	Extended Certificate	Diploma
10	Human Body Systems and Care of Disorders	60	—	Opt	Opt	Opt
11	Services in Health and Social Care	30	—	Opt	Opt	Opt
12	Creative and Therapeutic Activities in Health and Social Care	60	—	Opt	Opt	Opt
13	The Health and Social Care Sector*	30	—	—	Opt	—
14	The Early Years Sector*	30	—	—	Opt	—
15	Carrying out a Research Project in Health and Social Care	60	—	—	Opt	Mand
16	Vocational Experience in Health and Social Care*	60	—	—	Opt	Opt
17	Community Volunteering in Health and Social Care*	60	—	—	—	Opt
18	Child Development and Observation	60	—	—	Opt	Opt
19	Skills and Qualities for Working in the Health and Social Care Sector	60	—	—	—	Opt
20	Understanding Disability	60	—	—	—	Opt
21	Introduction to Dementia	60	—	—	—	Opt
22	An Introduction to Basic First Aid	30	—	—	Opt	Opt
23	Food Safety in Health and Social Care	30	—	—	Opt	Opt

Unit	Unit title	GLH	Qualifications			
			Award	Certificate	Extended Certificate	Diploma
24	Infection Control in Health and Social Care	30	—	—	Opt	Opt
25	Using ICT in Health and Social Care	30	—	—	—	Opt

* Learners may take one of Units 13 or 14.

* Learners may take one of Units 16 or 17.

Annexe E

Structure: Pearson BTEC Level 1/Level 2 First Award in Health and Social Care

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care is taught over 120 guided learning hours (GLH). It has mandatory and optional specialist units.

Learners must complete the two mandatory units, and a choice of optional units to reach a total of 120 GLH.

This BTEC First Award has units that your centre assesses (internal) and a paper-based exam that Pearson sets and marks (external).

Pearson BTEC Level 1/Level 2 First Award in Health and Social Care			
Unit	**Mandatory units**	**Assessment method**	**GLH**
1	Human Lifespan Development	External	30
2	Health and Social Care Values	Internal	30
	Optional specialist units		
3	Effective Communication in Health and Social Care	Internal	30
4	Social Influences on Health and Wellbeing	Internal	30
5	Promoting Health and Wellbeing	Internal	30
6	The Impact of Nutrition on Health and Wellbeing	Internal	30
7	Equality and Diversity in Health and Social Care	Internal	30
8	Individual Rights in Health and Social Care	Internal	30

Specification

BTEC FIRST HEALTH AND SOCIAL CARE

Certificate
Extended Certificate
Diploma

For more information about Edexcel, BTEC or LCCI qualifications visit qualifications.pearson.com

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